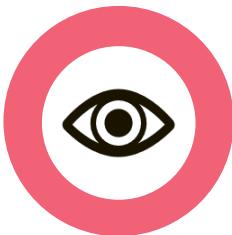


# 2026 Retiree Benefits Summary



## Benefits Effective

01/01/2026 — 12/31/2026

### 2026 Medical Premiums

Contributions	Retiree Contribution					
	Monthly Rates - Retirees hired before 1/1/1997		Monthly Rates - Retirees hired after 1/1/1997			
	MEDICAL ROSE PLAN	MEDICAL AZALEA PLAN	MEDICAL BLUEBONNET HDHP PLAN	MEDICAL ROSE PLAN	MEDICAL AZALEA PLAN	MEDICAL BLUEBONNET HDHP PLAN
Employee Only	\$157.84	\$55.00	\$17.05	\$802.86	\$622.94	\$584.99
Employee + Spouse	\$432.95	\$270.28	\$194.40	\$1,594.49	\$1,424.94	\$1,199.32
Employee + Child(ren)	\$345.34	\$238.85	\$170.56	\$1,430.20	\$1,146.89	\$1,078.60
Employee + Child(ren) (4+)	\$382.49	\$247.50	\$177.31	\$1,467.35	\$1,155.54	\$1,085.35
Employee + Family	\$572.46	\$373.99	\$267.75	\$2,213.06	\$1,784.49	\$1,678.25



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### Important Information

Open Enrollment Meetings - all meetings will be at the Rose Garden (Your attendance is *not* required, this is a passive enrollment. Only those making changes need to submit enrollment paperwork.)

-10/28: 10:00 a.m. & 2:00 p.m.

If you need assistance with your enrollment or have any questions, please contact Team Resources

903-531-1100 or [www.cityoftyler.org](http://www.cityoftyler.org)

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

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



*A Natural Beauty*

*Note: If you are 65+ you cannot contribute to or receive funds in a Health Savings Account. You can still enroll in the Bluebonnet plan, but you cannot have a Health Savings Account.*

*As of 1/1/2025, the Bluebonnet plan was no longer be considered a credible plan per Medicare standards. For more details on Medicare Credible Coverage please request a copy of the Medicare Part D notice from Team Resources.*

# 2026 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
<b>Deductible</b>	\$1,000 Ind./\$3,000 Fam.	Not Covered	\$3,000 Ind./\$6,000 Fam.	Not Covered	\$3,400 Ind./\$6,000 Fam.	Not Covered
<b>Out-of-Pocket Maximum</b>	\$6,350 Ind./\$12,700 Fam.	Not Covered	\$7,350 Ind./\$13,700 Fam.	Not Covered	\$7,350 Ind./\$13,700 Fam.	Not Covered
<b>Physician/Specialist Copay</b>	\$30 copay	Not Covered	\$40 copay	Not Covered	20% after deductible	Not Covered
<b>Preventive Care</b>	Covered at 100%	Not Covered	Covered at 100%	Not Covered	Covered at 100%	Not Covered
<b>Emergency Room/Physician</b>	\$250 copay 20% after ded.		\$350 copay 20% after ded,		20% after deductible	
<b>Urgent Care Copay</b>	\$30 copay per visit	Not Covered	\$40 copay per visit	Not Covered	20% after deductible	Not Covered

## PRESCRIPTION DRUG BENEFITS

<b>Generic</b>	\$15 copay (Retail 90 \$37.50 copay)	\$25 copay (Retail 90 \$62.50 copay)	\$25 copay after ded. (Retail 90 \$62.50 after ded.)
<b>Preferred Brand Name</b>	\$60 copay (Retail 90 \$150 copay)	\$75 copay (Retail 90 \$187.50 copay)	\$75 copay after ded. (Retail 90 \$187.50 after ded.)
<b>Brand Name</b>	\$100 copay (Retail \$250 copay)	\$125 copay (Retail \$312.50 copay)	\$125 copay after ded. (Retail 90 \$312.50 after ded.)
<b>Specialty</b>	\$125 copay	80% coinsurance (min \$125/max \$250)	80% after ded. (min \$125/max \$250)
<b>Mail Order-up to 90 Day Max</b>	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		
	<b>Delta Dental PPO Plan</b>	
<b>Deductible</b>	\$50 Individual \$150 Family	
<b>Diagnostic/Preventive</b>	100%	
<b>Restorative/Basic</b>	80%	
<b>Major</b>	50%	
<b>Calendar Year Maximum</b>	\$1,200	
<b>Orthodontia Coverage</b>	50%	
<b>Orthodontia Maximum</b>	\$1,000	
	<b>Retirees hired before 1/1/1997</b>	<b>Retirees hired after 1/1/1997</b>
CONTRIBUTIONS		
DENTAL MONTHLY RATES		
<b>Employee Only</b>	<b>\$9.82</b>	<b>\$21.58</b>
<b>Employee + Spouse</b>	<b>\$36.10</b>	<b>\$49.22</b>
<b>Employee + Child(ren)</b>	<b>\$34.96</b>	<b>\$45.54</b>
<b>Employee + Family</b>	<b>\$54.34</b>	<b>\$68.54</b>
Basic Life and AD&D Insurance - Paid by the City		
<b>Retiree Life &amp; AD&amp;D Amount</b>	\$5,000	
<b>Age Reduction - Beginning on or after your 65th birthday, Securian pays a percentage of the amount otherwise payable.</b>	<ul style="list-style-type: none"> <li>From your 65th birthday to age 69, Securian pays 65% (\$3,250)</li> <li>From your 70th birthday to age 74, Securian pays 50% (\$2,500)</li> <li>From your 75th birthday and after, Securian pays 30% (\$1,500)</li> </ul>	

Vision		
	<b>Gold \$150 Buy Up Plan 1</b>	<b>Gold \$100 Base Plan 2</b>
	<b>In-Network</b>	<b>In-Network</b>
<b>Exam (with dilation)</b>	\$10 copay	
<b>LENSES: STANDARD</b>	Once every 12 months	
<b>Single Vision</b>	After \$25 copay	After \$25 copay
<b>Bifocal</b>	After \$25 copay	After \$25 copay
<b>Trifocal</b>	After \$25 copay	After \$25 copay
<b>FRAMES</b>	Once every 24 months	
<b>Standard</b>	Up to \$150 Allowance after \$25 copay + 20% discount	Up to \$100 Allowance after \$25 copay + 20% discount
CONTACTS		
	Once every 12 months	
<b>Elective Contact Lenses</b>	\$150 allowance after \$25 co-pay + 20% discount	\$125 allowance after \$25 co-pay + 20% discount
<b>Medically Necessary</b>	Covered in Full after \$25 copay	Covered in Full after \$25 copay
<b>Laser Vision Correction</b>	\$200 Allowance	
Monthly Rates		
CONTRIBUTIONS		<b>VISION GOLD 150</b> <b>VISION GOLD 100</b>
<b>Employee Only</b>		<b>\$5.84</b> <b>\$5.23</b>
<b>Employee + Spouse</b>		<b>\$9.98</b> <b>\$8.84</b>
<b>Employee + Child(ren)</b>		<b>\$10.59</b> <b>\$9.41</b>
<b>Employee + Family</b>		<b>\$15.87</b> <b>\$14.06</b>