

# 2022 Retiree Benefits Summary



**Benefits Effective  
01/01/2022 — 12/31/2022**



**Don't Forget about Teladoc!**  
[Teladoc.com](http://Teladoc.com) | 1.800.835.2362

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

## 2022 Premiums

CONTRIBUTIONS	Monthly Rates - Retirees hired before 1/1/1997	
	MEDICAL AZALEA PLAN	MEDICAL ROSE PLAN
Employee Only	\$50.00	\$107.13
Employee + Spouse	\$245.71	\$357.23
Employee + Child(ren)	\$217.14	\$277.58
Employee + Child(ren) (4+)	\$225.00	\$311.35
Employee + Family	\$339.99	\$484.05

**Retirees hired after January 1, 1997 must pay full premium for Medical**

## 2022 Enrollment

**We will not have Open Enrollment Meetings, but we will be having Q&A Sessions . You may view the open enrollment presentation by visiting [www.cityoftyler.org/government/departments/humanresources/benefits](http://www.cityoftyler.org/government/departments/humanresources/benefits). You will find the TMRS premium deduction form located below the video link. Retirees should not make their changes on-line. Please call Team Resources at (903) 531-1100 if you wish to make changes. We will mail you a change form that you must complete and return to Team Resources no later than December 1, 2021.**

- If you do not make a change during open enrollment, you will be defaulted into the Rose plan. See plan details on the next page.**

## Important Dates

**Q&A Sessions/Medical Plan Overview: If you have any questions about the health plan options, please call Team Resources at (903) 531-1100 or attend one of the below sessions. (Your attendance is not required)**

- 11/3: 10:30 a.m., 2:30 p.m. & 4:30 p.m. (Rose Garden)
- 11/4: 8:30 a.m., 10:30 a.m. & 2 p.m. (Rose Garden)
- 11/5: 9 a.m., 11:30 a.m. & 2:30 p.m. (City Hall/Council Chambers)

**Friday, December 3rd: Deadline to make any changes**

# Benefit Summaries

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

BENEFIT BY TYPE OF NETWORK						
Azalea Plan			Rose Plan			
	Access Direct Platinum In-Network	In-Network Other Counties	Out-Of-Network	Access Direct Platinum In-Network	In-Network Other Counties	Out-Of-Network
<b>Deductible</b>	\$3,000 Ind./\$6,000 Fam.	\$3,600 Ind./\$7,800 Fam.	Not Covered	\$1,000 Ind./\$3,000 Fam.	\$1,600 Ind./\$4,800 Fam.	Not Covered
<b>Out-of-Pocket Maximum</b>	\$7,350 Ind./\$13,700 Fam.		Not Covered	\$6,350 Ind./\$12,700 Fam.		Not Covered
<b>Physician/Specialist Copay</b>	\$40 copay	30% after ded.	Not Covered	\$30 copay	30% after ded.	Not Covered
<b>Preventive Care</b>	Covered at 100%		Not Covered	Covered at 100%		Not Covered
<b>Emergency Room/Physician Emergency Care</b>	\$350 copay 20% after ded.	\$350 copay 30% after ded.	\$350 copay Not Covered	\$250 copay 20% after ded.	\$250 copay 30% after ded.	\$250 copay Not Covered
<b>Non Emergency Care</b>						
<b>Urgent Care Copay</b>	\$40 copay per visit	30% after ded.	Not Covered	\$30 copay per visit	30% after ded.	Not Covered
PRESCRIPTION DRUG BENEFITS						
<b>Generic</b>	\$25 copay (Retail 90 \$62.50 copay)		Not Covered	\$15 copay (Retail 90 \$37.50 copay)		Not Covered
<b>Preferred Brand Name</b>	\$75 copay (Retail 90 \$187.50 copay)		Not Covered	\$60 copay (Retail 90 \$150 copay)		Not Covered
<b>Brand Name</b>	\$125 copay (Retail \$312.50 copay)		Not Covered	\$100 copay (Retail \$250 copay)		Not Covered
<b>Specialty</b>	80% coinsurance (min \$125/max \$250 copay)		Not Covered	\$125 copay		Not Covered
<b>Mail Order - Up to 90 Day Max</b>	3X retail copay for 90 day supply		Not Covered	3X retail copay for 90 day supply		Not Covered

Dental	
	Delta Dental PPO Plan
<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
Monthly Rates - Retirees hired before 1/1/1997	
<b>CONTRIBUTIONS</b>	<b>DENTAL MONTHLY RATES</b>
Employee Only	\$9.82
Employee + Spouse	\$36.10
Employee + Child(ren)	\$34.96
Employee + Family	\$54.34

**Retirees hired after January 1, 1997 must pay full premium for Dental**

## 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>

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

Vision		
	<b>Gold \$150 Buy Up Plan 1</b>	<b>Gold \$100 Base Plan 2</b>
	In-Network	In-Network
<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
<b>CONTACTS</b>	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		
<b>CONTRIBUTIONS</b>	<b>VISION GOLD 150</b>	<b>VISION GOLD 100</b>
<b>Employee Only</b>	\$6.15	\$5.50
<b>Employee + Spouse</b>	\$10.50	\$9.30
<b>Employee + Child(ren)</b>	\$11.15	\$9.90
<b>Employee + Family</b>	\$16.70	\$14.80

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

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