2024 Retiree Benefits Summary

Benefits Effective

01/01/2024 — 12/31/2024

2024 Medical Premiums

	Monthly Rates - Retirees hired before 1/1/1997			Monthly Rates - Retirees hired after1/1/1997		
CONTRIBUTIONS	**Medical Rose Plan**	**Medical Azalea Plan**	**Medical Bluebonnet HDHP Plan**	**Medical Rose Plan**	**Medical Azalea Plan**	**Medical Bluebonnet HDHP Plan**
Employee Only	**$117.84**	**$55.00**	**$17.05**	**$835.53**	**$686.93**	**$648.98**
Employee +Spouse	**$392.95**	**$270.28**	**$194.40**	**$1,685.37**	**$1,388.42**	**$1,312.54**
Employee + Child(ren)	**$305.34**	**$238.85**	**$170.56**	**$1,512.44**	**$1,249.18**	**$1,180.89**
Employee + Child(ren) (4+)	**$342.49**	**$247.50**	**$177.31**	**$1,557.06**	**$1,284.06**	**$1,213.87**
Employee + Family	**$532.46**	**$373.99**	**$267.75**	**$2,357.91**	**$1,943.40**	**$1,837.16**

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Important Dates

Open Enrollment Meetings - all meetings will be at the Rose Garden (Your attendance is *not* required)

-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.

CITY OF TYLER
A Natural Beauty

City of Tyler
Team Resources, P.O. Box 2039
Tyler, Texas 75710

903-531-1100 or www.cityoftyler.org

Hours of Operation: Monday - Friday, 8 a.m. to 5 p.m.

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-	In-Network	Out-Of-	In-Network	Out-Of-
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	

Medicare Supplemental Program

Wade Emerson of Emerson Insurance will continue to provide consultation and coverage options for Medicare supplement insurance. It's unknown at this time if or how much your Medicare supplement will increase in premiums. You will receive more information from BlueCross BlueShield regarding the potential increase after BlueCross BlueShield makes the final determination. Any increases due to moving into a new age bracket and/or premium increases will be absorbed by the retiree. If you have any questions regarding your supplement plan or premium, please contact Wade Emerson at (903) 592-8100.

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

CONTRIBUTIONS	Retirees hired before 1/1/1997	Retirees hired after 1/1/1997
	DENTAL MONTHLY RATES	
Employee Only	$9.82	$21.58
Employee +Spouse	$36.10	$49.22
Employee + Child(ren)	$34.96	$45.54
Employee + Family	$54.34	$68.54

Basic Life and AD&D Insurance - Paid by the City

Retiree Life & AD&D Amount	$5,000
Age Reduction - *Beginning on or after your 65th birthday, Securian pays a percentage of the amount otherwise payable.*	• From your 65th birthday to age 69, Securian pays 65% ($3,250) • From your 70th birthday to age 74, Securian pays 50% ($2,500) • From your 75th birthday and after, Securian pays 30% ($1,500)

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	Once every 12 months	
Single Vision	After $25 copay	After $25 copay
Bifocal	After $25 copay	After $25 copay
Trifocal	After $25 copay	After $25 copay
FRAMES	Once every 24 months	
Standard	Up to $150 Allowance after $25 copay + 20% discount	Up to $100 Allowance after $25 copay + 20% discount
CONTACTS	Once every 12 months	
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	

CONTRIBUTIONS	Monthly Rates VISION GOLD 150	 VISION GOLD 100
Employee Only	$5.84	$5.23
Employee +Spouse	$9.98	$8.84
Employee + Child(ren)	$10.59	$9.41
Employee + Family	$15.87	$14.06