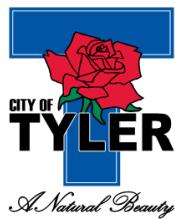


# 2024 Employee Benefits Summary



Benefits Effective  
01/01/2024 — 12/31/2024



## Open Enrollment Dates

November 7th - 17th



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Download the App from the iPhone App Store or Google Play.

## 2024 Premiums

CONTRIBUTIONS	MEDICAL ROSE PLAN	MEDICAL AZALEA PLAN	Employee Per Pay Period Contribution			
			MEDICAL BLUEBONNET HDHP PLAN	DENTAL	VISION GOLD 150	VISION GOLD 100
Employee Only	\$58.92	\$27.50	\$8.53	\$4.91	\$3.07	\$2.75
Employee + Spouse	\$196.48	\$135.14	\$97.20	\$18.05	\$5.25	\$4.65
Employee + Child(ren)	\$152.67	\$119.43	\$85.28	\$17.48	\$5.57	\$4.95
Employee + Child(ren) (4+)	\$171.24	\$123.75	\$88.65			
Employee + Family	\$266.23	\$186.99	\$133.88	\$27.17	\$8.35	\$7.40

See pages 16 & 17 of your benefits guide for  
Voluntary Life/AD&D Rates.

Enrollment will be completed through Employee Navigator

- Open Enrollment will be an "Active" enrollment. Everyone must complete their enrollment through the Employee Navigator site by midnight on November 17th.
  - For online enrollment see enrollment instructions handout.
- City U will be available 8 a.m. - 5 p.m. on November 7, 8 and 16th

Open Enrollment Meetings - all meetings will be at the Rose Garden

-11/7: 10:00 a.m. & 2:00 p.m.  
-11/8: 10:00 a.m. & 2:00 p.m.  
-11/16: 10:00 a.m. & 2:00 p.m.

employee  
NAVIGATOR

Username

Password

**Login**

[Reset a forgotten password](#)

[Register as a new user](#)

# 2024 Benefits Summary

Note: These are summaries, please refer to your plan documents for a full outline of your coverage.

## BENEFIT PLANS

	Rose Plan		Azalea Plan		Bluebonnet HDHP Plan	
	In-Network	Out-Of-Network	In-Network	Out-Of-Network	In-Network	Out-Of-Network
Deductible	\$1,000 Ind./\$3,000 Fam.	Not Covered	\$3,200 Ind./\$6,000 Fam.	Not Covered	\$3,200 Ind./\$6,000 Fam.	Not Covered
Out-of-Pocket Maximum	\$6,350 Ind./\$12,700 Fam.	Not Covered	\$7,350 Ind./\$13,700 Fam.	Not Covered	\$7,350 Ind./\$13,700 Fam.	Not Covered
Physician/Specialist Copay	\$30 copay	Not Covered	\$40 copay	Not Covered	20% after deductible	Not Covered
Preventive Care	Covered at 100%	Not Covered	Covered at 100%	Not Covered	Covered at 100%	Not Covered
Emergency Room/Physician	\$250 copay 20% after ded.		\$350 copay		20% after deductible	
Urgent Care Copay	\$30 copay per visit	Not Covered	\$40 copay per visit	Not Covered	20% after deductible	Not Covered
PRESCRIPTION DRUG BENEFITS						
Generic	\$15 copay (Retail 90 \$37.50 copay)		\$25 copay (Retail 90 \$62.50 copay)		\$25 copay after ded. (Retail 90 \$62.50 after ded.)	
Preferred Brand Name	\$60 copay (Retail 90 \$150 copay)		\$75 copay (Retail 90 \$187.50 copay)		\$75 copay after ded. (Retail 90 \$187.50 after ded.)	
Brand Name	\$100 copay (Retail \$250 copay)		\$125 copay (Retail \$312.50 copay)		\$125 copay after ded. (Retail 90 \$312.50 after ded.)	
Specialty	\$125 copay		80% coinsurance (min \$125/max \$250)		80% after ded. (min \$125/max \$250)	
Mail Order-up to 90 Day Max	3X retail copay for 90 day supply		3X retail copay for 90 day supply		3X retail copay for 90 day supply	

## Dental

Delta Dental PPO Plan	
Deductible	\$50 Individual \$150 Family
Diagnostic/Preventive	100%
Restorative/Basic	80%
Major	50%
Calendar Year Maximum	\$1,200
Orthodontia Coverage	50%
Orthodontia Maximum	\$1,000

## Vision

Gold \$150 Buy Up Plan 1		Gold \$100 Base Plan 2
	In-Network	In-Network
Exam (with dilation)	\$10 copay	\$10 copay
LENSES: STANDARD		
Single Vision	After \$25 copay	After \$25 copay
Bifocal	After \$25 copay	After \$25 copay
Trifocal	After \$25 copay	After \$25 copay
FRAMES		
Standard	Up to \$150 Allowance after \$25 copay + 20% discount	Up to \$100 Allowance after \$25 copay + 20% discount
CONTACTS		
Elective Contact Lenses	\$150 allowance after \$25 co-pay + 20% discount	\$125 allowance after \$25 co-pay + 20% discount
Medically Necessary	Covered in Full after \$25 copay	Covered in Full after \$25 copay
Laser Vision Correction	\$200 Allowance	

## Voluntary Life and AD&D Insurance

Maximum Benefit	\$750,000
Guarantee Issue	\$300,000
Line of Duty	
Line of Duty	Additional amount of AD&D paid to public safety officers that suffer a loss while in an act of duty. Amount will match current election, not to exceed \$100,000 dollars
Spouse Benefit	Up to \$250,000
Child Benefit	Up to \$20,000

*During Open Enrollment you can increase coverage up the guarantee issue of \$300,000 for employees and up to \$50,000 for spouses without answering evidence of insurability. Employee election cannot exceed 5X annual salary and spouses election cannot exceed the employee election. If you have a dependent child or children you can elect amounts of \$5,000, \$10,000, \$15,000 or \$20,000 dollars without evidence of insurability.*

*\*Please see page 15 of your benefits guide for a more detailed outline of your life insurance benefits, including age reduction details.*

## Voluntary Short Term Disability

*Active, regular, non-civil service, full-time employees are eligible to participate in this plan at a cost of **\$7.50 per pay period** (24 pay periods a year)*

Benefit Percentage	60%
Maximum Weekly Benefit	\$1,200
Elimination Period	7th Day Sickness/7th Day Accident
Maternity	6 weeks – Normal Delivery 8 weeks - C-section
Benefit Duration	Up to 26 weeks