

# Retiree Health Benefits Rate Sheet Age 65 or Older Denton County - 2023

## **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 - UnitedHealthcare 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 UnitedHealthcare Medicare Advantage (PPO).

## PMA – UnitedHealthcare 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 UnitedHealthcare 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  MPO and PMA- Retiree/spouse must be enrolled in both Medicare Part A and Part B   | Retiree<br>Only | Retiree<br>plus Spouse | Retiree<br>plus Child(ren) | Retiree<br>plus Family     |
|---|-----------------|------------------------|----------------------------|----------------------------|
| MPO UnitedHealthcare Group Medicare Advantage (PPO) MPD* Retiree enrolled in MPO and non-Medicare Spouse and/or Dependents enrolled in PEBC PPO Plan MPD with Spouse enrolled in Medicare Part A & Part B | 135.30<br>N/A   | 270.61<br>772.80*      | N/A<br>490.98              | N/A<br>1,155.29*<br>626.28 |
| PMA UnitedHealthcare Group Medicare Advantage (HMO) PMD* Retiree enrolled in PMA and non-Medicare Spouse and/or Dependents enrolled in PEBC PPO Plan PMD with Spouse enrolled in Medicare Part A & Part B | 69.86<br>N/A    | 139.72<br>707.35*      | N/A<br>425.54              | N/A<br>1,089.84*<br>495.39 |

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

| Dental Option                           | Retiree Only | Retiree Plus<br>Spouse | Retiree Plus<br>Child(ren) | Retiree Plus<br>Family |
|---|--------------|------------------------|----------------------------|------------------------|
| ANT Delta Care USA DHMO Plan            | 11.94        | 20.34                  | 26.84                      | 34.30                  |
| PEB PEBC PPO Dental Plan – Delta Dental | 33.41        | 60.74                  | 75.94                      | 106.30                 |

# Box 3 - Vision Rates - Retirees (Regardless of Retirement Date)

| Vision Option                           | Retiree Only | Retiree Plus<br>Spouse | Retiree Plus<br>Child(ren) | Retiree Plus<br>Family |
|---|--------------|------------------------|----------------------------|------------------------|
| VIS VSP Vision Plan – High Option       | 6.25         | 11.70                  | 12.45                      | 19.40                  |
| <b>VLO</b> 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 <u>after</u> 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<br>Spouse | Retiree Plus<br>Child(ren) | Retiree Plus<br>Family       |
|--|---------------|------------------------|----------------------------|------------------------------|
| 0 – 7 Years of Service – County Pays 0%  |               |                        |                            |                              |
| MPO<br>MPD*<br>MPD – Medicare Spouse   | 451.01<br>N/A | 902.02<br>2,575.99*    | N/A<br>1,636.60            | N/A<br>3,850.95*<br>2,087.61 |
| PMA<br>PMD*<br>PMD – Medicare Spouse   | 232.86<br>N/A | 465.72<br>2,357.84*    | N/A<br>1,418.45            | N/A<br>3,632.80*<br>1,651.31 |
| 8 – 11 Years of Service – County Pays 25%<br>MPO<br>MPD*<br>MPD – Medicare Spouse                | 338.26<br>N/A | 676.52<br>1,931.99*    | N/A<br>1,227.45            | N/A<br>2,888.21*<br>1,565.71 |
| PMA<br>PMD*<br>PMD – Medicare Spouse   | 174.65<br>N/A | 349.29<br>1,768.38*    | N/A<br>1,063.84            | N/A<br>2,724.60*<br>1,238.48 |
| 12 - 14 Years of Service – County Pays 50%  MPO  MPD*  MPD – Medicare Spouse                     | 225.51<br>N/A | 451.01<br>1,288.00*    | N/A<br>818.30              | N/A<br>1,925.48*<br>1,043.81 |
| PMA<br>PMD*<br>PMD – Medicare Spouse   | 116.43<br>N/A | 232.86<br>1,178.92*    | N/A<br>709.23              | N/A<br>1,816.40*<br>825.66   |
| 15 or More Years of Service – County Pays 70%  MPO  MPD*  MPD – Medicare Spouse                  | 135.30<br>N/A | 270.61<br>772.80*      | N/A<br>490.98              | N/A<br>1,155.29*<br>626.28   |
| PMA<br>PMD*<br>PMD – Medicare Spouse   | 69.86<br>N/A  | 139.72<br>707.35*      | N/A<br>425.54              | N/A<br>1,089.84*<br>495.39   |
| 20 or More Years of Service – County Pays 85%  MPO  MPD*  MPD – Medicare Spouse                  | 67.65<br>N/A  | 135.30<br>386.40*      | N/A<br>245.49              | N/A<br>577.64*<br>313.14     |
| PMA PMD* PMD – Medicare Spouse   | 34.93<br>N/A  | 69.86<br>353.68*       | N/A<br>212.77              | N/A<br>544.92*<br>247.70     |

## **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.