



# 2024 Benefits Enrollment Post-65 Retirees (Medicare)

October 9 – October 20, 2023

# Agenda



City of Dallas

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# Open Enrollment Overview

# Open Enrollment Overview



**Open Enrollment for Retirees is  
October 9<sup>th</sup> - 20<sup>th</sup>, 2023.**

## Passive Enrollment

**This year, Open Enrollment is passive: Your current City of Dallas benefit elections will carry over for 2024 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 20**.
- If you do not want to make any changes to your current benefit elections, you do **NOT** need to call the enrollment
- Benefit elections will take effect January 1, 2024.

# Open Enrollment Overview



City of Dallas

**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 Online:

**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 9th.
- 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.)**

- Upload it from your computer during the online enrollment process (follow the on-screen instructions)
- Send it from your Smartphone with the My Selerix app
- Email it to [yourenrollment@ebcoh.com](mailto:yourenrollment@ebcoh.com)
- Fax it to (513) 371-5559

## Questions about or assistance with enrollment?

**Call (855) 855-2871 Monday-Friday, 8:15 a.m. – 5:15 p.m.**

- Benefit Specialists will be available starting October 9<sup>th</sup>.



# Medical & Pharmacy Coverage

Blue Cross Group Medicare Advantage (PPO)<sup>SM</sup>



# Medical Coverage



**There are only CMS changes to the Blue Cross Group Medicare Advantage (PPO)<sup>SM</sup> plan designs for 2024.**

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



## **Part C**

Combines  
hospital and  
medical



Additional benefits



**Part D**  
drugs

# Group Medicare Benefit Highlights



	High Plan		Low Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible	\$0		\$0	
OOP Max	\$0		\$1,500	
Combined OOP 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"> <li>• \$0 copay for Medicare-covered eye exam</li> <li>• \$0 copay for Medicare-covered glaucoma screening</li> <li>• \$0 copay for one pair of Medicare-covered standard glasses or contact lenses after cataract surgery</li> <li>• \$0 copay for 1 routine eye exam per year</li> </ul>		<ul style="list-style-type: none"> <li>• \$20 copay for Medicare-covered eye exam</li> <li>• \$0 copay for Medicare-covered glaucoma screening</li> <li>• \$0 copay for one pair of Medicare-covered standard glasses or contact lenses after cataract surgery</li> <li>• \$20 copay for 1 routine eye exam per year</li> </ul>	

# 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"> <li>• \$0 copay Medicare covered</li> <li>• \$70 eyeglasses allowance or \$105 allowance for contact lenses in lieu of eyeglasses</li> <li>• Combined in- and out-of-network every 2 years</li> </ul>		<ul style="list-style-type: none"> <li>• \$0 copay Medicare covered</li> <li>• \$70 eyeglasses allowance or \$105 allowance for contact lenses in lieu of eyeglasses</li> <li>• Combined in- and out-of-network every 2 years</li> </ul>	
Hearing Exams	<ul style="list-style-type: none"> <li>• \$0 copay Medicare covered</li> <li>• \$0 copay for 1 routine hearing exam per year</li> </ul>		<ul style="list-style-type: none"> <li>• \$20 copay Medicare covered</li> <li>• \$0 copay for 1 routine hearing exam per year</li> </ul>	
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
<b>Retiree Only</b>	\$328.70	\$266.50
<b>Retiree + Spouse</b>	\$657.40	\$533.00
<b>Spouse Only</b>	\$328.70	\$266.50

Pending Council approval

# Pharmacy Coverage



## **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
<b>Deductible</b>	\$0 deductible					
<b>The following copays will apply up to the initial coverage limit (ICL) amount of \$5,030</b>						
<b>Tier 1 – Preferred Generic</b>	\$5/\$10	\$10/\$20	\$15/\$30	\$5/\$10	\$10/\$20	\$10/\$20
<b>Tier 2 – Generic</b>	\$5/\$10	\$10/\$20	\$15/\$30	\$5/\$10	\$10/\$20	\$10/\$20
<b>Tier 3 – Preferred Brand</b>	\$20/\$25	\$40/\$50	\$60/\$75	\$20/\$25	\$40/\$50	\$40/\$50
<b>Tier 4 – Non-Preferred Brand</b>	\$45/\$50	\$90/\$100	\$135/\$150	\$45/\$50	\$90/\$100	\$90/\$100
<b>Tier 5 - Specialty</b>	\$45/\$50	\$90/\$100	\$135/\$150	\$45/\$50	\$90/\$100	\$90/\$100

# 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**





# Value-Added Benefits

(No Cost to You!)

# Pre-Retiree Concierge Service



**The City of Dallas has partnered with Health Advocate to help make navigating your healthcare easier whether you're considering retirement, a post-65 retiree, or transitioning to post-65.**

## Health Advocate Can:

- Answer questions about the benefits provided by the City of Dallas.
- Explain your Medicare and City of Dallas health plan options and help choose the best plan for you by comparing coverage costs and features.
- Review the many plans and parts of Medicare, what each covers, and what they cost.
- Discuss the City of Dallas' Comeback Provision for retirees.
- Inform you about enrollment deadlines and when to sign up to avoid paying late Medicare enrollment penalties.

To get started, simply e-mail [answers@HealthAdvocate.com](mailto:answers@HealthAdvocate.com) or call (866) 799-2731. Or, visit [HealthAdvocate.com/cityofdallas](https://HealthAdvocate.com/cityofdallas) to send a message or chat live with a representative.

# Wellness Portal



**Navigate is the City's total well-being portal and dedicated resource hub for all City of Dallas Wellness information.**

**Create your log-in on the Navigate portal and have access to:**

- Online learning tools & videos
- Well-being assessments
- Group & personal activity challenges
- Tracking your completion status on earning your wellness incentive (for those enrolled in one of the City's medical plans).

To register or get started, visit [wellbeingfirstabalancedyou.com](https://wellbeingfirstabalancedyou.com).



# Dental Coverage

Delta Dental



# Dental Coverage



**There are no changes to current plan designs or coverage costs for 2024!**

## Dental Plan Monthly Rates

	<b>Dental PPO</b>	<b>Dental HMO</b>
<b>Retiree Only</b>	\$44.53	\$12.33
<b>Retiree + Spouse</b>	\$81.93	\$22.70
<b>Retiree + Child(ren)</b>	\$82.99	\$22.82
<b>Retiree + Family</b>	\$115.77	\$32.09

# Dental Coverage



City of Dallas

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

# Vision Coverage



**There are no changes to plan designs or coverage costs for 2024!**

## Vision Plan Monthly Rates

	High Plan	Low Plan
<b>Retiree Only</b>	\$9.79	\$5.56
<b>Retiree + Spouse</b>	\$17.91	\$10.16
<b>Retiree + Child(ren)</b>	\$18.78	\$10.66
<b>Retiree + Family</b>	\$28.85	\$16.37

## 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](http://www.mybenefits.metlife.com) to find providers in your network.

# Vision Coverage



Plan Feature	High Plan (2-Pair Benefit)	Low Plan (iDEALChoice)
<b>Benefits</b>	2 pairs mix or match	Glasses or Contacts
Eye Exam   Retinal Imaging	\$10 copay   \$39 copay	\$10 copay   \$39 copay
<b>Frame Allowance OR Davis Vision Collection Frames</b>	\$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
<b>Lens Benefit</b>		
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
<b>Contact Allowance</b>		
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
<b>Frequency Guidelines</b>		
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



# Next Steps

# What Do I Need to Do for 2024 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 20**.
- If you do not want to make any changes to your current benefit elections, you do **NOT** need to call the Enrollment Center.

**If no action is taken, you will not have the opportunity to make any changes to your benefits coverage for the 2024 plan year.**

# Enrollment Reminder



## 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 9th.



# Questions?



## Contact the Enrollment Center

- Call (855) 855-2871
- E-mail [yourenrollment@ebcoh.com](mailto:yourenrollment@ebcoh.com)

## View our Benefit Materials and FAQ documents

- [www.cityofdallasbenefits.org](http://www.cityofdallasbenefits.org)

**Open Enrollment**  
**October 9 – 20, 2023**