

2025 Employee Benefits Summary



Open Enrollment Dates

November 5th - 15th

Benefits Effective

01/01/2025 - 12/31/2025



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2025 Premiums

CONTRIBUTIONS	Employee Per Pay Period Contribution					
	MEDICAL ROSE PLAN	MEDICAL AZALEA PLAN	MEDICAL BLUEBONNET HDHP PLAN	DENTAL	VISION GOLD 150	VISION GOLD 100
Employee Only	\$58.92	\$27.50	\$8.53	\$4.91	\$3.07	\$2.75
Employee + Spouse	\$196.48	\$135.14	\$97.20	\$18.05	\$5.25	\$4.65
Employee + Child(ren)	\$152.67	\$119.43	\$85.28	\$17.48	\$5.57	\$4.95
Employee + Child(ren) (4+)	\$171.24	\$123.75	\$88.65			
Employee + Family	\$266.23	\$186.99	\$133.88	\$27.17	\$8.35	\$7.40

See page 18 of your benefits guide for Voluntary Life/AD&D Rates.

Enrollment will be completed through Employee Navigator

- Open Enrollment will be a "Passive" enrollment. Only those making changes need to complete enrollment process. Those enrolled in the Flexible Spending Account and/or who have a Health Savings Account contribution will need to complete the enrollment process.
- City U will be available 8 a.m. - 5 p.m. on November 11th. Please reach out to Team Resources if you need assistance.

Open Enrollment Meetings - all meetings will be at the Mayfair Building

-11/6: 10:00 a.m. & 2:00 p.m.



Username

Password

[Reset a forgotten password](#)

[Register as a new user](#)

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 will 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.

2025 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	\$3,300 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

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

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	

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

Employee Life Amount	\$10,000
Employee AD&D Amount	\$10,000
Line of Duty	\$10,000 - Additional amount of basic AD&D for public safety officers that suffer a loss while he or she is performing his or her customary duties for the City.

Voluntary Life and AD&D Insurance

Maximum Benefit	\$750,000
Guarantee Issue	\$300,000
Line of Duty	Additional amount of AD&D paid to public safety officers that suffer a loss while in an act of duty. Amount will match current election, not to exceed \$100,000 dollars
Spouse Benefit	Up to \$250,000
Child Benefit	Up to \$20,000

Voluntary Short Term Disability

Active, regular, non-civil service, full-time employees are eligible to participate in this plan at a cost of **\$7.50** per pay period (24 pay periods a year)

Benefit Percentage	60%
Maximum Weekly Benefit	\$1,200
Elimination Period	7th Day Sickness/7th Day Accident
Maternity	6 weeks – Normal Delivery 8 weeks - C-section
Benefit Duration	Up to 26 weeks

During Open Enrollment, employees who are currently participating in the voluntary life plan, can increase by one increment (\$10,000), not to exceed \$300,000. Anything above a \$10,000 increase or over \$300,000 will require an evidence of insurability (EOI). Any increases from \$0 will require an EOI. Any increases to spouse coverage will require EOI. Coverage for children can be increased up to \$20,000 without EOI.