

2022 Retiree Benefits Summary



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



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

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

What's New?

- Adding a second Medical Plan Option - You can choose which plan works best for you and your family!
- Plans will be called the Azalea Plan and the Rose Plan.
- The Rose Plan resembles the current benefit plan being offered.
- A decision support tool is available to help you to help you decide which plan works best. [Click Here](https://myplanselect.com/da_navigation/6151f670d8aab) or visit: https://myplanselect.com/da_navigation/6151f670d8aab

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

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

Monthly Rates - Retirees hired before 1/1/1997

CONTRIBUTIONS	DENTAL MONTHLY RATES
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

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.	<ul style="list-style-type: none"> 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	

Monthly Rates		
CONTRIBUTIONS	VISION GOLD 150	VISION GOLD 100
Employee Only	\$6.15	\$5.50
Employee + Spouse	\$10.50	\$9.30
Employee + Child(ren)	\$11.15	\$9.90
Employee + Family	\$16.70	\$14.80

903-531-1100 or 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