

Manatee County Government 2025 Retiree Medical Options

Effective Date: January 1, 2025

YourChoice Health Plan: Under or Over age 65

Tier	Total Monthly Premium	County Share	Retiree Monthly Share
Retiree with 10+ years of Service	\$816.78	\$129.00	\$687.78
Retiree > 10 years+Spouse	\$1,671.84	\$129.00	\$1,542.84
Retiree > 10 years+Child(ren)	\$1,433.00	\$129.00	\$1,304.00
Retiree >10 years +Family	\$2,356.84	\$129.00	\$2,227.84
Retiree with less than 10 years of Service or Retiree Survivor	\$816.78	\$0.00	\$816.78
Retiree < 10 years + Spouse	\$1,671.84	\$0.00	\$1,671.84
Retiree < 10 Years + Child(ren)	\$1,433.00	\$0.00	\$1,433.00
Retiree < 10 years + Family	\$2,356.84	\$0.00	\$2,356.84
Spouse Only (excluding Retiree)	\$855.06	\$0.00	\$855.06
Child(ren) Only (excluding Retiree)	\$616.22	\$0.00	\$616.22
Spouse and Child(ren) (excluding Retiree)	\$1,540.06	\$0.00	\$1,540.06

Medicare Supplement Options: Over Age 65

Medicare Supplement Plan F or G: Transamerica or Bankers

Tier	County Subsidy	Retiree Share
Retiree with 10+ years of service	varies by age and location	\$162.00
Retiree under 10 years, Retiree Spouse, Retiree Survivor	\$0.00	Varies by age and location

Contact Brian Baacke: (941) 907-4300

Effective 1/1/19: Retirees obtain an individual Part D-Prescription Plan on their own.

Effective 1/1/20: No longer offering Via Benefits as a retiree option

BANKERS Option only available to currently enrolled retirees

For questions regarding retiree health plan options, contact
Employee Health Benefits at (941) 748-4501, ext. 6403

Dental Plan Current Enrollees ONLY

VISION Plan

Tier	Retiree Share	Tier	Retiree Share
Employee Only - Monthly	\$34.00	Retiree Only	\$4.92
Employee + 1 - Monthly	\$55.00	Retiree + Spouse	\$9.36
Employee + 2 or more - Monthly	\$75.00	Retiree + Children	\$9.84
		Retiree + Fam	\$14.48

YourChoice Prescription Benefits for 2025

YourChoice Prescription Benefits for 2025

TIER	IN NETWORK PHARMACIES
Generic	\$10 copay per 30 day supply
Brand	25% coinsurance or \$15 minimum
Non-Formulary	45% Coinsurance or \$40 minimum
Specialty	25% Coinsurance. Maximum of \$150 or manufacturer's coupon