

# Manatee County Government 2024 Retiree Medical Options

Effective Date: January 1, 2024

## YourChoice Health Plan: Under or Over age 65

Tier	Total Monthly Premium	County Share	Retiree Monthly Share
Retiree with 10+ years of Service	\$808.68	\$129.00	\$679.68
Retiree > 10 years+Spouse	\$1,655.28	\$129.00	\$1,526.28
Retiree > 10 years+Child(ren)	\$1,418.80	\$129.00	\$1,289.80
Retiree >10 years +Family	\$2,333.50	\$129.00	\$2,204.50
Retiree with less than 10 years of Service or Retiree Survivor	\$808.68	\$0.00	\$808.68
Retiree < 10 years + Spouse	\$1,655.28	\$0.00	\$1,655.28
Retiree < 10 Years + Child(ren)	\$1,418.80	\$0.00	\$1,418.80
Retiree < 10 years + Family	\$2,333.50	\$0.00	\$2,333.50
Spouse Only (excluding Retiree)	\$846.60	\$0.00	\$846.60
Child(ren) Only (excluding Retiree)	\$610.12	\$0.00	\$610.12
Spouse and Child(ren) (excluding Retiree)	\$1,524.82	\$0.00	\$1,524.82

## 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 **Wendy Priest** 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 2024

Exhibit B: YourChoice Prescription Benefits for 2024

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