

2023 Open Enrollment

Nov 1

Everyone MUST enroll
Enrollment MUST be
completed through the
Employee Navigator site
by midnight on
November 16th



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**
 - **Health Savings Account**
 - **City will make a one-time contribution of \$500 to HSA participants**

Mandatory 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

Enrollment Dates:
November 1st -
November 16th

2023 Employee Per Pay Period Contribution

	MEDICAL ROSE PLAN	MEDICAL AZALEA PLAN	MEDICAL BLUEBONNET HDHP PLAN	DENTAL	VISION GOLD 150	VISION GOLD 100
Employee Only	\$53.57	\$25.00	\$7.75	\$4.91	\$3.07	\$2.75
Employee + Spouse	\$178.62	\$122.86	\$88.37	\$18.05	\$5.25	\$4.65
Employee + Child(ren)	\$138.79	\$108.57	\$77.53	\$17.48	\$5.57	\$4.95
Employee + Child(ren) (4+)	\$155.68	\$112.50	\$80.60			
Employee + Family	\$242.03	\$170.00	\$121.71	\$27.17	\$8.35	\$7.40

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/HSA 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	100% after deductible	Not Covered
Emergency Room/Physician Emergency Care Non Emergency Care	\$250 copay 20% after ded.	\$250 copay Not Covered	\$350 copay 20% after ded.	\$350 copay Not Covered	80% after deductible Not Covered	80% after ded. Not Covered
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

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 Plan 1	Gold \$100 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

Voluntary Life and AD&D Insurance

Maximum Benefit	\$500,000
Guarantee Issue	\$250,000
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
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

If already enrolled and participating in voluntary life, during Open Enrollment you can increase coverage. Additional information can be found in your Employer Benefit Guide.