

Retiree Healthcare Coverage

Plan Year 2024-2025

The Board of County Commissioners recognizes the importance of health benefits to the retirees of Washington County Government. We continuously review our benefit options, focusing not only on providing quality plans but also on controlling the costs and financial risk for the County as well as employees and retirees.

RETIREE HEALTHCARE ELIGIBILITY

A retiree is an individual that met his/her retirement eligibility requirements (age or years of service) at the time of the individual's separation of employment.

A retiree is eligible to elect retiree health benefits if:

- The retiree is under the age of 65 and not eligible for Medicare

A retiree's spouse is eligible to be on retiree health benefits if:

- The retiree is eligible as explained above and elect's retiree health benefits
- The spouse is also under age 65 and not eligible for Medicare

A dependent is eligible to be on retiree health benefits if:

- The retiree is eligible as explained above and elect's retiree health benefits
- The dependent is under the age of 26

If at any point the retiree becomes ineligible, the covered spouse and dependents would also need to be removed in addition to the retiree.

If a spouse or dependent becomes ineligible while the retiree is still eligible, the spouse or dependent would need to be removed and the retiree and any remaining eligible dependents could remain on the plan.

RETIREE HEALTHCARE COVERAGE

Plan Year 2024-2025

MEDICAL COVERAGE (AETNA)

The County offers two medical plan options:

- In-Network (formerly known as the Low Option plan)
- Open Network (formerly known as the High Option plan)

In-Network Plan

Highlights:

- No deductible when using in-network providers
- Does not require referrals when seeking care from a specialist
- Lower premium contributions with only in-network coverage
- Does not provide out-of-network coverage

Open Network Plan

Highlights:

- No deductible when using in-network providers
- Does not require referrals when seeking care from a specialist
- Higher premium contributions with out-of-network coverage added
- Contains in-network and out-of-network coverage. A deductible applies for out-of-network coverage

The only benefit of the Open Network plan is you have the option of using out-of-network providers. With the In-Network plan, you will have no out-of-network coverage, so you have to use in-network providers and facilities. We strongly recommend you use in-network providers whenever possible because Aetna has negotiated significant discounts with them, which can save you money. The services covered are the same between the In-Network and Open Network plans. Gain, the main difference is you can use out-of-network providers with the Open Network plan.

If you choose a plan that has a deductible, your deductible will run from July 1, 2024 - June 30, 2025.

RETIREE HEALTHCARE COVERAGE

Plan Year 2024-2025

Aetna	In-Network	Open Network
	In-Network Coverage	In-Network Coverage
Deductible		
Individual/Family	\$0 / \$0	\$0 / \$0
Coinsurance (member Pays)	0%	0%
Out-of-Pocket Maximum		
Individual / Family	\$2,000 / \$6,000	\$2,000 / \$6,000
Office Visits		
Preventative Care	Covered at 100%	Covered at 100%
Primary Care Physician	\$30 copay	\$35 copay
Specialist	\$35 copay	\$40 copay
Diagnositc Lab / X-Ray	0%	0%
Urgent Care	\$35 copay	\$35 copay
Hospital Visits		
Inpatient Care	\$100 copay	\$100 copay
Outpatient Surgery	\$35 copay	\$40 copay
Emergency Room	\$200 copay; waived if admitted	\$200 copay; waived if admitted
	Out-of-Network Coverage	Out-of-Network Coverage
Deductible		
Individual/Family	N/A (No coverage)	\$250 / \$750
Out-of-Pocket Maximum		
Individual / Family	N/A (No coverage)	\$3,000 / \$9,000

RETIREE HEALTHCARE COVERAGE

Plan Year 2024-2025

PRESCRIPTION COVERAGE (CVS CAREMARK)

The County's prescription coverage is grouped with its Medical Coverage. The prescription coverage is the same regardless of what medical coverage option is chosen.

Members are not required to use a CVS Pharmacy under the plan. However, you should ensure the pharmacy you wish to use is a participating pharmacy. Most major chain pharmacies are participating pharmacies. Many independent pharmacies are included as well.

Copays

Generic	\$15 per prescription (retail) \$30 per prescription (mail order)
Formular Brand Name	\$35 per prescription (retail) \$70 per prescription (mail order)
Non-Formulary Brand Name	\$50 per prescription (retail) \$100 per prescription (mail order)
Specialty Medications	30% of the cost <ul style="list-style-type: none">If you enroll in PrudentRX, the cost for you will be \$0.

- Even though you are not required to use a CVS Pharmacy, there are some perks if you do so. For example, you have the ability to fill maintenance medications of a 90-day supply at a local CVS Pharmacy instead of having them shipped to your home.*

RETIREE HEALTHCARE COVERAGE

Plan Year 2024-2025

DENTAL COVERAGE (DELTA DENTAL)

The County offers two dental plan options:

- Low Option Plan
- High Option Plan

Benefits & Covered Services	Low Plan		High Plan	
	Delta Dental PPO Dentist	Non-Delta Dental PPO Dentist	Delta Dental PPO Dentist	Non-Delta Dental PPO Dentist
Deductible	\$50 per person / \$150 per family each plan year (July-June)	\$50 per person / \$150 per family each plan year (July-June)	\$50 per person / \$150 per family each plan year (July-June)	\$100 per person / \$300 per family each plan year (July-June)
Maximums (Per plan year)	\$1000 per person	\$1000 per person	\$1000 per person	\$1000 per person
Diagnostic & Preventative Services (Exams, cleanings, x-rays and sealants)	80%	80%	100%	80%
Basic Services (Fillings, denture repair and posterior composites)	80%	80%	90%	70%
Endodontics (Root canals)	80%	80%	90%	70%
Periodontics (Gum treatment)	80%	80%	90%	70%
Oral Surgery	80%	80%	90%	70%
Major Services (Crowns, inlays, onlays and cast restorations)	50%	50%	80%	60%
Prosthodontics (Bridges, dentures and implants)	50%	50%	80%	60%

RETIREE HEALTHCARE COVERAGE

Plan Year 2024-2025

VISION COVERAGE (EYEMED)

The County offers two vision plan options:

- 24 Month Option Plan
- 12 Month Option Plan

Vision Care Services	24 Month Plan (Low Option)	12 Month Plan (High Option)
Exam Coverage	\$0 copay	\$0 copay
Frame Coverage	\$130 allowance \$180 allowance at PLUS Providers (Once every other plan year)	\$130 allowance \$180 allowance at PLUS Providers (Once every plan year)
Contact Lenses	Copay; Allowance	Copay; Allowance
<ul style="list-style-type: none"> • Conventional • Disposable • Medically Necessary 	<ul style="list-style-type: none"> • \$0 copay; \$125 allowance • \$0 copay; \$125 allowance • \$0 copay; paid-in-full 	<ul style="list-style-type: none"> • \$0 copay; \$125 allowance • \$0 copay; \$125 allowance • \$0 copay; paid-in-full
Standard Plastic Lenses	Copay	Copay
<ul style="list-style-type: none"> • Single Vision • Bifocal • Trifocal • Lenticular • Progressive- Standard • Progressive- Prem Tier 1 • Progressive- Prem Tier 2 • Progressive- Prem Tier 3 • Progressive- Prem Tier 4 	<ul style="list-style-type: none"> • \$0 copay • \$0 copay • \$0 copay • \$0 copay • \$55 copay • \$85 copay • \$95 copay • \$110 copay • 175 copay 	<ul style="list-style-type: none"> • \$0 copay • \$0 copay • \$0 copay • \$0 copay • \$55 copay • \$85 copay • \$95 copay • \$110 copay • 175 copay
Lens Options	Copay	Copay
<ul style="list-style-type: none"> • Anti-Reflective Coating- Standard • Anti-Reflective Coating- Premium Tier 1 • Anti-Reflective Coating- Premium Tier 2 • Anti-Reflective Coating- Premium Tier 3 • Polycarbonate- Standard < 19 years of age • Scratch Coating- Standard Plastic 	<ul style="list-style-type: none"> • \$45 copay • \$57 copay • \$68 copay • \$85 copay • \$0 copay • \$0 copay 	<ul style="list-style-type: none"> • \$45 copay • \$57 copay • \$68 copay • \$85 copay • \$0 copay • \$0 copay

RETIREE HEALTHCARE COVERAGE

Plan Year 2024-2025

COST OF RETIREE HEALTH BENEFITS

Retiree healthcare costs are paid monthly by the retiree. The monthly premium is deducted directly from the Retiree's monthly pension payment along with any elected federal and state tax deductions.

As an active employee of the Board of County Commissioners, the County pays the burden of the cost for Healthcare Coverage. As a retiree, the cost of health benefits is dependent upon your years of service at the time of retirement.

Cost Share as an Active Employee

Plan	Employee Portion of Total Cost
Low Option Medical	7.5%
High Option Medical	12.5%
Low Option Dental	70%
High Option Dental	70%
24 Month Vision	100%
12 Month Vision	100%

Cost Share as a Benefits Eligible Retiree

Years of Service	Retiree Portion of Total Cost (All Plans)
5-9	50%
10-14	40%
15-24	30%
25-34	20%
35+	10%

RETIREE HEALTHCARE COVERAGE

Plan Year 2024-2025

Retiree- Monthly Benefit Costs

In-Network Medical (Low Option)	Total Cost	Retiree Cost (10%) 35+ Years	Retiree Cost (20%) 25 to 34 Years	Retiree Cost (30%) 15 to 24 Years	Retiree Cost (40%) 10 to 14 Years	Retiree Cost (50%) 5 to 9 Years
Retiree Only	\$795.55	\$79.56	\$159.11	\$238.67	\$318.22	\$397.78
Retiree & Spouse	\$1,559.30	\$155.93	\$311.86	\$467.79	\$623.72	\$779.65
Retiree & Child(ren)	\$1,447.93	\$144.79	\$289.59	\$434.38	\$579.17	\$723.97
Family	\$2,243.50	\$224.35	\$448.70	\$673.05	\$897.40	\$1,121.75
Open Network Medical (High Option)	Total Cost	Retiree Cost (10%) 35+ Years	Retiree Cost (20%) 25 to 34 Years	Retiree Cost (30%) 15 to 24 Years	Retiree Cost (40%) 10 to 14 Years	Retiree Cost (50%) 5 to 9 Years
Retiree Only	\$848.63	\$84.86	\$169.73	\$254.59	\$339.45	\$424.32
Retiree & Spouse	\$1,663.33	\$166.33	\$332.67	\$499.00	\$665.33	\$831.67
Retiree & Child(ren)	\$1,544.53	\$154.45	\$308.91	\$463.36	\$617.81	\$772.27
Family	\$2,393.17	\$239.32	\$478.63	\$717.95	\$957.27	\$1,196.59
Low Option Dental	Total Cost	Retiree Cost (10%) 35+ Years	Retiree Cost (20%) 25 to 34 Years	Retiree Cost (30%) 15 to 24 Years	Retiree Cost (40%) 10 to 14 Years	Retiree Cost (50%) 5 to 9 Years
Retiree Only	\$19.17	\$1.92	\$3.83	\$5.75	\$7.67	\$9.59
Retiree & Spouse	\$36.61	\$3.66	\$7.32	\$10.98	\$14.64	\$18.31
Retiree & Child(ren)	\$34.01	\$3.40	\$6.80	\$10.20	\$13.60	\$17.01
Family	\$52.67	\$5.27	\$10.53	\$15.80	\$21.07	\$26.34
High Option Dental	Total Cost	Retiree Cost (10%) 35+ Years	Retiree Cost (20%) 25 to 34 Years	Retiree Cost (30%) 15 to 24 Years	Retiree Cost (40%) 10 to 14 Years	Retiree Cost (50%) 5 to 9 Years
Retiree Only	\$23.99	\$2.40	\$4.80	\$7.20	\$9.60	\$12.00
Retiree & Spouse	\$47.93	\$4.79	\$9.59	\$14.38	\$19.17	\$23.97
Retiree & Child(ren)	\$44.52	\$4.45	\$8.90	\$13.36	\$17.81	\$22.26
Family	\$68.95	\$6.90	\$13.79	\$20.69	\$27.58	\$34.48
24 Month Vision	Total Cost	Retiree Cost (10%) 35+ Years	Retiree Cost (20%) 25 to 34 Years	Retiree Cost (30%) 15 to 24 Years	Retiree Cost (40%) 10 to 14 Years	Retiree Cost (50%) 5 to 9 Years
Retiree Only	\$5.14	\$0.51	\$1.03	\$1.54	\$2.06	\$2.57
Retiree & Spouse	\$8.72	\$0.87	\$1.74	\$2.62	\$3.49	\$4.36
Retiree & Child(ren)	\$8.33	\$0.83	\$1.67	\$2.50	\$3.33	\$4.17
Family	\$11.28	\$1.13	\$2.26	\$3.38	\$4.51	\$5.64
12 Month Vision	Total Cost	Retiree Cost (10%) 35+ Years	Retiree Cost (20%) 25 to 34 Years	Retiree Cost (30%) 15 to 24 Years	Retiree Cost (40%) 10 to 14 Years	Retiree Cost (50%) 5 to 9 Years
Retiree Only	\$6.57	\$0.66	\$1.31	\$1.97	\$2.63	\$3.29
Retiree & Spouse	\$10.92	\$1.09	\$2.18	\$3.28	\$4.37	\$5.46
Retiree & Child(ren)	\$10.43	\$1.04	\$2.09	\$3.13	\$4.17	\$5.22
Family	\$16.35	\$1.64	\$3.27	\$4.91	\$6.54	\$8.18