

## Dallas County Retirees

### Welcome to 2025 Annual Enrollment

**October 7th – October 18th, 2024**



Annual enrollment is here. This is the time to review your benefits and enroll for next year. The information in this enrollment packet will help you learn about your 2025 retiree health benefits. We rely on you to carefully review the enclosed enrollment materials and to ask questions if there is something you do not understand.

#### **New Medicare Advantage Plans**

Effective January 1, 2025, your Medicare Advantage medical and prescription coverage will be administered by Blue Cross and Blue Shield of Texas (BCBSTX). The same two plan types will be offered: a Medicare Advantage PPO and a Medicare Advantage HMO. If you do not wish to make any changes, you do not need to take any action. You will be automatically enrolled in the plan that corresponds to your current enrollment.

The coverage under the new BCBSTX Medicare Advantage plans is very similar to your current coverage, with an annual combined deductible of \$0, a free fitness program, hearing aid allowance, virtual visits with board certified providers, and many other benefits. You will receive a new ID card from BCBSTX in late December. You need to use the new ID card starting January 1, 2025. Your old card will no longer be accepted.

#### **New Medical and Prescription Coverage for Retirees Under 65**

Effective January 1, 2025, your medical coverage will be administered by Blue Cross and Blue Shield of Texas (BCBSTX) with

pharmaceutical drug coverage through Prime Therapeutics. The same two plan types will be offered: a PPO and a High Deductible Health Plan. You will be automatically enrolled in the plan that corresponds to your current enrollment.

The Enrollment Guide summarizes what's new and changes beginning January 1, 2025. The Guide also has information about the benefits available to you and your family, eligibility for those benefits and enrollment requirements. You are responsible for reading the Guide and asking questions. Visit [pebcinfo.com](http://pebcinfo.com) for more information.

#### **Monthly Premiums - Important**

HealthEquity, also known as WageWorks, will replace UnitedHealthcare Benefit Services as the payment administrator effective January 1, 2025. Do not send any premium payments for 2025 to UnitedHealthcare Benefit Services.

If you pay your premium through automatic bank draft today, **you need to sign-up again**. To take advantage of this easy payment process with HealthEquity, complete the Automatic Withdrawal of Premiums form included in your enrollment packet and turn it in with your Retiree Benefits Enrollment Form at the meeting on October 3 or submit it to your Human Resources department before October 18. If you prefer to mail your retiree premium payments, use the address below.

HealthEquity/WageWorks  
PO Box 660212  
Dallas, TX 75266-0212

Your payment must be accompanied by an invoice. If you do not have an invoice, you can print a copy at the following URL: [mybenefits.wageworks.com](http://mybenefits.wageworks.com). Payments can also be made by phone by calling 1-888-678-4811 (TTY 711) Mon-Fri 7am – 7pm CST.

### **Medical plan spouse surcharge**

If you cover your spouse on the PPO Plan (includes PMD/MPD) or HDP, make sure you carefully read the information about the Spouse Medical Plan Surcharge Affidavit that must be turned in with your enrollment forms. ***The Affidavit is required every year.*** If you do not turn in the Affidavit on time, you will pay more for your coverage.

After reading the Affidavit and answering the three questions, sign and date it. Return the signed Affidavit, along with applicable proof of coverage, to the Human Resources/Civil Service Department during annual enrollment.

### **Are you turning 65 in January?**

If you turn age 65 on January 2, 2025, or any time during the month of January, you must complete a new enrollment form and select a senior plan for 2025. You are not eligible for the PPO or HDP Plan in 2025. If you turn 65 on January 1, 2025, you must enroll in a senior plan effective December 1, 2024.

### **What if you are a covered retiree but you do not return an enrollment form on time?**

Provided you still qualify for your current plan, you will be enrolled in the same coverage for 2025. If you cover your spouse in the PPO Plan (including MPD/PMD) or HDP and do not return the Spouse Medical Plan Surcharge Affidavit, you will automatically pay an additional \$200 per month for medical coverage. If you do not want your current

coverage any longer, please contact the Human Resources/Civil Service Department. Taking no action will not automatically end your coverage.

**Available October 7**  
**[www.pebcinfo.com](http://www.pebcinfo.com)**

**Select “Dallas County” on the home page, then “Plan Year 2025”, then “Retiree”**

Source for 2025 benefits information, links and forms

### **Where to send your forms**

You can send your forms by email to [benefits@dallascounty.org](mailto:benefits@dallascounty.org) or fax them to 214-653-7636. You may also mail them to the address below. Please mail them with enough time for us to receive them by October 18.

Dallas County Human Resources  
500 Elm Street, 4<sup>th</sup> Floor, STE 4100  
Dallas, TX 75202

### **Need help?**

If you have questions, call your Human Resources/Civil Service Department at **214-653-6161**.

#### **Dallas County Retiree Fair**

**October 3, 2024, 11:00am to 1:00pm**  
**In-Person Event**

George Allen Courts Building Jury Room  
600 Commerce Street, Dallas, TX 75202

**Virtual Dallas County Retiree Fair**  
**October 8, 2024, 10:00am to 12:00pm**  
**Online Event**

The link to join the meeting will be at [pebcinfo.com](http://pebcinfo.com) when you select “Dallas County” on the home page, then “Plan Year 2025”, then “Retiree”. The link will be visible starting October 7.

# Retiree Benefits Enrollment Form Plan Year 2025 – Dallas County

<b>HR Use Only</b>
Date Rec'd _____
Rec'd By _____

<b>Data Entry Use Only</b>
Date Entered _____
Entered By _____



## STEP 1 – ENTER RETIREE OR SUBSCRIBER INFORMATION.

Is this an address change?  YES  NO

Retiree/Subscriber Name (Last, First, Middle Initial)	Social Security Number	Are you enrolled in both Medicare Part A & Part B?
Street Address	City, State, Zip	Home or Cell Phone
		Retiree Medicare ID Number

I am enrolling as the retiree       I am enrolling as the surviving spouse of a deceased retiree \_\_\_\_\_  
Deceased retiree name

Email Address \_\_\_\_\_

## STEP 2 – ENROLLMENT EVENT.

Annual Enrollment (coverage effective 1/1/2025)	New Retiree
<input type="checkbox"/> No change from current year (skip to signature line below)	Retirement Date _____ Effective date _____
<input type="checkbox"/> Change coverage for 2025 (enter selected coverage below)	<input type="checkbox"/> Add coverage (enter selected coverage below)
<input type="checkbox"/> I decline all coverage	<input type="checkbox"/> I decline all coverage

**STEP 3 – ENROLLMENT.** Enter the information requested for each person enrolling in a medical, dental or vision plan. Line 2 is reserved for spouse; leave blank if spouse is not enrolling in a plan. Indicate if you want to enroll in a medical plan (Yes/No) and then select a dental and/or vision plan. Go to Step 4 to indicate your chosen medical plan. You cannot add new coverage but you can change plans. All must enroll in the same coverage as the retiree and enrollment is subject to dependent and plan eligibility.

**ANT** = Delta Dental Care USA DHMO Plan

**PEB** = PEBC Dental Plan (Delta Dental DPPO)

**VIS** = VSP Vision Plan

	Relationship (Self, Spouse, Child, Grandchild)	Retiree/Subscriber Name (Last, First, MI) If address is different than retiree address above, enter address below.	Social Security Number	Date of Birth	Marital Status: Married Single M/S	Gender	Medical Plan enter Yes/No If Yes, go to Step 4	Dental Plan enter ANT, PEB or None	Vision Plan enter VIS or None
1	<b>Self</b>		See Above			M / F			
2	<b>Spouse*</b>					M / F			
3						M / F			
4						M / F			

Spouse Medicare ID Number (if enrolling in MPO or PMA) \_\_\_\_\_ Email Address \_\_\_\_\_

## STEP 4 - SELECT A MEDICAL PLAN. \*Spouse Medical Plan Surcharge Affidavit required if enrolling spouse in medical plan.

Retiree enrolled in Medicare Parts A & B (Required) regardless of age	Retiree under age 65
<input type="checkbox"/> <b>MPO</b> – Blue Cross Group Medicare Advantage <b>PPO</b> plan for health care and prescription drug coverage <input type="checkbox"/> <b>MPD*</b> if non-Medicare dependents enrolled in PPO Plan	<input type="checkbox"/> <b>PPO*</b> – PEBC PPO Plan
<input type="checkbox"/> <b>PMA</b> – Blue Cross Group Medicare Advantage <b>HMO</b> plan for health care and prescription drug coverage <input type="checkbox"/> <b>PMD*</b> if non-Medicare dependents enrolled in PPO Plan	<input type="checkbox"/> <b>HDP*</b> – High deductible plan with HSA (a qualified high deductible health plan) referred to as the HDP Plan. Read the information on the back of the form before you enroll.
<input type="checkbox"/> <b>I decline medical plan coverage</b>	<input type="checkbox"/> <b>I decline medical plan coverage</b>

Retiree Signature \_\_\_\_\_ Date \_\_\_\_\_ Spouse Signature (if enrolling in MPO or PMA) \_\_\_\_\_ Date \_\_\_\_\_

I certify the information above is true and correct, that my covered dependents (if any) are eligible for the plan(s), dependents are subject to validation of documents proving dependent eligibility, ineligible dependents will be removed from the plan(s), and I could be subject to penalties connected to enrollment of an ineligible dependent. I acknowledge that if I enroll my spouse on my medical plan, premium cost could increase based on my spouse's enrollment in his/her employer medical plan and/or my failure to return the Spouse Medical Plan Surcharge Affidavit by the date due. I agree to read my enrollment information and the information found on the back of this form.

## Important Information – Read Carefully

### Spouse Medical Plan Surcharge and Required Affidavit

If you enroll your spouse in one of your employer retiree group medical plans listed below, carefully read this information about the \$200/month spouse surcharge. You can still enroll your eligible spouse on your medical plan, but if your spouse is still working and declined his/her employer medical coverage, then you will pay more to enroll your spouse in the PPO Plan (includes PMD, MPD) or HDP. This applies to surviving spouses enrolled in the PPO Plan (PMD, MPD) or HDP.

***Important: If you enrolled your spouse in the PPO Plan (includes PMD or MPD), or the HDP, then you MUST complete a Spouse Medical Plan Surcharge Affidavit and turn it in to the Human Resources Department by the date due. It is best to turn it in during annual enrollment. If you do not turn in the form, you will automatically be charged the surcharge if you cover your spouse in any of the plans listed above. If the spouse surcharge applies to you, it is in addition to your monthly retiree medical plan premium. More information is included in your enrollment packet and at [pebcinfo.com](http://pebcinfo.com).***

**When will the spouse surcharge apply to you?** If you enroll your spouse in the PPO, PMD, MPD or HDP, and:

1. Your spouse is also employed; and
2. Your spouse's employer offers a medical plan; and
3. Your spouse did NOT enroll in his/her employer medical plan.
4. The surcharge will also apply if you cover your spouse and did not complete and turn in the required Spouse Medical Plan Surcharge Affidavit by the date due, regardless of whether the surcharge applies.

**When will the spouse surcharge not apply to you?**

1. Your spouse does not work outside the home and has no access to employer coverage; or
2. Your spouse works, but spouse's employer does not offer medical coverage or your spouse is not eligible for that coverage;
3. Your spouse's other coverage is Medicare (Part A and Part B), Medicaid, TRICARE or care received at a VA Facility.
4. Your spouse is enrolled in your Medicare Advantage PPO Plan (MPO) or Medicare Advantage HMO Plan (PMA); or
5. Your spouse works and enrolled in spouse's employer medical plan (proof of enrollment required) and also enrolled in your medical plan (dual coverage).

**Don't forget! Complete, sign and date the required Spouse Medical Plan Surcharge Affidavit and turn it in during annual enrollment if you cover your spouse on your medical plan.**

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### High Deductible Plan (HDP)

**If you are not enrolled in Medicare and enrolling in the High Deductible Plan (HDP) with Health Savings Account (HSA)**

You must file IRS Form 8889 with your annual tax return to report contributions to and distributions from your HSA. HSA contributions, investment earnings (if any) and withdrawals (if made for qualified medical expenses) are generally not taxable for federal (and, in most cases, state and local) income tax purposes. However, under certain circumstances, your HSA may be subject to taxes and/or penalties. And, if your HSA contributions for any year exceed the annual limit, you are responsible for contacting your bank to request a refund of the excess.

Be sure to save receipts for all withdrawals from your HSA. You are responsible for verifying eligible medical expenses under the IRS tax code. Some of your responsibilities include:

- Determining your eligibility to contribute to an HSA
- Keeping receipts to show you used your HSA for qualified medical expenses
- Tracking contribution limits and withdrawing any excess contributions
- Making sure funds are transferred to a qualified HSA, and
- Identifying tax implications and reporting distributions to the IRS.

Contact your HSA bank for detailed information about eligible expenses and your responsibilities regarding contributions and record keeping. To make sure your HSA contributions and any investment earnings remain free of income taxes, penalties and/or excise taxes, make sure you understand the eligibility and contribution rules for HSAs. Since this is your personal account and you are responsible for compliance with the tax rules, it is recommended you consult with your personal tax advisor about your personal situation. Your employer cannot provide you tax advice. If you enroll in Medicare, you are no longer eligible to contribute to an HSA; however, you can use the funds already in your HSA for qualified medical expenses (see IRS Publication 969).

## Retiree Health Benefits Rate Sheet Dallas County - 2025

### 1. Medical Plans – Retirees Under-Age-65 (Spouse of Any Age)

Medical Option	Retiree Only	Retiree plus Spouse*	Retiree plus Child(ren)	Retiree plus Family*
<b>PPO Plan</b> BlueCross BlueShield Blue Choice Network	618.46	1,325.27*	1,020.46	1,727.27*
<b>HDP Plan with HSA</b> BlueCross BlueShield Blue Choice Network	545.79	1,091.58*	900.55	1,446.34*
<i>Refer to back of this form for important information.</i>				
<b>*Spouse Medical Plan Surcharge Affidavit Required</b>				

### 2. Medical Plans – Retirees Enrolled in Medicare Regardless of Age; Medicare Parts A and B Required

Medical Option <i>*PMD/MPD Spouse Medical Plan Surcharge Affidavit Required</i>	Retiree Only	Retiree plus Spouse	Retiree plus Child(ren)	Retiree plus Family
<b>MPO</b> Blue Cross Group Medicare Advantage Open Access (PPO)	130.00	260.00	N/A	N/A
<b>MPD</b> Retiree enrolled in MPO Plan <b>and</b> non-Medicare eligible Spouse and/or Dependents enrolled in PEBC PPO Plan	N/A	1,138.18*	695.64	1,741.72*
<b>MPD</b> rate with Spouse enrolled in MPO Plan	N/A	N/A	N/A	825.64
<b>PMA</b> Blue Cross Group Medicare Advantage (HMO)	65.00	130.00	N/A	N/A
<b>PMD</b> Retiree enrolled in PMA Plan <b>and</b> non-Medicare eligible Spouse and/or Dependents enrolled in PEBC PPO Plan	N/A	1,073.18*	630.64	1,676.72
<b>PMD</b> rate with Spouse enrolled in PMA Plan	N/A	N/A	N/A	695.64

### 3. Monthly Dental Rates – Retirees of Any Age and Sponsored Dependents

Dental Option	Retiree Only	Retiree plus Spouse	Retiree plus Child(ren)	Retiree plus Family
<b>ANT</b> Delta Dental Care USA DHMO Plan	11.94	20.34	26.84	34.30
<b>PEB</b> PEBC PPO Dental Plan - Delta Dental DPPO	37.75	69.80	86.78	120.76

### 4. Monthly Vision Rates – Retirees of Any Age and Sponsored Dependents

Vision Option	Retiree Only	Retiree plus Spouse	Retiree plus Child(ren)	Retiree plus Family
<b>VIS</b> VSP Vision Plan	6.25	11.70	12.45	19.40

### 5. Sponsored Dependents Option (Surviving Dependents of Deceased Retiree)

Medical / Dental Plan Option	Under Age 65 Spouse	Age 65 or Older Spouse (or Medicare enrolled if under 65)	Child(ren) Only	Under Age 65 Spouse (not Medicare-eligible) and Child(ren)	Medicare Enrolled Spouse and Child(ren)
MPO, MPD, PMA and PMD: Medicare Parts A & B required <b>*Spouse Medical Plan Surcharge Affidavit Required</b>					
<b>PPO Plan</b>	618.46*	N/A	678.77	1,020.46*	N/A
<b>HDP Plan</b>	545.79*	N/A	440.14	900.55*	N/A
<b>MPO</b> Blue Cross Group Medicare Advantage Open Access (PPO)	N/A	130.00*	N/A	N/A	N/A
<b>MPD</b> PEBC PPO Plan for non-Medicare Spouse / Child(ren) (PPO)	N/A	N/A	N/A	N/A	808.77
<b>PMA</b> Blue Cross Group Medicare Advantage (HMO)	N/A	65.00*	N/A	N/A	N/A
<b>PMD</b> PEBC PPO Plan for non-Medicare Spouse / Child(ren) (PPO)	N/A	N/A	N/A	N/A	743.77

## Important Information – Read Carefully

### Spouse Medical Plan Surcharge and Required Affidavit – Required Every Year

If you enroll your spouse in one of your employer retiree group medical plans listed below, carefully read this information about the \$200/month spouse surcharge. You can still enroll your eligible spouse on your medical plan, but if your spouse is still working and declined his/her employer medical coverage, then you will pay more to enroll your spouse in the PPO Plan (includes MPD, PMD) or HDP. This applies to surviving spouses enrolled in the PPO Plan (MPD, PMD) or HDP. The surcharge does not apply to the dental or vision plans.

***Important: If you enrolled your spouse in the PPO Plan (includes MPD or PMD), or the HDP, then you MUST complete a Spouse Medical Plan Surcharge Affidavit and turn it in to the Human Resources Department by the date due. It is best to turn it in during annual enrollment. If you do not turn in the form, you will automatically be charged the surcharge if you cover your spouse in the PPO, MPD, PMD or HDP plan. If the spouse surcharge applies to you, it is in addition to your monthly retiree medical plan premium. More information is included in your enrollment packet and at [pebcinfo.com](http://pebcinfo.com).***

**When will the spouse surcharge apply to you?** If you enroll your spouse in the PPO, PMD, MPD or HDP, and:

1. Your spouse is still employed; and
2. Your spouse's employer offers a medical plan; and
3. Your spouse did NOT enroll in his/her employer medical plan.
4. The surcharge will also apply if you cover your spouse and did not complete and turn in the required Spouse Medical Plan Surcharge Affidavit by the date due, regardless if the surcharge applies.

**When will the spouse surcharge not apply to you?**

1. Your spouse does not work outside the home and has no access to employer coverage; or
2. Your spouse works, but spouse's employer does not offer medical coverage or your spouse is not eligible for that coverage;
3. Your spouse's other coverage is Medicare (Part A and Part B), Medicaid, TRICARE or care received at a VA Facility.
4. Your spouse is enrolled in your Medicare Advantage PPO (MPO/MPD) or Medicare Advantage HMO Plan (PMA/PMD); or
5. Your spouse works and enrolled in spouse's employer medical plan (proof of enrollment required) and also enrolled in your medical plan (dual coverage).

**Don't forget! Complete, sign and date the required Spouse Medical Plan Surcharge Affidavit and turn it in during annual enrollment if you cover your spouse on your medical plan.**

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### High Deductible Plan (HDP)

**If you are not enrolled in Medicare and enrolling in the High Deductible Plan (HDP) with Health Savings Account (HSA)**

You must file IRS Form 8889 with your annual tax return to report contributions to and distributions from your HSA. HSA contributions, investment earnings (if any) and withdrawals (if made for qualified medical expenses) are generally not taxable for federal (and, in most cases, state and local) income tax purposes. However, under certain circumstances, your HSA may be subject to taxes and/or penalties. And, if your HSA contributions for any year exceed the annual limit, you are responsible for contacting your bank to request a refund of the excess.

Be sure to save receipts for all withdrawals from your HSA. You are responsible for verifying eligible medical expenses under the IRS tax code. Some of your responsibilities include:

- Determining your eligibility to contribute to an HSA
- Keeping receipts to show you used your HSA for qualified medical expenses
- Tracking contribution limits and withdrawing any excess contributions
- Making sure funds are transferred to a qualified HSA, and
- Identifying tax implications and reporting distributions to the IRS.

Contact your HSA bank for detailed information about eligible expenses and your responsibilities regarding contributions and record keeping. To make sure your HSA contributions and any investment earnings remain free of income taxes, penalties and/or excise taxes, make sure you understand the eligibility and contribution rules for HSAs. Since this is your personal account and you are responsible for compliance with the tax rules, it is recommended you consult with your personal tax advisor about your personal situation. Your employer cannot provide you tax advice. If you enroll in Medicare, you are no longer eligible to contribute to an HSA; however, you can use the funds already in your HSA for qualified medical expenses (see IRS Publication 969).

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# SPOUSE MEDICAL PLAN SURCHARGE AFFIDAVIT

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To be completed if you are enrolling your spouse in your employer medical plan (PPO Plan or HDP, including retiree PMD/MPD). If you are NOT enrolling your spouse in your employer medical plan this form is not needed. If you fail to complete this form or are late turning it in, a \$200 per month surcharge will be assessed. More information about the spouse surcharge is found on the back of this form.

*Please print.*

Employee/Retiree Name \_\_\_\_\_ Last 4 Digits of SSN \_\_\_\_\_

Spouse Name \_\_\_\_\_ Last 4 Digits of SSN \_\_\_\_\_

*Form due date*

Annual Enrollment      Form is due no later than December 31 before the new plan year starts.

New retiree              Form is due before retiree medical coverage effective date.

## 1. IS YOUR SPOUSE EMPLOYED?

Yes      Employer Name \_\_\_\_\_ Employer Phone \_\_\_\_\_

No      If NO, skip questions 2 and 3. Sign, date and return this form to Human Resources.

## 2. IF YOUR SPOUSE IS EMPLOYED, IS HE/SHE ELIGIBLE TO RECEIVE MEDICAL INSURANCE OFFERED BY HIS/HER EMPLOYER?

Yes

No      If NO, skip question 3. Sign, date and return this form to Human Resources.

## 3. IF YOUR SPOUSE'S EMPLOYER OFFERS MEDICAL INSURANCE AND YOUR SPOUSE IS ELIGIBLE FOR THAT INSURANCE, IS YOUR SPOUSE ENROLLED IN HIS/HER EMPLOYER MEDICAL PLAN?

Yes      Name of Insurance Carrier \_\_\_\_\_

If YES, you must attach proof of spouse enrollment in spouse's employer plan (ID card, coverage confirmation page, or employer documentation printed on employer's letterhead). With proof of enrollment, you will not be assessed a \$200 per month Spouse Medical Plan Surcharge if your spouse is enrolled in both the spouse's employer plan and your medical plan (dual coverage). IRS rules do not allow for enrollment in a high deductible health plan (HDHP) and a traditional plan (like a PPO) at the same time. Sign, date and return this form to Human Resources.

No      If NO, you will be assessed a \$200 per month Spouse Medical Plan Surcharge in addition to your insurance premium when you enroll your spouse in your medical plan. Sign, date and return this form to Human Resources.

## CERTIFICATION

I certify the information I provided on this form is true and correct. I acknowledge that falsification of any information may lead to disciplinary action, up to and including employment termination, and that I may be held responsible for funds paid to providers on my spouse's behalf. I will notify my employer's Human Resources Department if my spouse gains or loses other employer medical coverage (a qualified change in status event) and turn in required paperwork to the Human Resources Department within 31 days of the event. I further understand a spouse surcharge may be terminated at the first of the month following timely notification. Spouse surcharge refunds for late notification are not allowed.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

## Information about the Spouse Medical Plan Surcharge

Regardless of the medical plan you select, you could pay more for coverage if you enroll your spouse in your medical plan. A spouse surcharge will not apply if your spouse enrolls in both your spouse's employer plan and your employer plan. If your spouse does not enroll in his/her employer medical plan, you will pay more to enroll your spouse in your employer's medical plan. Review your specific situation before you enroll your spouse. Reference to the PPO Plan includes Retiree PMD/MPD Plans for a non-Medicare spouse enrolled in the PPO Plan.

### The spouse surcharge will apply if:

1. Your spouse's employer offers a medical plan and your spouse is eligible for coverage under that plan and did not enroll in that plan; and
2. You cover your spouse in your employer PPO medical plan or HDP; then
3. A \$200 per month spouse surcharge will apply to the cost of covering your spouse on your employer medical plan (active employees - deducted from payroll).
4. The surcharge will also apply if you fail to complete or were late turning in the required Spouse Medical Plan Surcharge Affidavit. Spouse surcharge refunds are not retroactive, and are not allowed for failure to turn in the form or turning the form in late.

### The spouse surcharge will NOT apply if:

1. Your spouse is enrolled in his/her employer medical plan (proof of enrollment required) and your employer PPO medical plan or HDP; or
2. Your spouse does not work outside the home and has no access to employer coverage; or
3. Your spouse's employer does not offer medical coverage or your spouse is not eligible for that coverage; or
4. Your spouse's other coverage is Medicare, Medicaid, TRICARE or care received at a VA facility; and
5. You turned in the required Spouse Medical Plan Surcharge Affidavit on time.

### Required time-sensitive enrollment action

During annual enrollment each year, any employee who covers his/her spouse must sign a Spouse Medical Plan Surcharge Affidavit attesting to your spouse's access to employer medical plan coverage through his/her employer, regardless if he/she enrolled in that coverage.

If you are newly-retired and you enroll a spouse in your employer medical plan, you must turn in the Spouse Medical Plan Surcharge Affidavit before retiree medical coverage effective date. If you experience a qualified change in status event, you must notify the Human Resources Department and complete required paperwork within 31 days of the event. Provided the change is an eligible event, the change will become effective the first day of the month following timely notification.

### Spouse's employer enrollment period

While many plans are calendar-year plans (like yours), some are not. If your spouse's employer plan is not a calendar year plan, and your spouse did not enroll in his/her employer plan during your spouse's annual enrollment, your spouse should check with his/her employer to see if it is still possible to enroll. If the employer's plan rules do not allow enrollment, then the spouse surcharge applies until your spouse's employer coverage is effective.

### Cost considerations

It is important that you consider each of the following items to determine if you wish to enroll your spouse in your employer plan. Monthly premium is not the only item you should evaluate.

1. Monthly premium cost under each plan (single coverage with spouse's plan, employee plus spouse/family coverage in your employer plan) with and without the surcharge.
2. Plan design differences (deductibles, out-of-pocket maximum, copays and coinsurance).
3. Type of plan (IRS rules do not allow coverage in a high deductible plan and any other medical plan (like a PPO Plan) at the same time).

### Medical Plan

For purposes of this affidavit, a medical plan is an affordable plan with minimum essential coverage (MEC) offered through an employer as defined by the Affordable Care Act (ACA).



**Automatic Payment Agreement Form**

Please complete all details below. A current email address is required to fulfill this request. Once completed and signed, submit your form and a voided check by fax or mail using the details on the previous page.

**Member Information**

Employer Name: Dallas County

Member Name: \_\_\_\_\_

Members Phone Number: [Grid for phone number]

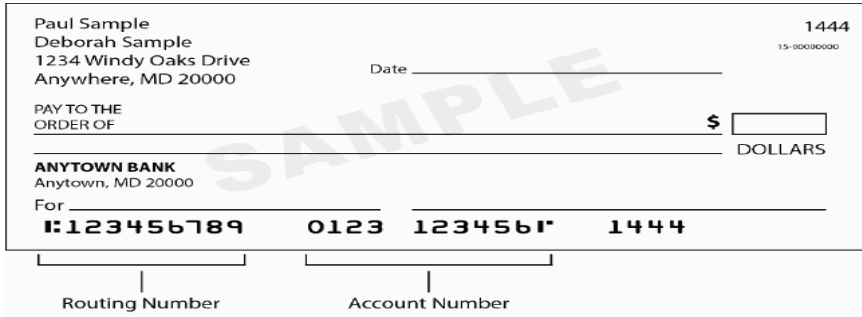
Member SSN: [Grid for Social Security Number]

Email Address: [Grid for email address]

**Banking Institution**

Account Type:  Checking Account  Savings Account

Routing/ABA Number: [Grid] Account Number: [Grid]



**Authorization**

I (we) hereby authorize WageWorks, Inc. (hereinafter called COMPANY), to initiate debit (charge) entries to my (our) bank account. This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and Banking Institution a reasonable opportunity to act on it. I agree that submission of this Agreement does not constitute payment of coverage premium, which continues to be my sole responsibility.

\_\_\_\_\_  
Member Signature \_\_\_\_\_  
Date

**IMPORTANT:** All written authorizations must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.