

Denton County Retirees

Welcome to 2025 Annual Enrollment

October 14th – October 28th, 2024

Annual enrollment is here and 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.

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.

Medical Plan Spouse Surcharge Affidavit

If you cover your spouse on the PPO Plan (includes MPD/PMD) 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. You can still cover your spouse on your medical plan, but if your spouse is still working and declined his/her employer medical plan, you will pay more. If you do not turn in the Affidavit on time, you will pay more for your coverage.

Look for the Affidavit included in this packet. More information about the surcharge can be found on the back of the Affidavit, including when the surcharge does not apply. After you read the Affidavit and answer three questions, sign and date it, and return the Affidavit, along with applicable proof of coverage, to the Human Resources Department during annual enrollment.

Monthly Cost

A 2025 Retiree Health Benefits Rate sheet is enclosed to help you review monthly cost. Key changes and other valuable information can be found in the Retiree Health Benefits Enrollment Guide or at www.pebcinfo.com on October 14th. Changes made during annual enrollment take effect on January 1, 2025.

Denton County Retiree Benefits Meeting

October 25th, 2024 (Friday)
10:00 AM

Turn in your enrollment form and bank draft authorization form at this meeting!

**1 Courthouse Dr, Denton, TX 76208
3rd floor in the 2020 Room**

Important information about paying monthly premium

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 25th or submit it to the Human Resources department before October 25.

If you prefer to mail your retiree premium payments, use the address below. 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.

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

To pay your premium phone, call:

1-888-678-4881 TTY 711
Monday-Friday, 7:00am-7:00pm Central

Retiree enrollment tips

Are you turning 65 during 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 medical plan for 2025. You are not eligible for the PPO or HDP Plan in 2025. (If you turn 65 on January 1, 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.

This means that you are confirming you want to continue your current plan and you and your covered dependents are still eligible for the plan. 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.

It is very important that you contact the Human Resources Department if you decide you do not want your current coverage any longer. If you enroll in a private retiree plan or another health plan, your coverage could be interrupted if you do not notify us.

Where to send your forms

If you prefer to mail your 2025 forms, send them to this address. Make sure you mail the forms so that we get them by October 28, 2024.

**Denton County
Attn: Retiree Benefits Enrollment
1 Courthouse Dr, Suite 1300
Denton, TX 76208**

You may also email or fax your forms to:

Email: melody.graham@dentoncounty.gov
Fax: 940-349-5379

Need help?

If you need assistance or have questions, contact the Denton County Human Resources Department at 940- 349-3080.

Available October 14th
www.pebcinfo.com

Select “Denton County” on the homepage, then select Plan Year 2025, then “Retiree”

The central source for 2025 benefits information, links and forms

Retiree Benefits Enrollment Form Plan Year 2025 – Denton County

HR Use Only
Date Rec'd _____
Rec'd By _____

Data Entry Use Only
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

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

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, VLO or None
1	Self		See Above			M / F			
2	Spouse*					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"/> MPO – Blue Cross Group Medicare Advantage PPO plan for health care and prescription drug coverage <input type="checkbox"/> MPD * if non-Medicare dependents enrolled in PPO Plan	<input type="checkbox"/> PPO* – PEBC PPO Plan
<input type="checkbox"/> PMA – Blue Cross Group Medicare Advantage HMO plan for health care and prescription drug coverage <input type="checkbox"/> PMD * if non-Medicare dependents enrolled in PPO Plan	<input type="checkbox"/> HDP* – 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"/> I decline medical plan coverage	<input type="checkbox"/> I decline medical plan coverage

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.

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.

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 Age 65 or Older Denton County - 2025

Important Information about Retiree Rates

Denton County adopted a years-of-service Retiree medical premium model effective January 1, 2013. **If you retired on or before December 31, 2012**, use **Box 1** below to determine your monthly medical premium cost.

If you retired January 1, 2013 or later, you will pay a greater share of your retiree medical premium based on the number of years you worked for Denton County. This means the County contributes toward retiree medical premium for those with eight (8) years or more of service at Denton County. The County contributes a larger share based on years of service. Use **Box 4** (on the back of this form) to determine your monthly medical premium cost.

Years of service does not impact the cost of dental or vision coverage. If you are eligible to enroll in a dental or vision plan, use **Box 2** and/or **Box 3** below to determine your monthly premium cost.

To determine your monthly retiree health premium cost, select from the boxes listed below.

- Box 1 - Medical Plans; Retired on or before December 31, 2012**
- Box 2 - Dental Plans**
- Box 3 - Vision Plan**
- Box 4 - Medical Plans; retired on or after January 1, 2013 (see back of this form for medical rates)**

Medical Plan Choices

MPO – Blue Cross Blue Shield Group Medicare Advantage (PPO)

If you enroll in the MPO Plan, but your spouse and/or dependent(s) are not eligible for Medicare, select the **MPD** Plan for all of you. With the MPD Plan, your non-Medicare spouse and/or eligible dependents are enrolled in the PEBC PPO Plan and you are enrolled in the Blue Cross Blue Shield Group Medicare Advantage (PPO).

PMA – Blue Cross Blue Shield Group Medicare Advantage (HMO)

If you enroll in the PMA Plan, but your spouse and/or dependent(s) are not eligible for Medicare, select the **PMD** Plan for all of you. With the PMD Plan, your non-Medicare spouse and/or eligible dependent(s) are enrolled in the PEBC PPO Plan and you are enrolled in the Blue Cross Blue Shield Group Medicare Advantage (HMO).

Box 1 – Age-65-or-Older Retiree with Retirement Date of December 31, 2012 or Before

**Spouse Medical Plan Surcharge Affidavit required for PMD and MPD spouse enrollment*

Medical Option	Retiree Only	Retiree plus Spouse	Retiree plus Child(ren)	Retiree plus Family
<i>MPO and PMA- Retiree/spouse must be enrolled in both Medicare Part A and Part B</i>				
MPO Blue Cross Blue Shield Group Medicare Advantage (PPO)	78.00	156.00	N/A	N/A
MPD* Retiree enrolled in MPO and non-Medicare Spouse and/or Dependents enrolled in PEBC PPO Plan	N/A	715.49*	433.68	1,097.98*
MPD with Spouse enrolled in Medicare Part A & Part B				511.68
PMA Blue Cross Blue Shield Group Medicare Advantage (HMO)	39.00	78.00	N/A	N/A
PMD* Retiree enrolled in PMA and non-Medicare Spouse and/or Dependents enrolled in PEBC PPO Plan	N/A	676.49*	394.68	1,058.98*
PMD with Spouse enrolled in Medicare Part A & Part B				433.68

Box 2 - Dental Rates – Retirees (Regardless of Retirement Date)

Dental Option	Retiree Only	Retiree Plus Spouse	Retiree Plus Child(ren)	Retiree Plus Family
ANT Delta Care USA DHMO Plan	11.94	20.34	26.84	34.30
PEB PEBC PPO Dental Plan – Delta Dental	33.42	60.74	75.94	106.30

Box 3 – Vision Rates – Retirees (Regardless of Retirement Date)

Vision Option	Retiree Only	Retiree Plus Spouse	Retiree Plus Child(ren)	Retiree Plus Family
VIS VSP Vision Plan – High Option	6.25	11.70	12.45	19.40
VLO VSP Vision Plan – Low Option	3.95	7.40	7.90	12.30

Box 4 – Age-65-or-Older Retiree with Retirement Date of January 1, 2013 or Later

If you retired January 1, 2013 or later, the County contribution toward your medical benefits is based on a percentage of the total premium determined by your years of service at Denton County. The chart below shows the monthly premium rates after application of the applicable **County %** contribution.

***Spouse Medical Plan Surcharge Affidavit required for PMD and MPD spouse enrollment**

Medical Option MPO and PMA require that retiree is enrolled in both Medicare Part A and Part B	Retiree Only	Retiree Plus Spouse	Retiree Plus Child(ren)	Retiree Plus Family
0 – 7 Years of Service – County Pays 0%				
MPO	260.00	520.00	N/A	N/A
MPD*	N/A	2,384.98*	1,445.59	3,659.94*
MPD – Medicare Spouse				1,705.59
PMA	130.00	260.00	N/A	N/A
PMD*	N/A	2,254.98*	1,315.59	3,529.94*
PMD – Medicare Spouse				1,445.59
8 – 11 Years of Service – County Pays 25%				
MPO	195.00	390.00	N/A	N/A
MPD*	N/A	1,788.74*	1,084.19	2,744.96*
MPD – Medicare Spouse				1,279.19
PMA	97.50	195.00	N/A	N/A
PMD*	N/A	1,691.24*	986.69	2,647.46*
PMD – Medicare Spouse				1,084.19
12 - 14 Years of Service – County Pays 50%				
MPO	130.00	260.00	N/A	N/A
MPD*	N/A	1,192.49*	722.80	1,829.97*
MPD – Medicare Spouse				852.80
PMA	65.00	130.00	N/A	N/A
PMD*	N/A	1,127.49*	657.80	1,764.97*
PMD – Medicare Spouse				722.80
15 or More Years of Service – County Pays 70%				
MPO	78.00	156.00	N/A	N/A
MPD*	N/A	715.49*	433.68	1,097.98*
MPD – Medicare Spouse				511.68
PMA	39.00	78.00	N/A	N/A
PMD*	N/A	676.49*	394.68	1,058.98*
PMD – Medicare Spouse				433.68
20 or More Years of Service – County Pays 85%				
MPO	39.00	78.00	N/A	N/A
MPD*	N/A	357.75*	216.84	548.99*
MPD – Medicare Spouse				255.84
PMA	19.50	39.00	N/A	N/A
PMD*	N/A	338.25*	197.34	529.49*
PMD – Medicare Spouse				216.84

Sponsored Dependents Option (Surviving Dependents of Deceased Retirees)

Your medical plan rates are determined by the Retiree’s years of service with Denton County at the date of retirement. Those enrolled in PMD or MPD are subject to Spouse Medical Plan Surcharge with Affidavit required.

Contact the County Human Resources Department if you have any questions regarding your eligibility or premium rates.

Retiree Health Benefits Rate Sheet Under Age 65 Denton County - 2025

Carefully read both front and back of this rate sheet. Use this rate sheet if this applies to you.

You retired from Denton County *before* your 65th birthday and you will not turn age 65 during the month of January 2025; or you are planning to retire *before* your 65th birthday.

If you are age 65 or older (or if you turn age 65 during the month of January 2025), use the Age 65 or Older Rate Sheet to determine your monthly premium cost. If you are enrolled in Medicare Part A and Part B, you may be eligible for the MPO, MPD, PMA or PMD Plan (Box 4) below. If you have any questions, contact the Human Resources Department.

Important Information about Retiree Rates

Denton County adopted a years-of-service Retiree medical premium model effective January 1, 2013. Years-of-service does not apply to dental or vision coverage. **If you retired on or before December 31, 2012**, use **Box 1** below to determine your monthly medical premium cost.

If you retired January 1, 2013 or later, you will pay a greater share of your retiree medical premium based on the number of years you worked for Denton County. This means the County contributes toward retiree medical premium for those with eight (8) years or more of service at Denton County. The County contributes a larger share based on years of service. Use **Box 4** (on the back of this form) to determine your monthly medical premium cost.

To determine your monthly retiree health premium cost, select from the boxes listed below.

- Box 1 - Medical Plans; Retired on or before December 31, 2012**
- Box 2 - Dental Plans**
- Box 3 - Vision Plan**
- Box 4 - Medical Plans; retired on or after January 1, 2013 (see back of this form for medical rates)**

Important information for those enrolling in the Medicare Advantage PPO Plan (MPO or MPD) or HMO Plan (PMA or PMD)

Retiree must be enrolled in Medicare Part A and Part B to enroll in the MPO, MPD, PMA or PMD plans.

MPO - Blue Cross Blue Shield Group Medicare Advantage PPO

MPD - Retiree enrolled in MPO with non-Medicare enrolled spouse/dependent enrolled in PEBC PPO Plan

PMA - Blue Cross Blue Shield Group Medicare Advantage HMO

PMD - Retiree enrolled in PMA with non-Medicare enrolled spouse/dependent enrolled in PEBC PPO Plan

Box 1 –Under-Age-65 Retiree with Retirement Date of December 31, 2012 or Before

***Spouse Medical Plan Surcharge Affidavit required for PPO, PMD, PMD and HDP spouse enrollment.**

Medical Option	Retiree Only	Retiree plus Spouse	Retiree plus Child(ren)	Retiree plus Family
MPO and PMA require that retiree is disabled and enrolled in both Medicare Part A and Part B				
HDP Plan with Health Savings Account (HSA)	598.29	1,166.65*	915.37	1,507.64*
PPO Plan	580.86	1,132.66*	888.73	1,463.74*
MPO Blue Cross Blue Shield Group Medicare Advantage PPO	78.00	156.00	N/A	N/A
MPD Retiree enrolled in MPO; non-Medicare spouse and/or dependents enrolled in PEBC PPO Plan	N/A	715.49*	433.68	1,097.98*
PMA Blue Cross Blue Shield Group Medicare Advantage HMO	39.00	78.00	N/A	N/A
PMD Retiree enrolled in PMA; non-Medicare spouse and/or dependents enrolled in PEBC PPO Plan	N/A	676.49*	394.68	1,058.98*

Box 2 - Dental Rates – Retirees (Regardless of Retirement Date)

Dental Option	Retiree Only	Retiree plus Spouse	Retiree plus Child(ren)	Retiree plus Family
ANT Delta Care USA DHMO Plan	11.94	20.34	26.84	34.30
PEB PEBC PPO Dental Plan – Delta Dental	33.42	60.74	75.94	106.30

Box 3 – Vision Rates – Retirees (Regardless of Retirement Date)

Vision Option	Retiree Only	Retiree plus Spouse	Retiree plus Child(ren)	Retiree plus Family
VIS VSP Vision Plan – High Option	6.25	11.70	12.45	19.40
VLO VSP Vision Plan – Low Option	3.95	7.40	7.90	12.30

Box 4 – Under-Age-65 Retiree With Retirement Date of January 1, 2013 or Later

If you retired on January 1, 2013 or later, the County contribution toward your medical benefits is based on your years of service worked at Denton County. The monthly premium rates listed are after application of the applicable County contribution percentage.

***Spouse Medical Plan Surcharge Affidavit required for PPO, PMD, MPD or HDP spouse enrollment. If spouse and/or dependents are also enrolled in Medicare, contact the Human Resources Department for your rate information.**

Medical Option MPO/MPD and PMA/PMD requires that retiree be enrolled in both Medicare Part A and Part B.	Retiree Only	Retiree plus Spouse	Retiree plus Child(ren)	Retiree plus Family
0 – 7 Years of Service – County Pays 0%				
HDP	1,994.30	3,888.82*	3,051.24	5,025.48*
PPO	1,936.20	3,775.54*	2,962.42	4,879.12*
MPO	260.00	520.00	N/A	N/A
MPD – Non-Medicare Spouse	N/A	2,384.98*	1,445.59	3,659.94*
PMA	130.00	260.00	N/A	N/A
PMD – Non-Medicare Spouse	N/A	2,254.98*	1,315.59	3,529.94*
8 - 11 Years of Service – County Pays 25%				
HDP	1,495.73	2,916.62*	2,288.43	3,769.11*
PPO	1,452.15	2,831.66*	2,221.82	3,659.34*
MPO	195.00	390.00	N/A	N/A
MPD – Non-Medicare Spouse	N/A	1,788.74*	1,084.19	2,744.96*
PMA	97.50	195.00	N/A	N/A
PMD – Non-Medicare Spouse	N/A	1,691.24*	986.69	2,647.46*
12 - 14 Years of Service – County Pays 50%				
HDP	997.15	1,944.41	1,525.62	2,512.74*
PPO	968.10	1,887.77*	1,481.21	2,439.56*
MPO	130.00	260.00	N/A	N/A
MPD – Non-Medicare Spouse	N/A	1,192.49*	722.80	1,829.97*
PMA	65.00	130.00	N/A	N/A
PMD – Non-Medicare Spouse	N/A	1,127.49*	657.80	1,764.97*
15 or More Years of Service – County Pays 70%				
HDP	598.29	1,166.65*	915.37	1,507.64*
PPO	580.86	1,132.66*	888.73	1,463.74*
MPO	78.00	156.00	N/A	N/A
MPD – Non-Medicare Spouse	N/A	715.49	433.68	1,097.98
PMA	39.00	78.00	N/A	N/A
PMD – Non-Medicare Spouse	N/A	676.49*	394.68	1,058.98*
20 or More Years of Service – County Pays 85%				
HDP	299.15	583.32*	457.69	753.82*
PPO	290.43	566.33*	444.36	731.87*
MPO	39.00	78.00	N/A	N/A
MPD – Non-Medicare Spouse	N/A	357.75*	216.84	548.99*
PMA	19.50	39.00	N/A	N/A
PMD – Non-Medicare Spouse	N/A	338.25*	197.34	529.49*

Sponsored Dependents Option (Surviving Dependents of Deceased Retirees)

Medical plan rates are determined by the Retiree’s years of service with Denton County at the date of retirement. For those enrolled in the HDP Plan or PPO Plan, eligible surviving spouses pay the Retiree rate; eligible spouse and dependents pay the Retiree + Child(ren) rate. If the retiree was enrolled in the MPO, MPD, PMA or PMD Plan at the time of death, the monthly medical plan premium rates are based on the retiree’s years of service at Denton County at the time of retirement. Surviving spouses enrolled in PPO, MPD, PMD or HDP are subject to the Spouse Medical Plan Surcharge and an Affidavit is required.

Important information if you enroll 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. Once your account is open, contact your bank for detailed information about eligible expenses and your responsibilities regarding contributions and record keeping. 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). Contact the IRS or consult with a qualified tax advisor for specific advice about your situation.

SPOUSE MEDICAL PLAN SURCHARGE AFFIDAVIT

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 October 28 before the new plan year starts.

Newly-hired Form is due within 14 days of your hire 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-hired and you enroll a spouse in your employer medical plan, you must turn in the Spouse Medical Plan Surcharge Affidavit within 14 days of your hire 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).
4. If both you and your spouse are enrolled in the HDP, consider the impact of employer seed money (if any) to your HSA.

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: Denton County

Member Name: _____

Members Phone Number:

Member SSN:

Email Address:

Banking Institution

Account Type: Checking Account Savings Account

Routing/ABA Number: Account Number:



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.