

Parker County Retirees

Welcome to 2025 Annual Enrollment

October 7th - October 25th, 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 some important changes for 2025. We rely on you to carefully review the enclosed enrollment materials and to ask questions if there is something you do not understand.

Retiree Health Benefits Enrollment Guide

The Enrollment Guide summarizes what's new effective January 1, 2025. Take some time to thumb through this informative booklet to make sure you don't overlook something. At the same time, if you are enrolled in Medicare, review the 2025 Medicare and You handbook. If you did not receive one in the mail, it is available at www.Medicare.gov or by calling Medicare (1-800-Medicare) to request that one be sent to you.

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.

Monthly Cost

A 2025 Retiree Health Benefits Rate sheet is enclosed to help you review monthly cost.

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 September 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
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

<p>Parker County Retiree Benefits Meeting September 25th, 2024 (Wednesday) 10:00 AM</p> <p>Turn in your enrollment form and bank draft authorization form at this meeting!</p> <p>1112 Santa Fe Dr, Weatherford, TX 76086</p>
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Retiree Enrollment Tips

How do I re-enroll for 2025?

If you are **not** making any changes, please mark “No Changes from Current Year” in Step 2 on the Retiree Benefits Enrollment Form included in your packet. If you are making changes, you **MUST** complete Steps 3 and 4 on the Retiree Benefits Enrollment Form for Plan Year 2025 that is included in your packet **AND** return it to us by the enrollment deadline.

Where to send your forms

Mail or deliver your enrollment form(s) to this address. **Make sure that we get your form(s) by October 25, 2024.**

Parker County
Treasurer’s Office
1112 Santa Fe Dr
Weatherford, TX 76086

What happens if I do not return my 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.

It is very important that you contact the Treasurer’s Office 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.

Need help?

If you have a question, please contact one of the Treasurer’s Office staff members listed below.

Becky McCullough

Parker County Treasurer
becky.mccullough@parkercountytexas.com
817-598-6015

Angela Melton

Chief Deputy, Treasurer’s Office
angela.melton@parkercountytexas.com
817-598-6014

Robin Younk

HR Clerk
robin.younk@parkercountytexas.com
817-598-6150

Available October 7, 2024

www.pebcinfo.com

Select “Parker County” on the home page, then select Plan Year 2025, then “Retiree”

The central source for 2025 benefits information, links and forms

Retiree Benefits Enrollment Form Plan Year 2025 – Parker 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 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. 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 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).

2025 Retiree Benefits Rate Sheet Parker County

Important Information about Retiree Rates

Parker County adopted a years-of-service retiree medical premium model effective January 1, 2022. This means that Parker County will subsidize medical premium for the retiree only as long as you meet these conditions:

1. You retired January 1, 2022 or later, are under age 65 and you have at least thirty (30) years of service with Parker County on your retirement date.
2. You retired January 1, 2025 or later, are under age 65 and you have at least twenty-five (25) years of service with Parker County on your retirement date.
3. You retired January 1, 2022 or later, you have at least ten (10) years of service with Parker County and are enrolled in Medicare Part A and Part B effective on or before the plan effective date and you enroll in a Medicare medical plan.

If you are under age 65 and you do **not** meet the conditions outline above, you can still enroll in a retiree medical plan; however, you pay the full cost of retiree medical coverage. Neither the dental plans nor the vision plan costs are based on years of service at Parker County. Sponsored dependents (spouse of deceased retiree) premium is the full cost of retiree medical coverage. If you cover your spouse on a medical plan (or you are the surviving spouse of a retiree), cost is subject to the Spouse Medical Plan Surcharge and an affidavit is required.

Under-age-65 Retirees

- If you have at least twenty-five (25) years of service, refer to **Box 1** below to determine your monthly medical premium.
- If you **do not** have at least twenty-five (25) years of service, refer to **Box 2** for your monthly medical premium
- If you are enrolled in Medicare Part A and Part B, you may be eligible for the Medicare Advantage Group Plans. Refer to **Box 5** for Medicare Advantage PPO (MPO/MPD) and HMO (PMA/PMD) monthly premium.

Age-65-or-older Medicare Eligible Retirees

- If you have at least ten (10) years of service, refer to **Box 5** for your monthly medical premium (see back of form).
- If you **do not** have at least ten (10) years of service, refer to **Box 6** for your monthly medical premium (see back of form).

Box 1 - Medical Plans – Retirees Under-Age-65 (spouse of any age)

Retirement Date: January 1, 2022 or later with at least twenty-five (25) years of service at Parker County

Medical Option <i>*Spouse Medical Plan Surcharge Affidavit Required</i>	Retiree Only	Retiree plus Spouse	Retiree plus Child(ren)	Retiree plus Family
PPO Plan	713.10	2,282.01*	1,996.71	3,565.59*
HDP (High Deductible Plan)	755.18	2,415.80*	2,114.51	3,775.90*
<i>If you are enrolled in Medicare Parts A & B, you may qualify for the MPO/MPD or PMA/PMD Plan. Refer to Box 5 or Box 6.</i>				

Box 2 - Medical Plans – Retirees Under-Age-65 (spouse of any age)

Retirement Date: January 1, 2022 or later with less than twenty-five (25) years of service at Parker County

Medical Option <i>*Spouse Medical Plan Surcharge Affidavit Required</i>	Retiree Only	Retiree plus Spouse	Retiree plus Child(ren)	Retiree plus Family
PPO Plan	1,426.20	2,995.11*	2,709.81	4,278.69*
HDP (High Deductible Plan)	1,510.36	3,170.98*	2,869.69	4,531.08*
<i>If you are enrolled in Medicare Parts A & B, you may qualify for the MPO/MPD or PMA/PMD Plan. Refer to Box 5 or Box 6.</i>				

Box 3 - Monthly Dental Rates – Retirees of any age and sponsored dependents

Regardless of retirement date or years of service at Parker County

Dental Option	Retiree Only	Retiree plus Spouse	Retiree plus Child(ren)	Retiree plus Family
ANT Delta Dental Care USA DHMO Plan	11.94	20.34	26.84	34.30
PEB PEBC PPO Dental Plan – Delta Dental	37.18	74.36	74.36	111.48

Box 4 - Monthly Vision Rates – Retirees of any age and sponsored dependents

Regardless of retirement date or years of service at Parker County

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

Box 5 - Medical Plans – Retirees Enrolled in Medicare Regardless of Age

Medicare Part A and Part B Required

Retirement Date: January 1, 2022 or later with at least ten (10) years of service with Parker County

Medical Option <i>*Spouse Medical Plan Surcharge Affidavit Required</i>	Retiree Only	Retiree plus Spouse	Retiree plus Child(ren)	Retiree plus Family
MPO Blue Cross Group Medicare Advantage (PPO)	0.00	260.00	N/A	N/A
MPD Retiree enrolled in MPO Plan and non-Medicare eligible spouse and/or dependents enrolled in PEBC PPO Plan MPD rate (spouse enrolled in MPO Plan)	N/A N/A	2,903.00* N/A	2,375.00 N/A	5,277.00* 2,635.00
PMA Blue Cross Group Medicare Advantage (HMO)	0.00	130.00	N/A	N/A
PMD Retiree enrolled in PMA Plan and non-Medicare eligible spouse and/or Dependents enrolled in PEBC PPO Plan PMD rate (spouse enrolled in PMA Plan)	N/A N/A	2,903.00* N/A	2,375.00 N/A	5,277.00* 2,505.00

Box 6 - Medical Plans – Retirees Enrolled in Medicare Regardless of Age

Medicare Part A and Part B Required

Retirement Date: January 1, 2022 or later without ten (10) years of service (or more) with Parker County

Medical Option <i>*Spouse Medical Plan Surcharge Affidavit Required</i>	Retiree Only	Retiree plus Spouse	Retiree plus Child(ren)	Retiree plus Family
MPO Blue Cross Group Medicare Advantage (PPO)	260.00	520.00	N/A	N/A
MPD Retiree enrolled in MPO Plan and non-Medicare eligible spouse and/or dependents enrolled in PEBC PPO Plan MPD rate (spouse enrolled in MPO Plan)	N/A N/A	3,163.00* N/A	2,635.00 N/A	5,537.00* 2,895.00
PMA Blue Cross Group Medicare Advantage (HMO)	130.00	260.00	N/A	N/A
PMD Retiree enrolled in PMA Plan and non-Medicare eligible spouse and/or Dependents enrolled in PEBC PPO Plan PMD rate (spouse enrolled in PMA Plan)	N/A N/A	3,033.00* N/A	2,505.00 N/A	5,407.00* 2,635.00

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.

