

**Retiree Benefits Rate Sheet  
Age 65 or Older (Medicare Eligible)  
Tarrant County - 2023**

**Important Information about Retiree Rates**

Retiree medical premium is based on your retirement date. If you retired prior to January 1, 2010, the County subsidizes a portion of your retiree premium. If you retired January 1, 2010, or later and worked for ten years or more at Tarrant County, the subsidy (County contribution) applies. If you retired January 1, 2010, or later and worked fewer than ten years at Tarrant County, the County does not contribute to your retiree medical premium.

**Box 1 - Dental Rates – Retirees/Sponsored Dependents (years of service does not apply)**

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	33.00	60.00	77.00	106.00

**Box 2 – Vision Rates – Retirees/Sponsored Dependents (years of service does not apply)**

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

**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 enrolled in 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 Group Medicare Advantage (PPO). For **MPD** rates, refer to **Box 4** on the back of this form.

**PMA – UnitedHealthcare Group Medicare Advantage (HMO)**

If you enroll in the PMA Plan, but your spouse and/or dependent(s) are not enrolled in 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). For **PMD** rates, refer to **Box 4** on the back of this form.

**Box 3 – Enrollment in Medicare Part A and Part B Required**

Medical Option	Retiree Only	Retiree Plus Medicare Spouse	Retiree Plus one Medicare Child	Retiree Plus Spouse & Child (All on Medicare)
<b>MPO Plan UnitedHealthcare Group Medicare Advantage PPO</b>				
10 or more years of service at Tarrant County	236.78	473.56	473.56	710.34
Fewer than 10 years of service at Tarrant County	451.01	902.02	902.02	1,353.03
<b>PMA Plan UnitedHealthcare Group Medicare Advantage HMO</b>				
10 or more years of service at Tarrant County	122.56	245.12	245.12	367.68
Fewer than 10 years of service at Tarrant County	220.84	441.68	441.68	662.52

**Box 4 – Retiree Enrollment in Medicare Part A and Part B Required**

Effective January 1, 2023, the County contribution to your medical plan is based on your years of service with Tarrant County. The chart below shows the monthly premium rates after application of the applicable **County %** contribution. If you cover your spouse, rates are subject to the Spouse Medical Plan Surcharge.

**\*Spouse Medical Plan Surcharge Affidavit Required**

<b>Medical Option</b> Retiree enrollment in Medicare A & B required.	<b>Retiree Only</b>	<b>Retiree Plus Non-Medicare Spouse</b>	<b>Retiree Plus Non-Medicare Child(ren)</b>	<b>Retiree Plus Non-Medicare Spouse &amp; Children</b>	<b>Retiree Plus Spouse &amp; Children (Medicare Spouse)</b>
<b>0-9 Years of Service – County 0%</b>					
MPD Plan	N/A	1,919.02*	1,182.52	2,455.20*	1,633.53
PMD Plan	N/A	1,688.85*	952.35	2,225.03*	1,173.19
<b>10-14 Years of Service – County 25%</b>					
MPD Plan	N/A	1,337.79*	785.41	1,739.92*	1,022.19
PMD Plan	N/A	1,223.57*	671.19	1,625.70*	793.75
<b>15-19 Years of Service – County 45%</b>					
MPD Plan	N/A	1,044.19*	639.11	1,339.08*	875.89
PMD Plan	N/A	929.97*	524.89	1,224.86*	647.45
<b>20-24 Years of Service – County 60%</b>					
MPD Plan	N/A	823.98*	529.38	1,038.46*	766.16
PMD Plan	N/A	709.76*	415.16	924.24*	537.72
<b>25 + Years of Service – County 80%</b>					
MPD Plan	N/A	530.38*	383.08	637.62*	619.86
PMD Plan	N/A	416.16*	268.86	523.40*	391.42

**Sponsored Spouse/Dependent Option (Surviving Spouse/Dependent of Deceased Retiree)**

Medical plan premium is determined by the Retiree’s years of service at Tarrant County and date of retirement. Contact the PBSC if you have any questions regarding retiree benefit eligibility or rates. Surviving spouses are subject to the Spouse Medical Plan Surcharge and an Affidavit is required.