



Welcome!

2025 RETIREE OPEN ENROLLMENT INFORMATION

WHAT WILL WE COVER

- ***Overview of Health Insurance***

- Medical
 - Boon Chapman
 - Hartford (Bay Bridge)
- Dental
- Vision

- ***Overview of General Medicare***

- ***Resources***

- Provider Apps and Contact
- New Retiree Benefit Guide and Webpage

OVERVIEW OF HEALTH INSURANCE

Victoria County self-funded health insurance makes available a range of coverages to you as the employee, including:



- Medical
- Dental
- Vision
- Telemedicine

EMPLOYEE ENROLLMENT PORTAL

Enroll in your benefits with Employee Navigator **now through October 25, 2024.**

ENROLL IN YOUR BENEFITS: One step at a time



The login form features the 'employee navigator' logo at the top left. Below it are two input fields: 'Username' and 'Password'. A green 'Login' button is positioned below the password field. At the bottom, there are two links: 'Reset a forgotten password' and 'Register as a new user'.

Step 1: Log In

Go to www.employeenavigator.com and click **Login**

- **Returning users:** Log in with the username and password you selected. Click **Reset a forgotten password**.
- **First time users:** Click on your Registration Link in the email sent to you by your admin or **Register as a new user**. Create an account, and create your own username and password.



The page has a header with a city skyline illustration and the text 'Participation Required'. Below this is a paragraph of small text. A numbered list follows: 1. Onboarding, 2. Benefits Enrollment, 3. HR tasks. A green 'Let's Begin' button is at the bottom.

Step 2: Welcome!

After you login click **Let's Begin** to complete your required tasks.

Step 3: Onboarding (For first time users, if applicable)

Complete any assigned onboarding tasks before enrolling in your benefits.

Go to

www.employeenavigator.com

and click Login. Then click **Register as a new user**.

Company Identifier
CountyofVictoria

For the full guide,
please visit our
Employee Benefits
Webpage.

BOON CHAPMAN MEDICAL PREMIUMS

No change in retiree premiums for 2025!

County of Victoria
Health Insurance

RETIREE INSURANCE
2025

Retiree Health Insurance Premium
With Health Risk Assessment Completed (HRA) by Retiree

Class	Retiree Premium Monthly (with 8 or more years)	Retiree Premium Monthly (with less than 8 years of service)	Dependent Only (if Retiree is 65 and no longer on Boon Chapman)
Retiree Only	328.00	561.00	Unavailable
Retiree + Spouse	640.00	873.00	565.00
Retiree + Child	625.00	858.00	550.00
Retiree + Family	740.00	973.00	665.00

Note: County pays \$233.00 (41.53%) toward Retiree only 8+ years and does not contribute to Dep. coverage.

CORE PLAN OVERVIEW

Medical Plan Summary

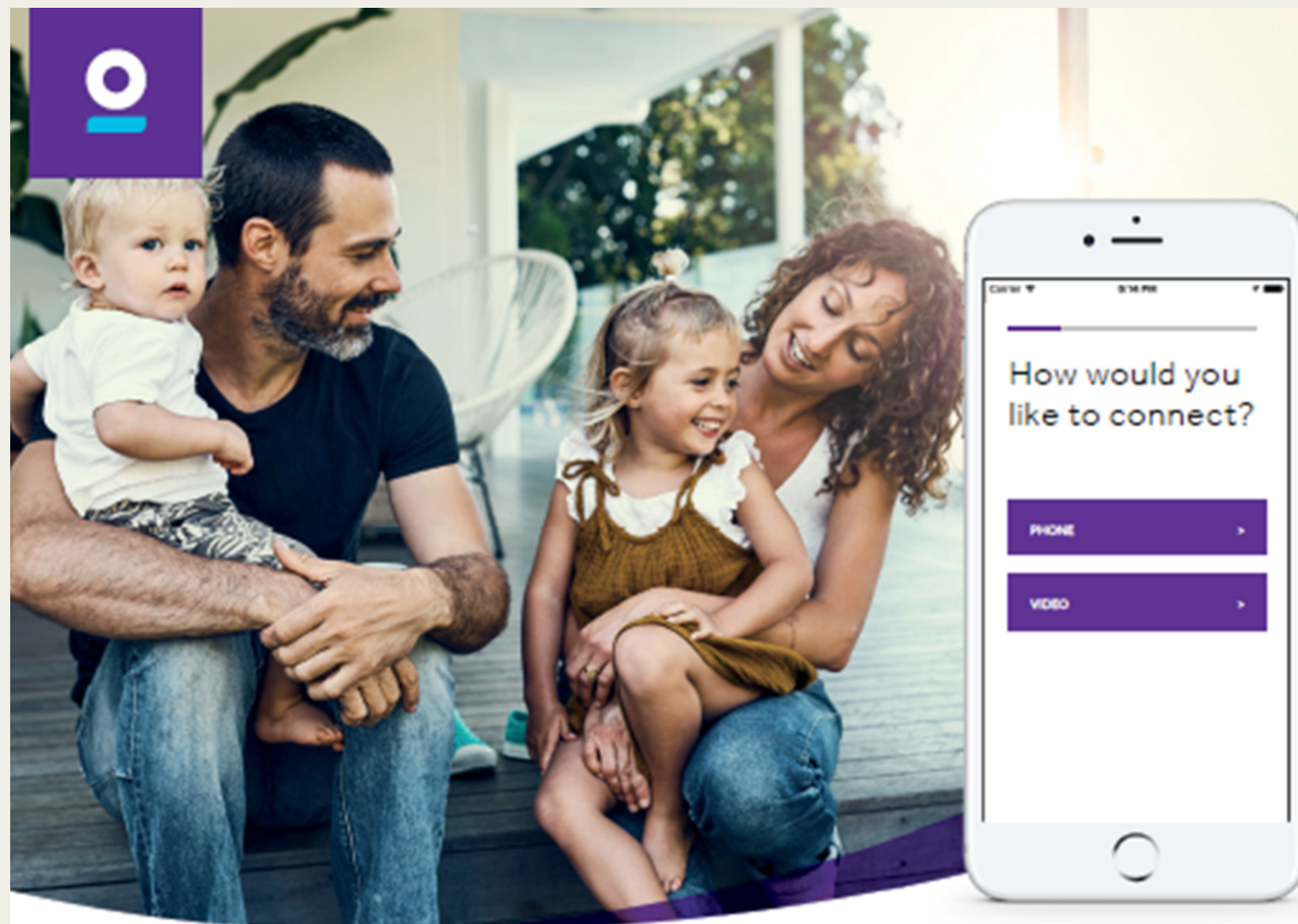
YOUR COUNTY HEALTH INSURANCE OFFERS BROAD PPO COVERAGE WITH THE AETNA NETWORK FOR ALL OF YOUR MEDICAL NEEDS INCLUDING RX COVERAGE AND VIRTUAL VISITS.

Annual Deductible	\$1500 Individual	\$3000 Family
Annual Out of Pocket	\$5500 Individual	\$11000 Family
Coinsurance	Plan Pays 80%	You Pay 20%
Prescription Medication	\$15 Copay Generic Only	All other Rx subject to Deductible/ Coinsurance

No changes to core benefits!

Refer to SBC or plan document for coverage, limitations, and exclusions.

- Out of Network Benefits available
- Higher out of pocket costs with OON services
- Gastric Bypass with additional \$3,500 copay
- Step Therapy medication program available through Employee Healthcare Clinic



When you need affordable care,
you've got Teladoc!

Stretch your healthcare dollars by connecting with Teladoc the next time you're sick. With Teladoc, you can speak with a U.S. board-certified doctor 24/7 by phone or video for many non-emergency illnesses.

Receive affordable care for:

- | | |
|-------------------|-------------------|
| • Sinus infection | • Rash |
| • Flu | • Allergy |
| • Cough | • Upset stomach |
| • Sore throat | • Nausea and more |

Talk to a doctor for free

🖥 Teladoc.com 📞 1-800-TELADOC (835-2362) 🍏 | 🤖 Download the app

TELEMEDICINE

- Virtual visit with physician, **\$0 copay**
- Use phone, computer or App
- Covers **you & dependents** on the plan
- Teladoc treats 70% of illnesses seen at Urgent Care
- Get a prescription
- **24/7, 365** anywhere in the US

HEALTHCARE PARTNERS

Employee Primary Healthcare Clinic offers free primary care, immunizations, flu vaccines, lab work, annual health risk assessments (HRAs), and sports physicals!

Citizens Medical Center (CMC) offers a 100% Benefit, No Deductible, for all covered services performed and billed by CMC, including:

- Sleep Studies
- Physical Therapy
- Inpatient Services
- ER Services with \$100 Copay
- Weight loss surgery with a \$3,500 copay

**Use the Employee
Clinic and CMC to
save you \$\$!**



DENTAL PLAN OVERVIEW



Dental Insurance Summary

	Low Plan	High Plan
Deductible	\$50 (I) / \$150 (F)	\$50 (I) / \$150 (F)
Annual Maximum	\$750	\$1500
Plan Design	100/% Preventive 80% Basic n/a	100% Preventive 80% Basic 50% Major
Orthodontia	not covered	\$1000 lifetime Max children under age 19
Employee Only Employee Family	\$9.48 \$26.49	\$19.02 \$50.49

Service Examples

Type I - Preventive

- Routine exam/cleaning

Type II - Basic

- Fillings/Extractions

Only covered on high plan:

Type III - Major

- Inlays/crowns/dentures

Type IV - Orthodontia

- dependent children under age 19

VISION PLAN OVERVIEW



Vision Plan Summary

Type of Service	Copay/Benefit	Frequency
Exam Copay	\$10	once in 12 months starting 1/1
Materials Copay	\$25	once in 12 months starting 1/1
Frames/Contact Allowance	\$130	once in 24 months starting 1/1

Coverage Tier	Monthly	Bi-Monthly
Employee Only	\$5.88	\$2.94
Employee Family	\$13.56	\$6.78

Visit www.davisvision.com for assistance:

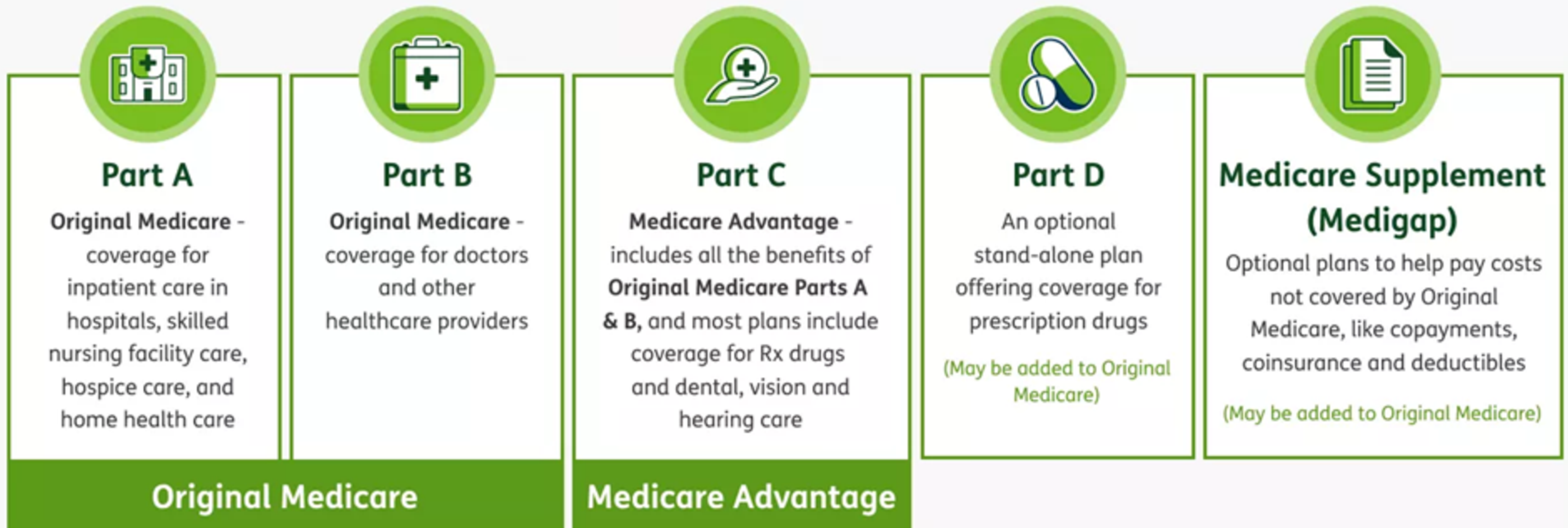
- Online ID cards
- Benefit Plan
- Helpful Hints

Significant savings on optional frames, lens types and coatings. Additional discounts also available. For customer service call 1.800.999.5431.

Medicare Overview

The County of
Victoria offers a
Medicare
Supplement from
the Hartford

The Parts of Medicare




Different “parts” of Medicare pay for different types of coverage.

HARTFORD INSURANCE

Medicare Supplement Plan Summary

2025 Retiree Monthly Premium
increasing to \$148.14

<div>COUNTY OF VICTORIA RETIREE COVERAGE Part A Services</div> <div></div>			
SERVICES	MEDICARE PAYS ⁽¹⁾	PLAN PAYS ⁽¹⁾	YOU PAY
HOSPITALIZATION ⁽²⁾ Semi-private room and board, general nursing, and miscellaneous services and supplies:			
First 60 days	All but the Part A Deductible	100% of Medicare Part A Deductible	\$0
61 st through 90 th day	All but 25% of the Part A Deductible	100% of Medicare Part A Coinsurance	\$0
91 st through 150 th day (60 day Lifetime Reserve Period)	All but 50% of the Part A Deductible	100% of Medicare Part A Coinsurance	\$0
Once Lifetime Reserve days are used (or would have ended if used) additional 365 days of confinement per person per lifetime	\$0	100%	\$0
SKILLED NURSING FACILITY CARE Semi-private room and board, skilled nursing and rehabilitative services and other services and supplies. You must meet Medicare's requirement which includes hospitalization of at least 3 days. You must enter a Medicare-approved facility within 30 days after leaving the hospital:			
First 20 days	All approved amounts	\$0	\$0
21 st through 100 th day	All but 12.5% of the Part A Deductible per day	Up to 100% of Medicare SNF Coinsurance	\$0
101 st through 365 day	\$0	\$0	All other charges
BLOOD DEDUCTIBLE – Hospital Confinement and Out-Patient Medical Expenses When furnished by a hospital or skilled nursing facility during a covered stay.			
First 3 pints	\$0	100%	\$0
Additional amounts	100%	\$0	\$0
HOSPICE CARE			

No changes to
benefits!

Medigap Coverage
Fills in Medicare Parts A and B

Pays the OOP cost that traditional Medicare Parts A&B do not cover. Hartford coverage design similar to Plan F which is no longer offered to the retail market. Comparable coverage would be Plan G or K. The coverage the county offers is not Medicare Part C (Medicare Advantage) or Part D (prescription drugs) coverage.

Part A Services

SERVICES	MEDICARE PAYS ⁽¹⁾	PLAN PAYS ⁽¹⁾	YOU PAY
HOSPITALIZATION ⁽²⁾ Semi-private room and board, general nursing, and miscellaneous services and supplies:			
First 60 days	All but the Part A Deductible	100% of Medicare Part A Deductible	\$0
61 st through 90 th day	All but 25% of the Part A Deductible	100% of Medicare Part A Coinsurance	\$0
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BLOOD DEDUCTIBLE – Hospital Confinement and Out-Patient Medical Expenses When furnished by a hospital or skilled nursing facility during a covered stay.			
First 3 pints	\$0	100%	\$0
Additional amounts	100%	\$0	\$0
HOSPICE CARE Pain relief, symptom management and support services for terminally ill.			
As long as Physician certifies the need	All costs, but limited to costs for out-patient drug and in-patient respite care	Co-insurance charges for in-patient respite care, drugs and biologicals approved by Medicare	All other charges

Part B
Services

SERVICES	MEDICARE PAYS ⁽¹⁾	PLAN PAYS ⁽¹⁾	YOU PAY
OUT-PATIENT MEDICAL EXPENSES In or Out of the Hospital and Out-Patient Hospital Treatment, such as Physician's services, In-Patient and Out-Patient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
Medicare Part B Deductible	\$0	100% of Medicare Part B Deductible	\$0
Remainder of Medicare-approved amounts	80%	20% of the remaining Medicare Part B Coinsurance	\$0
Part B Excess Charges for Non-Participating Medicare providers covers the difference between the 115% Medicare limiting fee and the Medicare-approved Part B charge	\$0	100%	\$0

Additional
Services

SERVICES	MEDICARE PAYS ⁽¹⁾	PLAN PAYS ⁽¹⁾	YOU PAY
PREVENTIVE MEDICAL CARE & CANCER SCREENINGS⁽³⁾ Coverage for expenses incurred by a covered person for physical exams, preventive screening tests and services, cancer screenings, and any other tests or preventive measures determined to be appropriate by the attending Physician. Refer to your Medicare and You handbook for more information on Preventive services.			
"Welcome to Medicare" Physical Exam -within first 12 months of Part B enrollment	100%	\$0	\$0
Annual Wellness Visit	100%	\$0	\$0
Vaccinations	100%	\$0	\$0
Preventive Care Cancer Screening Benefits ⁽³⁾	Generally 100% for most preventive screenings. Some screenings subject to the Medicare Part B Deductible and Coinsurance	100% of remaining covered expenses Incurred not covered by Medicare	\$0
FOREIGN TRAVEL EMERGENCY Medically necessary emergency care services.			
Emergency services needed due to Injury or Sickness of sudden and unexpected onset during the first 60 days while traveling outside the United States.	\$0	80% after \$250 Deductible to a lifetime maximum of \$50,000	\$250 Deductible and then 20% of expenses incurred to a lifetime maximum of \$50,000, then 100% thereafter

Thank you!

YOU CAN BEGIN ENROLLING THROUGH
PORTAL **TODAY!**

PLEASE ENROLL AND COMPLETE BENEFIT
CHANGES NO LATER THAN: **NOVEMBER 15, 2024.**

VISIT WWW.VCTX.ORG/PAGE/HR.BENEFITS FOR
MORE INFORMATION REGARDING RETIREE
BENEFITS.