

www.cfwbenefits.com 2022 Open Enrollment (Oct. 11 - Oct. 29)



Fort Worth.		
	Deletion Best name Last name Cont or Billithit Social security Numbers* Device NEXT PREVIOUS	Enter your first name, last name, date of birth and Social Security number And click "Next"









Health Center Plan	Consumer Chain	An Aetro Company	
Tiere Bio	CONSTITUET COOSTITUET COOST	e Plan	• The compare plans
Tiers			• The compare plans
Employee Oply	Veekly Cost Tiers	Biweekly Cost	button shows the p
Employee only Employee + Shouse	\$238.37 Employee Grily	30.00	summaries
Employee + Spouse	\$177.85 Employee + Child(ren)	\$15.77	••••
Employee + Eamily	\$333.47 Employee + Family	\$242.50	 Make your coloction
Compare Plan	Compare Plan		and click "I'm done
Decline Coverage Select this plan to waive	r coverage.		with my selection."

Fort Worth.		
Vouve selected Medical: Health Center Plan		• Your dependents will be listed on this page. Check the box next to the dependent(s) you want to cover.
Choose Dependents Citive Test BITH LOATE RELATIONSHIP ORTSTORE VERIFICATION Pending	TIER DETAILS Enginger Only 548.18 Enginger - Fosose 5238.37 Enginger - Konton 177785 Enginger - Family 5333.47	 If you are missing dependents, you have to go back to the dependent page to add them.
	-(COMAN 201173	 When you've made your selection click "I'm ready to proceed."
FREQUENTLY USED RESOURCES TIAA -457 Deferred Compensation - www.taa.org/fortworth FSA & HSA - VageWorks - www.sageworks.com/empigyees Wellness Center - Vrigin Puller - www.gin.runginguises.com/clin City of Fort Worth Employee Health Centers - https://fortworthteass.gov/benefits/health-centers/	NEED HELP? Human Resources Benefits Division of Cay 187, 392, 7782 Fax 817, 392, 7862 Fax 817, 392, 7862 Email: benefits@fortworthtexas.gov	 If everything looks correct on the summary screen click "Save my election"



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Joanne Hintonigfortwort on behat	of Tess Active			HOME HELP CA	ENVIRONMENT: CTTEST	your beneficiaries, you
1 Alexandre	Verificatio At this time, we will review	N w the requirements of your election	ns to ensure no additional act	ion is needed on your part.	OPEN ENROLLMENT My information My Dependents	move on to dependent verification.
	Election Validation	es with your elections.			Select Benefits Review Confirmation	 If you have added new dependents to the plan,
	Dependent Verific	ation Require Dependent Verification				you will need to verify their relationship to you
	UPLOAD DOCUMENTATIO	Plan	Dependent	Relationship		and upload documentation.
	Dental	Dental DPPO Low	Clive Test	Spouse		
					UNICOMBINED ELECTION IM READY TO FINALIZE MY ELECTIONS BACK TO PREVIOUS PAGE	 Once you've done that click "I'm ready to finalize my elections."
					\$259.93 BIVEEKLY	

sufficiency/serviceron behal			ENVIRONMENTICITEST	You will be taken to a review elections page
	Review Elections Please take a moment to review all of your benefit selections to ensure they are correct. Click Edit next to any benefit that you wish to change.	NUME TELY CALCULATORS -	© OPEN ENROLLMENT My information My Dependents Select Pendents	 It will show as some benefits pending appro
-	Your Benefit Selections Medical Health Center Plan Effective 09/16/2020 Tier: Employee Only A Set Description Approx.		Confirmation	THIS IS OKAY. Once you proof documentation I
S.	DEFINICING COVINED Non COST BEFUICTON MANUAL COST INSTAL DIFFERENCE COST INSTAL	\$48.18 Rheekey Cost		been accepted, your
2.0	Health Care Flexible Spending Account Decline Coverage Effective 09/16/2020	\$0.00 brokeny cost		dependents will be
	Dependent Care Flexible Spending Account Decline Coverage Effective 09/16/2020	1		accepted.
	Dental Dental DPPO Low Effective 09/06/2020 Tier: Employee Only ∧ YKKY PRICING: APPROVAL	SO.OO Birweeny cost	O UNCONFIRMED ELECTIONS SUBMIT MY ELECTIONS BACK TO PREVIOUS PAGE	You must click "Submit elections" to finish you
	DEPENDENTS COVERED hora COST BREAKDOWN Prefar Cost \$7135	\$11.35 moverny cost	\$259.93	enrollment.
	Vision Dectine Coverage Effective 00/05/2020	1	BIYEEKA	 You must do this even your dependents are s pending approval.





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Health & VVeltar Benefit Type Medical	Carrier Name United Healthcare	Phone Number 844-634-1231	Website www.myuhc.com www.uhc.com	benefit vendors and
Health & Welfar Benefit Type Medical Prescription	Carrier Name United Healthcare Optum RX	Phone Number 844-634-1231 800-807-5996	Website www.myuhc.com www.uhc.com www.optumrx.com	benefit vendors and their phone numbers
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Health & Welfar Benefit Type Medical Prescription UHC Medical Nurse Liatson UHC Medical Nurse Liatson Health Savings Accounts Leath Savings Account City of rot Worth Employee Health Centers Dental Utson Ease: and Supplemental Life & ADBO Long-Term Disability (LTD) 457 Defermed Compensation	Carrier Name Control Name Control Name Control Name Control Name Control Name Control Name Amy De La Cruz MageWorks Health Equity Southwestern Health Resources Detta Dental EgeMed Securitan Financial Unum TIAA	Phone Number 844-634-1231 800-807-5996 800-807-5996 807-924-3967 800-807-6906 800-874-6908 800-874-6908 800-874-6908 800-874-6908 800-874-6908 800-874-6908 800-874-6908 800-874-6908 800-874-6908 800-874-6908 800-874-6908 800-874-6908 800-874-6908 800-874-6908 800-874-6908 800-895-894-308 808-883-0201	Website www.myuhc.com www.upic.com www.optums.com www.upic.com amy delac.upic.com participant wageworks.com my healthiquity.com www.fortworthemplayeehealthcenter.com www.veytemed.com www.veytemed.com www.illebenefits.com www.ullebenefits.com www.ullecom www.ullecom www.ullebenefits.com www.ullebenefits.com www.ullecom www.ullecom	benefit vendors and their phone numbers and websites