



EMPLOYEE BENEFITS


Post-65 Retiree Open Enrollment: 10/7/2024 through
10/18/2024



City of Dallas

Agenda



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Open Enrollment Overview



Open Enrollment Overview

Open Enrollment for Post-65 retirees is October 7-18, 2024

PASSIVE Enrollment

This year, Open Enrollment is PASSIVE: Your current City of Dallas benefit elections will carry over for 2025 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 18**.
- 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, 2025.

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 are standing by to enroll you over the phone and can help answer questions about your benefit options and coverage costs.

If you do not want to make any changes to your current benefit elections, you do **NOT** need to call.

MBI number is required!

- If your Medicare Beneficiary Identifier (MBI) number (also known as your “Medicare Social Security number”) is not already in the system, you’ll need to provide it during the enrollment process.
- Your MBI number can be found on your Medicare card.

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 youenrollment@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.

Medical & Pharmacy Coverage

Blue Cross Group Medicare
Advantage (PPO) SM



Medical Coverage Disclaimers

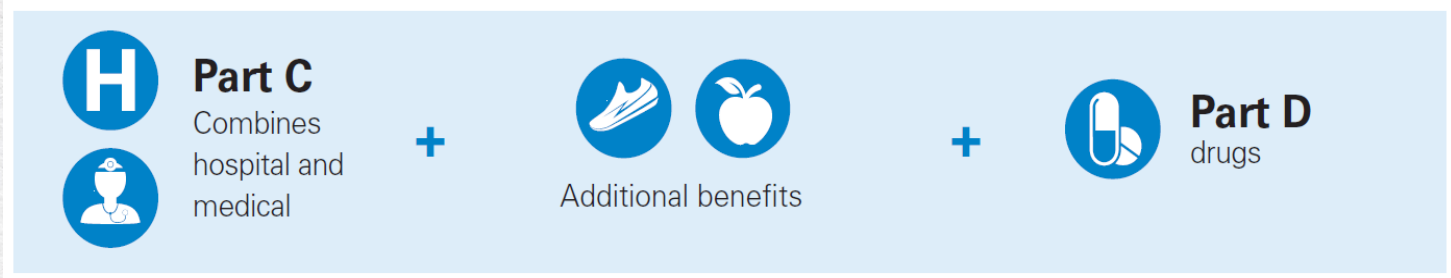
Medical contributions are paid on a post-tax basis for all retirees. Your annual cost of medical coverage depends on the benefit option you choose and the level of coverage you need.

- If you participate in one of the City-sponsored Medicare Advantage plans, contributions shall be paid by pension check deduction by all members who receive pension checks in sufficient amount to permit deduction for the contributions.
- A grace period of 30 days shall be allowed for the payment of each contribution paid directly by the member. If any contribution is not paid within the grace period, the coverage shall terminate on the last date for which contributions are paid.
- In order to drop the City's coverage, a waiver must be signed. **To request a waiver, please contact hrbenefits@dallas.gov or 214-671-6947 option 1.**

Medical Coverage

There are only CMS changes to the Blue Cross Group Medicare Advantage (PPO)SM plan designs for 2025.

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	
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"> • \$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

Pharmacy Coverage

CMS changes for 2025:

The ICL and Coverage Gap are going away, and the new maximum out-of-pocket limit will be \$2,000 for 2025.

These changes to pharmacy, means much lower out-of-pocket cost to the retiree!

- 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
Part D Phase: Deductible	\$0 deductible					
Formulary Type	5-Tier Premier Formulary					
True Out-of-Pocket (TrOOP) amount that begins Catastrophic Phase	\$2,000					
Part D Phase: Initial Coverage Limit (ICL) – The following cost shares will apply up to the out-of-pocket maximum						
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
Part D Phase: Catastrophic	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$2,000 , you pay: Beneficiary cost sharing is reduced to \$0 for those who reach the catastrophic spending level.					

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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Value Added Benefits

No Cost to You



Health Advocate Retiree Concierge

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 or call (866) 799-2731. Or, visit 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 and videos
- Well-being assessments
- Group and personal activity challenges

To register or get started, visit wellbeingfirstabalancedyou.com, or email the Wellness team at citywellnesscenters@dallas.gov.



Dental Coverage

Delta Dental



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
Office Visit	N/A	\$5 per visit
Preventive Services (Cleanings, Exams, Flouride, X-Rays)	100%	None
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>

Dental Coverage

There are no changes to current plan designs or coverage costs for 2025!

Dental Plan Monthly Rates		
	Dental PPO	Dental HMO
Retiree Only	\$44.53	\$12.33
Retiree + Spouse	\$81.93	\$22.70
Retiree + Child(ren)	\$82.99	\$22.82
Retiree + Family	\$115.77	\$32.09

Vision Coverage

Davis Vision by MetLife



Vision Coverage

Plan Feature	High Plan (2-Pair Benefit)	Low Plan
Benefits	2 pairs mix or match	Glasses or Contacts
Eye Exam Imaging 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

Vision Coverage

There are no changes to plan designs or coverage costs for 2025!

Vision Plan Monthly Rates		
	High Plan	Low Plan
Retiree Only	\$9.79	\$5.56
Retiree + Spouse	\$17.91	\$10.16
Retiree + Child(ren)	\$18.78	\$10.66
Retiree + Family	\$28.85	\$16.37

Plan Highlights

- Paid-in-full eyeglasses and contacts.
- In-network benefits online at glasses.com, 1-800-Contacts, and Befitting.
- Go to www.mybenefits.metlife.com to find providers in your network.

Next Steps



What Do I Need to Do for 2025 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 18**.
- If you do not want to make any changes to your current benefit elections, you do **NOT** need to call the Enrollment Center.

To enroll, call a Benefit Specialist at (855) 855-2871 Monday-Friday 8:15 a.m. – 5:15 p.m.

Questions? Contact the Enrollment Center

- Call (214) 556-2871
- E-mail yourenrollment@ebcoh.com
- The Enrollment Center is available Monday-Friday, 8:15 a.m. – 5:15 p.m.

**Open Enrollment for Post-65 Retirees:
October 7-18, 2024**