

2023 Benefits Enrollment: Post-65 (Medicare) Retirees

October 10 – 21, 2022



Life in Balance



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Open Enrollment Overview



Open Enrollment Overview



Open Enrollment for Retirees is October 10th - 21st, 2022.

Passive Enrollment

This year's Open Enrollment is passive: Your current City of Dallas benefit elections will carry over for 2023 if no action is taken during this time.

- If you want to change your current elections or add or drop dependents, you **MUST complete** the enrollment process by **October 21**.
- If you do not want to make any changes to your current benefit elections, you do **NOT** need to call the Enrollment Center.
- Benefit elections will take effect January 1, 2023.

Open Enrollment Overview



This is the only time during the year you can make changes to your coverage unless you experience a qualifying life event.

- Example: Marriage, divorce, etc.
- Any changes to your benefit elections must be made within 31 days of the qualifying event.

How Do I Enroll or Make Changes?



By phone with a Benefit Specialist

Call the Enrollment Center at (855) 855-2871 Monday-Friday, 8:15 a.m. – 5:15 p.m.

- Benefit Specialists will be available starting October 10th.
- If you do not want to make any changes to your current benefit elections, you do **NOT** need to call the Enrollment Center.

What Do I Need to Enroll or Make Changes?



Supporting documentation required

If you add an eligible dependent who is not currently enrolled, you must provide supporting documentation (marriage license, birth certificate, etc.)

- Send it from your Smartphone with the My Selerix app
- Email it to yourenrollment@ebcoh.com
- Fax it to (513) 371-5559

Questions about or assistance with enrollment?

Call the Enrollment Center at (855) 855-2871 Monday-Friday, 8:15 a.m. – 5:15 p.m.

- Benefit Specialists will be available starting October 10th.



Medical & Pharmacy Coverage

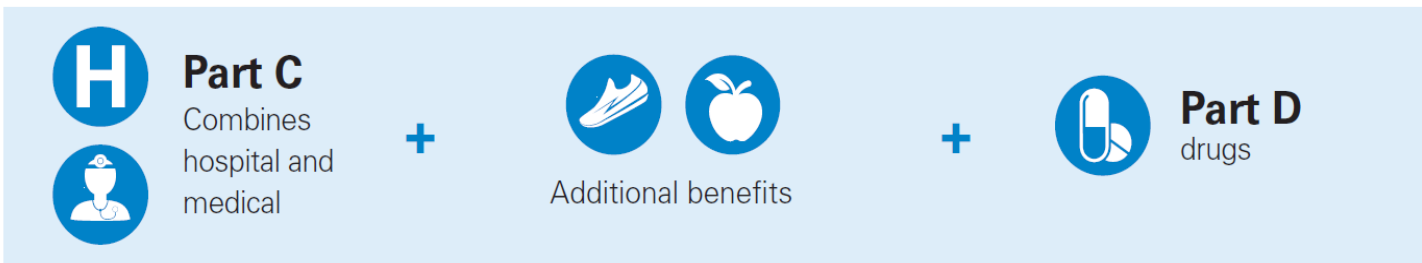
Blue Cross Group Medicare Advantage (PPO)SM





There are no changes to the Blue Cross Group Medicare Advantage (PPO)SM plan designs for 2023.

Choose between two City-sponsored PPO plans that bundle medical benefits, prescription drug coverage, and value-added options – all on one card!



Group Medicare Benefit Highlights



	High Plan		Low Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible	\$0		\$0	
OOB Max	\$0		\$1,500	
Combined OOB Max	\$0		\$1,500	
Inpatient Hospital – Acute	\$0 copay per stay		\$250 copay per stay	
Inpatient Mental Health Care	\$0 copay per admission		\$250 copay per admission	
Skilled Nursing Facility	\$0 copay (days 1-20) \$0 copay (days 21-100)		\$0 copay (days 1-20) \$80/day (days 21-100)	
Cardiac Rehab Services	\$0 copay		\$10 copay	
Pulmonary Rehab Services	\$0 copay		\$10 copay	
Emergency Care	\$0 copay		\$120 copay	

Group Medicare Benefit Highlights



	High Plan		Low Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Urgent Care	\$0 copay		\$10 copay (\$5 virtual visits)	\$10 copay
Partial Hospitalization	\$0 copay		\$55 copay	
Home Health Service	\$0 copay		\$0 copay	
Primary Care Physician Visit	\$0 copay		\$10 copay	
Chiropractic Services	\$0 copay		\$20 copay	
Occupational Therapy	\$0 copay		\$10 copay	
Physician Specialist Services	\$0 copay		\$20 copay	
Outpatient Mental Healthcare	\$0 copay (\$0 copay virtual visits)	\$0 copay	\$20 copay (\$20 copay virtual visits)	\$20 copay
Routine Podiatry Services	\$0 copay per visit up to 6 visits		\$10 copay per visit up to 6 visits	

Group Medicare Benefit Highlights



	High Plan		Low Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Other Health Care Services	\$0 copay		\$20 copay	
Outpatient Mental Healthcare Psychiatric Visit	\$0 copay (\$0 copay virtual visits)	\$0 copay	\$20 copay (\$20 copay virtual visits)	\$20 copay
Physical Therapy and Speech Language Pathology	\$0 copay		\$10 copay	
Lab Services	\$0 copay		\$10 copay	
Diagnostic Procedures	\$0 copay		\$10 copay	
Therapeutic Radiology	\$0 copay		\$20 copay	
Diagnostic Radiology/X-ray	\$0 copay		\$10 copay	
Advanced Imaging (MRI, MRA, CT Scan, PET)	\$0 copay		\$20 copay	

Group Medicare Benefit Highlights



	High Plan		Low Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Outpatient Hospital Services	\$0 copay		\$100 copay	
Ambulatory Surgical Center	\$0 copay		\$100 copay	
Outpatient Substance Abuse: Individual Therapy	\$0 copay (\$0 copay Opioid Treatment Services)		\$20 copay (\$0 copay Opioid Treatment Services)	
Outpatient Substance Abuse: Group Therapy	\$0 copay (\$0 copay Opioid Treatment Services)		\$10 copay (\$0 copay Opioid Treatment Services)	
Outpatient Blood Services	\$0 copay		\$0 copay	
Ambulance Services	\$0 copay		\$50 copay	
Transportation Services	Not Covered		Not Covered	
Durable Medical Equipment	\$0 copay		\$20 copay	
Prosthetics/Medical Supplies	\$0 copay		\$20 copay	

Group Medicare Benefit Highlights



	High Plan		Low Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Diabetes Supplies/Services	\$0 copay		\$0 copay	
End-Stage Renal Disease/Dialysis Services	\$0 copay		\$0 copay	
Acupuncture	\$0 copay for chronic low back pain. (Up to 12 visits in 90 days, 20 treatments per year.)		\$0 copay for chronic low back pain. (Up to 12 visits in 90 days, 20 treatments per year.)	
Over-the-Counter Rx	Not Covered		Not covered	
Meal Benefit	Not Covered		Not covered	
Medicare-Covered Preventive Services	\$0 copay		\$0 copay	
Annual Physical Exam	\$0 copay		\$0 copay	
Supplemental Education/Wellness Program	SilverSneakers		SilverSneakers	
Kidney Disease Education	\$0 copay		\$0 copay	

Group Medicare Benefit Highlights



	High Plan		Low Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Diabetes Self-Management Training	\$0 copay		\$0 copay	
Medicare Part B Rx: Chemotherapy/Radiation	\$0 copay		\$0 copay	
Medicare Part B Rx: Other	\$0 copay		\$0 copay	
Preventive Dental	Not covered		Not covered	
Comprehensive Dental	\$0 copay for Medicare-covered services		\$0 copay for Medicare-covered services	
Eye Exams	<ul style="list-style-type: none"> • \$0 copay for Medicare-covered eye exam • \$0 copay for Medicare-covered glaucoma screening • \$0 copay for one pair of Medicare-covered standard glasses or contact lenses after cataract surgery • \$0 copay for 1 routine eye exam per year 		<ul style="list-style-type: none"> • \$20 copay for Medicare-covered eye exam • \$0 copay for Medicare-covered glaucoma screening • \$0 copay for one pair of Medicare-covered standard glasses or contact lenses after cataract surgery • \$20 copay for 1 routine eye exam per year 	

Group Medicare Benefit Highlights



	High Plan		Low Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Eye Wear	<ul style="list-style-type: none"> • \$0 copay Medicare covered • \$70 eyeglasses allowance or \$105 allowance for contact lenses in lieu of eyeglasses • Combined in- and out-of-network every 2 years 		<ul style="list-style-type: none"> • \$0 copay Medicare covered • \$70 eyeglasses allowance or \$105 allowance for contact lenses in lieu of eyeglasses • Combined in- and out-of-network every 2 years 	
Hearing Exams	<ul style="list-style-type: none"> • \$0 copay Medicare covered • \$0 copay for 1 routine hearing exam per year 		<ul style="list-style-type: none"> • \$20 copay Medicare covered • \$0 copay for 1 routine hearing exam per year 	
Hearing Aids	\$500 combined in-network and out-of-network allowance on hearing aids every 3 years		\$500 combined in-network and out-of-network allowance on hearing aids every 3 years	
Travel Benefit	For members that are outside of the service area for up to 6 months		For members that are outside of the service area for up to 6 months	
Worldwide Emergency	Urgent/Emergent care only; no annual limit; \$0 copay		Urgent/Emergent care only; no annual limit; \$120 copay	
Rewards Program	\$25 worth of gift cards up to 4 times per year		\$25 worth of gift cards up to 4 times per year	

A note about treatment to affirm gender identity: You are covered for management, consultation, counseling, hormones, laboratory services, and surgical services for purposes of affirming your gender identity and/or gender transition (diagnostically this may be referred to as "gender dysphoria"), including all related medical visits.

Medical Coverage – Post-65 Retiree Contributions



There are no changes to Medical plan coverage costs.

	Retiree Monthly Rate	
	High Option	Low Option
Retiree Only	\$328.70	\$266.50
Retiree + Spouse	\$657.40	\$533.00
Spouse Only	\$328.70	\$266.50

Pending Council approval



There are no changes to the pharmacy plan design.

- If you enroll in one of the City-sponsored Blue Cross Group Medicare Advantage Open Access (PPO) plans, you will automatically receive prescription drug coverage.
- No need to worry about the coverage gap or “doughnut hole” – you are fully covered.

Pharmacy Coverage



	Retail Pharmacy Preferred/Standard			Mail-Order Preferred/Standard		
Description of Benefit	30-day supply	60-day supply	90-day supply	30-day supply	60-day supply	90-day supply
Deductible	\$0 deductible					
The following copays will apply up to the initial coverage limit (ICL) amount of \$4,660						
Tier 1 – Preferred Generic	\$5/\$10	\$10/\$20	\$15/\$30	\$5/\$10	\$10/\$20	\$10/\$20
Tier 2 – Generic	\$5/\$10	\$10/\$20	\$15/\$30	\$5/\$10	\$10/\$20	\$10/\$20
Tier 3 – Preferred Brand	\$20/\$25	\$40/\$50	\$60/\$75	\$20/\$25	\$40/\$50	\$40/\$50
Tier 4 – Non-Preferred Brand	\$45/\$50	\$90/\$100	\$135/\$150	\$45/\$50	\$90/\$100	\$90/\$100
Tier 5 - Specialty	\$45/\$50	\$90/\$100	\$135/\$150	\$45/\$50	\$90/\$100	\$90/\$100

Pharmacy Coverage



	Retail Pharmacy Preferred/Standard			Mail-Order Preferred/Standard		
Description of Benefit	30-day supply	60-day supply	90-day supply	30-day supply	60-day supply	90-day supply
The following copays will apply for the Coverage Gap until member reaches the True Out-of-Pocket (TrOOP) amount of \$7,400						
Tier 1 – Preferred Generic	\$5/\$10	\$10/\$20	\$15/\$30	\$5/\$10	\$10/\$20	\$10/\$20
Tier 2 – Generic	\$5/\$10	\$10/\$20	\$15/\$30	\$5/\$10	\$10/\$20	\$10/\$20
Tier 3 – Preferred Brand	\$20/\$25	\$40/\$50	\$60/\$75	\$20/\$25	\$40/\$50	\$40/\$50
Tier 4 – Non-Preferred Brand	\$45/\$50	\$90/\$100	\$135/\$150	\$45/\$50	\$90/\$100	\$90/\$100
Tier 5 - Specialty	\$45/\$50	\$90/\$100	\$135/\$150	\$45/\$50	\$90/\$100	\$90/\$100

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$7,400, you pay the greater of:

- 5% of the cost, or
- \$3.95 copay for generic (including brand drugs treated as generic) and a
- \$9.85 copayment for all other drugs



Dental Coverage

Delta Dental



Dental Coverage



There are no changes to current plan designs or coverage costs for 2023!

Dental Plan Monthly Rates		
	Dental PPO	Dental HMO
Retiree Only	\$44.54	\$12.34
Retiree + Spouse	\$81.94	\$22.70
Retiree + Child(ren)	\$83.00	\$22.82
Retiree + Family	\$115.78	\$32.10

Pending Council approval

Dental Coverage



In-Network Benefits	Dental PPO (DPPO)	Dental HMO (DHMO)
Network	Plus Premier	DHMO Managed Care
Calendar Year Maximum (Does not apply to Diagnostic & Preventive Services)	\$1,750	Unlimited
Deductible (Applies to Basic and Major Services Only)	\$50 per person; \$150 per family	None
Preventive Services (Cleanings, Exams, Flouride, X-Rays)	100%	\$5 exam copay
Basic Services (Filling, Extractions, Anesthesia, Non-Surgical Periodontics)	80% after deductible	Per copay schedule
Major Services (Crowns, Dentures, Bridges, Endodontics, Surgical Periodontics)	50% after deductible	Per copay schedule
Orthodontia (Adult & Child)	50%	Per copay schedule
Orthodontia Maximum (Adult & Child)	\$1,750	\$1,750

DPPO Plan Highlights

- If you use an out-of-network dentist, you are responsible for 100% of the amount the dentist charges that exceeds Delta Dental's network-negotiated fee.

DHMO Plan Highlights

- You MUST select a primary dental office to begin using your benefits.

Locate a Provider

- <https://www1.deltadentalins.com/individuals/find-a-dentist.html>



Vision Coverage

Davis Vision by MetLife





**Coverage costs will increase slightly for 2023.
Current plan designs will remain unchanged.**

Dental Plan Monthly Rates		
	High Plan	Low Plan
Retiree Only	\$9.80	\$5.56
Retiree + Spouse	\$17.92	\$10.16
Retiree + Child(ren)	\$18.78	\$10.66
Retiree + Family	\$28.86	\$16.38

Pending Council approval

Plan Highlights

- FREE frames at all Visionworks stores (excludes Maui Jim).
- In-network benefits online at glasses.com, 1-800-Contacts, and Befitting.
- Go to www.mybenefits.metlife.com to find providers in your network.

Vision Coverage



Plan Feature	High Plan (2-Pair Benefit)	Low Plan (iDEALChoice)
Benefits	2 pairs mix or match	Glasses or Contacts
Eye Exam Retinal Imaging	\$10 copay \$39 copay	\$10 copay \$39 copay
Frame Allowance OR Davis Vision Collection Frames	\$150 allowance plus 20% off balance OR covered-in-full frames at Visionworks locations	\$140 allowance plus 20% off balance OR covered-in-full frames at Visionworks locations
Lens Benefit		
Single Vision	Covered in full after \$10 copay	Covered in full after \$20 copay
Bifocal	Covered in full after \$10 copay	Covered in full after \$20 copay
Trifocal Lenticular	Covered in full after \$10 copay	Covered in full after \$20 copay
Contact Allowance		
Davis Vision Collection	\$10 copay, then covered in full up to 8 boxes	\$20 copay, then covered in full up to 4 boxes
Retail	\$130 allowance plus 15% off balance	\$130 allowance plus 15% off balance
Frequency Guidelines		
Exams	Once every January 1	Once every January 1
Frames	Once every January 1	Once every other January 1
Contacts or Lenses	Once every January 1	Once every January 1



Value-Added Benefits

No Cost to You!



Plan Extras



Virtual Visits

\$0 copay for Virtual Visits. Speak to a board-certified doctor or therapist at a time that works best for you



SilverSneakers® Fitness Program

Access to over 17,000 participating facilities and online classes lead by certified instructors



Rewards Program

Earn rewards for completing selected screenings, wellness checks and more



24/7 Nurseline

Your call is taken by a registered nurse who can help if you are sick or hurt and not sure what to do



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Next Steps



What Do I Need to Do for 2023 Enrollment?



You only need to complete the enrollment process if you want to change your current benefit elections or add or drop dependents:

- If you want to change your current elections or add or drop dependents, you **MUST complete** the enrollment process by **October 21**.
- If you do not want to make any changes to your current benefit elections, you do **NOT** need to call the Enrollment Center.

If you don't complete the enrollment process, your current City of Dallas benefit elections will carry over for 2023.



To enroll, call a Benefit Specialist

**Call the Enrollment Center at (855) 855-2871 Monday-Friday
8:15 a.m. – 5:15 p.m.**

- Benefit Specialists will be available starting October 10th.

Questions?



Contact the Enrollment Center

- Call (855) 855-2871
- E-mail yourenrollment@ebcoh.com

View our Benefit Materials and FAQ documents

- www.cityofdallasbenefits.org

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