

Retiree Group Insurance Information – 2024

ELIGIBILITY

As required by Florida Law (112.0801) Palm Beach County makes available to retirees the same medical and dental plan benefits that active employees have. For this purpose, retirees are defined as follows:

A. An employee who retires under a state retirement system or a state optional annuity or retirement program or is placed on disability retirement and who begins receiving retirement benefits **immediately** after retirement from employment.

B. In addition to the requirements stated in “A” above, any officer or employee who retires under the Florida Retirement System **Investment Plan** is considered a retiree if he or she meets the age and service requirements to qualify for normal retirement as set forth in Florida State Statutes 121.021(29):

“Normal retirement date” means the date a member attains normal retirement age and is vested, which is determined as follows:

If a Regular Class member, a Senior Management Service Class member, or an Elected Officers’ Class member initially enrolled:

1. **Before July 1, 2011:**

- a. The first day of the month the member attains age 62; or
- b. The first day of the month following the date the member completes 30 years of creditable service, regardless of age.

2. **On or after July 1, 2011:**

- a. The first day of the month the member attains age 65; or
- b. The first day of the month following the date the member completes 33 years of creditable service, regardless of age.

Effective July 1, 2001, through June 30, 2011, a 6-year vesting requirement shall be implemented for the Florida Retirement System Pension Plan:

1. Any member employed in a regularly established position on July 1, 2001, who completes or has completed a total of 6 years of creditable service is considered vested.
2. Any member not employed in a regularly established position on July 1, 2001, shall be deemed vested upon completion of 6 years of creditable service if such member is employed in a covered position for at least 1 work year after July 1, 2001. However, a member is not required to complete more years of creditable service than would have been required for that member to vest under retirement laws in effect before July 1, 2001.
3. Any member initially enrolled in the Florida Retirement System on July 1, 2001, through June 30, 2011, shall be deemed vested upon completion of 6 years of creditable service.

Any member initially enrolled in the Florida Retirement System **on or after July 1, 2011**, shall be vested in the pension plan upon completion of 8 years of creditable service.

C. An employee who has the years of service required for vesting and who has attained age 59 ½ (as specified by s. 72(t)(2)(A)(i) of the Internal Revenue Code) who retires under the **Investment Plan**.

D. An employee retiring under another County sponsored retirement plan.

NOTE: Whether A, B, C or D, the retiree must start a monthly benefit payment **immediately** to be eligible for continued coverage.

Eligible retirees must enroll in the plan within 31 calendar days of retirement, if they wish to participate in retiree benefits. Enrollments received outside of this deadline will not be accepted, nor will the annual open enrollment periods apply to this plan.

PAYMENTS

Retirees are required to pay by deduction from their Florida Retirement System (FRS) checks, if possible. The deduction is taken from the check you receive at the end of the month. For example, you will receive your October FRS retirement check on or about October 31 --- your payment for November retiree group insurance coverage will be deducted from that check. As FRS retirees are paid at the end of the month, an initial self-payment typically will be required at the time of retirement, depending on your elections as follows:

- If you elect dental or retiree life coverage, an initial self-payment is **NOT** required and a double deduction of the applicable dental and/or life premiums will be processed with FRS for the initial pension check to bring your deductions up to date.
- Due to the cost of medical coverage and to minimize any impact on your FRS retirement check, ***if you elect medical coverage only, or medical coverage in addition to dental or retiree life coverage***, you will be required to submit a check or money order for **one month of retiree premium collection** made out to "Palm Beach County - Board of County Commissioners " to Risk Management, along with your retiree coverage election forms. Subsequent monthly premiums will be collected from your FRS pension checks.

Any retiree not a part of FRS, or whose pension is not sufficient to cover the insurance premium as well as FRS Investment Plan members, will be set up for premium collections through a billing service designated by Risk Management. *Please note, automatic payment is the standard payment method for retiree premium payments with the billing service.*

CHANGES & RELOCATION

Retirees can change plans only during open enrollment.

United Healthcare medical program has a large network throughout Florida. For the UHC HMO/POS plans, UHC is providing NHP Network Flex privileges outside Florida to retirees who reside in Florida, when traveling or for dependent students who attend college out of state. In these cases, area access to the UHC Choice network (national network) will be available for non-emergent care – including primary care, specialists, and pharmacy services at the member’s network benefit level.

Retirees who plan to move outside of Florida, who participate in the HMO or POS retiree health plan, are asked to contact UHC at Leslie_Smalley@uhc.com Tel: 561-233-5463 or Evelyn_Giraldo@uhc.com Tel: 561-233-5474 to confirm their network access and assist in the transition.

Retirees who participate in the UHC CHOICE retiree medical plan, continue to have access to a national network. Although encouraged, the CHOICE plan does not require declaration of a Primary Care Physician, nor does the CHOICE plan require referrals to specialty care received from an in-network provider.

The Solstice Basic and Enhanced DHMO plans are available in 48 counties in Florida, including Palm Beach, Broward, Hendry, Martin, Miami Dade, and St. Lucie, as well as regions in Georgia, New York, New Jersey and Connecticut; please check in advance if this plan has a network in the specific geographic area in which you will live at retirement, to ensure there is a network and in-network providers are available, as this plan does not have out of network benefits.

Retiree group insurance payments are due on the first of each month; retirees must make the requirement payment no later than 30 calendar days of the due date to maintain coverage. Retiree coverage is subject to the same carrier, plan, provider and rate changes as active employees.

RETIREE LIFE INSURANCE PLAN (RETIREE PAID)

Eligible Retirees, as defined in the Eligibility section above, can purchase County group term life insurance for themselves at a flat rate regardless of age and health history through Securian Financial. The benefit is a choice of \$5,000 or \$10,000 in group term life insurance and the monthly premium is \$13.25 and \$26.50, respectively.

You may be able to continue term life insurance coverage you had in place under Securian Financial upon retirement by converting it to a whole life policy. Conversion of coverage must be elected within 31 days of your retirement date. The premium for converted life insurance coverage is based on age and the coverage amount. Individuals who convert any eligible life coverage are issued an Adjustable Life Legend individual whole life policy. Previous basic and supplemental life insurance coverage that is in force upon retirement may be considered for conversion – minus any retiree term life coverage you may elect (e.g. \$5,000 or \$10,000 term life retiree coverage). The premium for converted life insurance is separate and in addition to the premiums of \$13.25/\$26.50 in retiree term life insurance that you may elect.

Eligible Retirees must enroll in the plan within 31 days of retirement if they wish to participate. Enrollments received outside of this deadline will not be accepted, nor will the annual open enrollment periods apply to this plan.

COST

The following are the monthly costs in **2024**. **The cost, plans, carriers and/or administrators are subject to future changes.**

	Single Coverage	Retiree + 1 Dependent	Family (Retiree + 2 or More Dependents)	Overage Dependent Premium (Medical)
Health – United Healthcare				
HMO	\$870.62	\$1,798.36	\$2,461.14	\$522.00
CHOICE (Open Access)	\$908.12	\$1,872.36	\$2,563.14	\$545.00
POS	\$962.36	\$1,956.42	\$2,680.40	\$577.00
Dental - Solstice	Single Coverage	Retiree + 1 Dependent	Retiree + 2 Dependents	Retiree + 3 or More Dependents
Basic DHMO S700B-PBC	\$10.94	\$18.70	\$25.34	\$33.44
Enhanced DHMO S200B-PBC	\$14.04	\$24.58	\$30.42	\$38.62
Low PPO	\$17.20	\$32.66	\$39.96	\$55.48
High PPO	\$33.66	\$64.52	\$74.54	\$105.42
Premier PPO	\$41.72	\$79.96	\$92.38	\$130.66
Life – Securian Financial				
Term Life Coverage \$5,000	\$13.25			
Term Life Coverage \$10,000	\$26.50			

COMMON QUESTIONS:

Q. Can my spouse or registered Domestic Partner keep the medical and/or dental insurance if I die or no longer need the coverage? For example, I am now over 65 but my spouse is not and still needs the coverage.

A. Yes.

Q. How soon do I need to apply for retiree group insurance before I actually retire?

A. You should apply for retiree group insurance about two weeks prior to your retirement date, but not before you have given notice to your department. We recommend that you call Risk Management/Group Insurance at 561-

233-5400 for an appointment. We also recommend you contact the Retirement Coordinator in Human Resources 561-616-6884 about your FRS retirement, Deferred Compensation, Social Security and any other interested parties.

Q. What forms and paperwork are needed?

A. Depending on your circumstances, most retirees must complete or provide the following:

1. Application for Retirement Coverage.
2. Florida Retirement Insurance Payroll Authorization Form. (This allows FRS to deduct your insurance premiums from your retirement checks and forward it to Palm Beach County). Depending on your benefit elections for retirement, you will need to complete one or more of the following enrollment forms: Health (UHC), Dental (Solstice), Life (Securian Financial).
3. *Authorization for Release of Health Information.*

Q. When does my active employee group coverage end?

A. Your benefits end on the last day of the month in which you retire.

Q. What should I know about UHC payments related to Medicare?

A. Once you are retired, **UHC pays only after Medicare pays**. In making any payments, UHC will assume that the retiree/or spouse has elected Part B Medicare, regardless of Medicare enrollment. Medicare-eligible retirees are strongly encouraged to visit www.medicare.gov or call 1-800-MEDICARE to review premium & plan information.

Retirees MUST understand that **UHC will pay as a Secondary Plan as permitted by the Social Security Act of 1965.**

Details are found in the Summary Plan Description for your medical plan under Coordination of Benefits – Coordination of Benefits with Medicare section.

IMPORTANT: When Medicare is the Primary Payer related to retirees:

Medicare will be the primary payer and the UHC plan **will be the secondary payer, even if you, or your Medicare eligible spouse, or your Medicare eligible dependent don't elect to enroll in Medicare or you receive services from a provider who does not accept Medicare payments**, in the following situations as applicable to retirement:

Retirement or Termination of Employment: You, your spouse, or your covered dependent qualify for Medicare for **any** reason and are covered under this plan due to your retirement or termination of employment.

COBRA or State Continuation: You, your spouse, or your covered dependent qualify for Medicare for **any** reason and are covered under the UHC medical plan due to COBRA or state continuation of coverage.

End Stage Renal Disease (ESRD): You, your spouse or your covered dependent qualify for Medicare due to ESRD and you are an active or retired employee. The UHC plan will be primary payer for the first 30 months. Beginning with the 31st month, Medicare will be the primary payer.

Failure to Enroll in Medicare: if you, your spouse, or your dependent do not enroll in Medicare Parts A and/or B during the person's initial Medicare enrollment period, or the person opts out of coverage, the person may be subject to Medicare late enrollment penalties, which can cause a delay in coverage and result in higher Medicare premiums when the person does enroll. It can also result in a reduction in coverage under Medicare Parts A and B. If you are planning to retire or terminate employment and you will be eligible for COBRA, State continuation, or retiree coverage under the UHC medical plan, you should enroll in Medicare before you terminate employment to avoid penalties and to receive the maximum coverage under Medicare. Please consult Medicare or Social Security Administration for more information.

Some brief Coordination of Benefits information for Medicare Eligible individuals and the UHC health plan is attached. The attachment is not all encompassing regarding this topic. Please review the entire Summary Plan Description posted on the MyBenefits website and most importantly contact Medicare or Social Security Administration to discuss your Medicare choices and provide them the applicable UHC Secondary Plan information.

Assistance with Medicare Questions:

For more information on Medicare’s rules and regulations, contact Medicare at 1-800-MEDICARE (1-800-633-4227) or at www.medicare.gov. You may also contact the Social Security Administration 1-800-772-1213, at www.ssa.gov, or call your local Social Security Administration office.

Q. What if I marry or remarry or register a domestic partnership, after I retired?

A. *A participating retiree who remarries or registers a Domestic Partner may add the new dependent within 30 days of the event to his or her existing medical or dental coverage (proof of marriage/domestic partnership will be required).*

Q. What should I be aware of regarding Domestic Partner coverage and Medicare?

A.

- *Domestic Partners may be subject to a Medicare Part B late enrollment penalty if they fail to enroll in Medicare Part B when first eligible*
- *Under Federal law, the Medicare Secondary Payer Rules do not apply to Domestic Partners covered under a group health plan*
- *Therefore, Medicare is always the Primary Plan for a person covered as a Domestic Partner, and UHC is the Secondary Plan*
- *However, when Medicare coverage is due to disability, the Medicare Secondary Payer rules, as applicable, will apply*

Telephone Contacts and Other Details:

Coverage Type	Website	Customer Service	Group #
Health - United Healthcare	www.myUHC.com UHC/OptumRx Home Delivery Prescription Program	833-760-7892 Evelyn Giraldo Evelyn_Giraldo@uhc.com Tel: 561-233-5474 Leslie Smalley Leslie_Smalley@uhc.com Tel: 561-233-5463 Tel: 833-760-7892	929250
Dental – Solstice Benefits, Inc.	MySmile365.com/Solstice	855-494-0098	13000
Life Insurance Securian Financial	www.lifebenefits.com	866-293-6047	33696
Risk Management Department	www.pbcgov.com/mybenefits	561-233-5400 Email: BCCMyBenefits@pbcgov.org	
Billing Company - Solstice -	www.MySolstice.net	855-494-0098	
Florida Retirement System (FRS)	www.MyFRS.com	844-377-1888 Email: retirement@dms.myflorida.com	
Valery Insurance Agency	www.valeryagency.com	800-330-8445	
Medicare Social Security Administration	www.medicare.gov www.ssa.gov	800-MEDICARE 800-772-1213	

In the event of a conflict between this handout and the applicable Florida State Statute, Florida Law shall dictate the insurance and coverage provisions, related to eligibility for retiree benefits. Should there be a conflict between this handout and the applicable Group Insurance policy and/or certificate, the policy/certificate shall dictate the insurance and coverage provisions, exclusions, all limitations and terms of coverage.

In accordance with the provision of ADA, this document may be requested in an alternative format. If you have any questions or would like to receive additional benefit plan materials, please contact your Group Insurance office or representative.