

County of Victoria

Citizens Healthplex
9406 NE Zac Lentz Pkwy
Victoria, TX 77904
361.570.5433

<http://citizensmedicalcenter.org/healthplex/membership/>

Corporate Membership effective: January 1, 2014

Revised: May 26, 2016, Sept 1, 2023, **Sept 1, 2025**

Eligibility

The following individuals are eligible for discounted membership:

- Victoria County active employees that are eligible for health benefits.
 - Temporary or seasonal employees are not eligible.
- Spouses and Children (ages 16 through 21) of eligible employees.
 - Children under 18 must have accompanied employee or spouse enrolled.
- 24th Judicial District CSCD active employees.
- Victoria County and 24th Judicial District CSCD retirees enrolled at the time of retirement are eligible to continue discounted membership.

Enrollment and Membership Dues

- Enrollment fees are waived for all eligible individuals.
- Must enroll at CMC Healthplex. Employee must be present at the time of enrollment.
- Dues are **\$35.00 monthly** per person
 - Bi-weekly Payroll deduction of \$17.50 per person

Kids in Motion

CMC also offers Kids in Motion (childcare), ages 3 months to 10 years old, **\$25 per child monthly**.

- Bi-weekly Payroll deduction \$12.50 per child

Attendance Requirements

- None

Details and Reminders

- All premiums and dues must be payroll deducted, with the exception of the first month paid directly to CMC Healthplex upon enrollment.
- Retiree premiums must be paid directly to CMC Healthplex.
- Any other services, not specifically listed above, provided by CMC Healthplex are at the expense of the employee and paid directly to CMC Healthplex.
- You are responsible as an employee of Victoria County of notifying the Healthplex 30 days prior to cancellation of membership.

County Benefit Administrator/Point of Contact

Human Resources, 361-578-0752, humanresources@vctx.org

Healthplex Coordinator/Point of Contact

Delphine Figueroa, 361-582-1105, dfigueroa@cmcvtx.org

**PAYROLL DEDUCTION REQUEST
HEALTHPLEX MONTHLY MEMBERSHIP**

MEMBER NAME _____ ACCOUNT # _____
LAST FOUR SOCIAL SECURITY #: XXX-XX- _____ EMPLOYEE ID _____

I hereby authorize **Victoria County** to deduct the following amount twice monthly effective _____.

Employee Only	<input type="checkbox"/>	\$17.50
Spouse Only	<input type="checkbox"/>	\$17.50
Employee and Spouse	<input type="checkbox"/>	\$35.00

Dependent (16 – 21 years)

Employee enrollment required if dependents under 18 added.

1 Dependent	<input type="checkbox"/>	\$17.50
2 Dependents	<input type="checkbox"/>	\$35.00
3 Dependents	<input type="checkbox"/>	\$52.50

Kids in Motion

1 Dependent	<input type="checkbox"/>	\$12.50
2 Dependents	<input type="checkbox"/>	\$25.00
3 Dependents	<input type="checkbox"/>	\$37.50

This authorization will remain in effect until I give proper written notice of termination to Citizens Healthplex at least 30 days prior to the next deduction.

I further understand that my discount is only applicable during my employment with Victoria County or the 24th Judicial District CSCD as a regular part-time or regular full-time employee.

Member Signature _____ Date _____

Team Member _____ Date _____

