2024 Pre-Medicare RETIREE ENROLLMENT CHANGE FORM **- Benefits Changes Effective January 1, 2024**

Complete this form to MAKE CHANGES for 2024

TO MAKE CHANGES - CHOOSE ONE SELECTION PER BENEFITS BY PALCING AN "x" IN THE SELECTION COLUMN

NOTE: ANY AREA NOT COMPLETED WILL RESULT IN THOSE BENEFITS REMAINING AS THEY ARE CURRENTLY

A **Medical Insurance - UnitedHealthcare (non-tobacco rates)***

Plan	Coverage Level	Monthly Cost	Selection
Low HMO	Retiree only	$580.00	
(EPO)	Retiree + child(ren)	$936.00	
	Retiree + spouse	$1,053.00	
	Retiree + Full Family	$1,323.00	
High HMO	Retiree only	$670.00	
(HMO)	Retiree + child(ren)	$1,120.00	
	Retiree + spouse	$1,240.00	
	Retiree + Full Family	$1,580.00	
CDHP - High	Retiree only	$470.00	
Dedductible	Retiree + child(ren)	$826.00	
(CDHP)	Retiree + spouse	$908.00	
	Retiree + Full Family	$1,182.00	
I wish to **Decline** medical coverage			

The School District of Palm Beach County add a tobacco surcharge of $50.00 permonth to the medical plan premium for a retiree who uses tobacco products or didnot declare their tobacco status.

My tobacco status is: ☐ I **use** tobacco ☐ I **do not** use tobacco

The non-employee domestic partner and his/her dependents do not have rights to continue **COBRA** coverage under federal and state laws.

B **Dental Insurance - HUMANA**

Plan	Coverage Level	Monthly Cost	Selection
Option 1	Retiree only	$15.12	
DHMO Enhanced	Retiree + child(ren)	$32.13	
Network FL only	Retiree + spouse	$26.46	
	Retiree + Full Family	$41.58	
Option 2	Retiree Only	$11.49	
DHMO Basic	Retiree + child(ren)	$24.57	
Network FL only	Retiree + spouse	$19.98	
	Retiree + Full Family	$31.46	
Option 3	Retiree only	$33.56	
PPO High	Retiree + child(ren)	$92.28	
	Retiree + spouse	$82.23	
	Retiree + Full Family	$124.18	
Option 4	Retiree only	$26.46	
PPO Low	Retiree + child(ren)	$72.77	
	Retiree + spouse	$64.83	
	Retiree + Full Family	$97.91	
I wish to decline dental coverage			

C **Vision Insurance - EYEMED**

Retiree only	$5.45	
Retiree + Full Family	$14.00	
I wish to decline vision insurance coverage		

I acknowledge that the selections I have made are effective January 1, 2024, and no **other changes will be allowed until the next annual enrollment. I further understand that if I decline coverage in any benefits area I will not be** eligible to re-enroll in that benefits again.

My email address is: @

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Clearly Print Full Name **Date** **Last 4 of Social Security #**

RETURN THIS COMPLETED CHANGE FORM BY November 15, 2023 TO: The School District of Palm Beach County 3370 Forest Hill Blvd. Suite A103 West Palm Beach FL 33406 **Attn: Ana Swanberg Email:** ana.swanberg@palmbeachschools.org **Fax:** 561.434.8103

2024 Newly Added Dependent(s) Form

Print Retiree's Full Name: _____

Dependents who are not eligible for Medicare may enroll using this form.

	Dependent's Date of Birth			Relationship to you		Mark an "X" for enrollment		
Print Dependent's Full Name	**MM**	**DD**	**YYYY**	**Spouse/Child**	**Social Security**	**Medical**	**Dental**	**Vision**

Social Security information is required - please be aware that emails are not secure. For your protection, if you are including social security information, we suggest you mail or fax the form.

1. A dependent may be added to an existing plan of a retiree who is not Medicare Eligible.
2. You must clearly print the dependent's information above.
3. Dependent's relationship to you must be verified (refer to dependent verification on website).
4. Submit the required documents to verify your relationship along with the enrollment form.
5. Children from birth through 25 years of age are eligible to be enrolled as your dependent subject to verification.

A separate Applicatin if available to enroll a Domestic Partner, Child(ren) of a Domestic Partner or Adult Children ages 26 - 30. Visit the Retiree wwebsite to download information and the application forms for these types of enrollment.