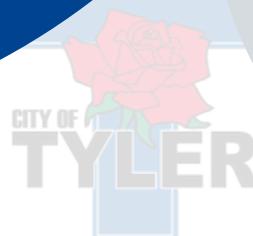


# 2023 Open Enrollment

## Plan Changes

- Claims Administrator is changing from HealthFIRST to UMR
- New network includes UT Health AND Christus Mother Frances hospitals
- Adding a NEW medical plan option
  - High Deductible Health Plan
- 2022 premium payments should continue to be paid to HealthFIRST



- Presentation, Benefit Guide, and other forms will be available online starting **Friday, November 1st**
- Visit [www.cityoftyler.org/government/departments/teamresources/benefits](http://www.cityoftyler.org/government/departments/teamresources/benefits)
- If you have a **CHANGE**, submit your completed form to City Hall - Team Resources **212 N. Bonner Ave., Tyler, TX 75702** no later than **November 16th**
- Call 903-531-1100 with questions or to request forms

	Monthly Rates - Retirees Hired <u>BEFORE</u> 1/1/1997			Monthly Rates - Retirees Hired <u>AFTER</u> 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	\$107.13	\$50.00	\$15.50	\$824.82	\$681.93	\$647.43
Employee + Spouse	\$357.23	\$245.71	\$176.73	\$1,649.65	\$1,363.85	\$1,294.87
Employee + Child(ren)	\$277.58	\$217.14	\$155.05	\$1,484.68	\$1,227.47	\$1,165.38
Employee + Child(ren 4+)	\$311.35	\$225.00	\$161.19	\$1,525.92	\$1,261.56	\$1,197.82
Employee + Family	\$484.05	\$339.99	\$243.41	\$2,309.50	\$1,909.40	\$1,812.82

## Optional Meetings

### Rose Garden Center

Tuesday, 11/1: 10:00, 1:30 or 3:30  
Wednesday, 11/2: 10:00, 1:30 or 3:30  
Thursday, 11/3: 10:00, 1:30 or 3:30  
  
Tuesday, 11/8: 9:00, 11:00 or 3:00  
Wednesday, 11/9: 9:00, 11:00 or 3:00  
Thursday, 11/10: 9:00, 11:00 or 3:00

# 2023 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	\$3,000 Ind./\$6,000 Fam.	Not Covered	\$3,000 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	80% 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		80% after deductible	
Urgent Care Copay	\$30 copay per visit	Not Covered	\$40 copay per visit	Not Covered	80% 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. The City of Tyler contribution towards your 2022 supplement will remain the same as 2023. 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		Vision		
Deductible	Delta Dental PPO Plan	Gold \$150 Buy Up Plan 1	Gold \$100 Base Plan 2	
	\$50 Individual \$150 Family	In-Network	In-Network	
Diagnostic/Preventive	100%	Exam (with dilation)		
Restorative/Basic	80%	\$10 copay		
Major	50%	Once every 12 months		
Calendar Year Maximum	\$1,200	LENSES: STANDARD		
Orthodontia Coverage	50%	Single Vision	After \$25 copay	
Orthodontia Maximum	\$1,000	Bifocal	After \$25 copay	
	Retirees hired before 1/1/1997	Trifocal	After \$25 copay	
	Retirees hired after 1/1/1997	FRAMES		
CONTRIBUTIONS	DENTAL MONTHLY RATES		Once every 24 months	
Employee Only	\$9.82	Standard	Up to \$150 Allowance after \$25 copay + 20% discount	Up to \$100 Allowance after \$25 copay + 20% discount
Employee + Spouse	\$36.10	CONTACTS		Once every 12 months
Employee + Child(ren)	\$34.96	Elective Contact Lenses	\$150 allowance after \$25 co-pay + 20% discount	\$125 allowance after \$25 co-pay + 20% discount
Employee + Family	\$54.34	Medically Necessary		Covered in Full after \$25 copay
Basic Life and AD&D Insurance - Paid by the City				
Retiree Life & AD&D Amount	\$5,000		Laser Vision Correction	
Age Reduction - Beginning on or after your 65th birthday, Securian pays a percentage of the amount otherwise payable.	<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>		\$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		