Open Enrollment is November 4th -18th, 2024, medical rates on this form do not reflect the 2025 medical rates which are still under negotiation. An increase is needed, so a 2nd medical-only Open Enrollment will be held when the medical rates are finalized.

## Complete this form to MAKE CHANGES for 2025

2025 Pre-Medicare RETIREE ENROLLMENT CHANGE FORM - Benefits Changes Effective January 1, 2025

OTE: ANY AREA N	IOT COMPLETED W	ILL RESULT IN	THOSE BENEI	FITS REMAINING AS TH	HEY ARE CURRENT	LY		
Medical Insurance - UnitedHealthcare (non-tobacco rates)*				B Dental Insurance - HU	JMANA			
Plan	Coverage Level	Monthly Cost	Selection	Plan	Coverage Level	Monthly Cost	Selection	
Low HMO	Retiree Only	\$580.00		Option 1	Retiree Only	\$15.12		
(EPO)	Retiree + Child(ren)	\$936.00		DHMO Enhanced	Retiree + Child(ren)	\$32.13		
	Retiree + Spouse	\$1,053.00		Network FL only	Retiree + Spouse	\$26.46		
	Retiree + Full Family	\$1,323.00			Retiree + Full Family	\$41.58		
High HMO	Retiree Only	\$670.00		Option 2	Retiree Only	\$11.49		
(HMO)	Retiree + Child(ren)	\$1,120.00		DHMO Basic	Retiree + Child(ren)	\$24.57		
	Retiree + Spouse	\$1,240.00		Network FL only	Retiree + Spouse	\$19.98		
	Retiree + Full Family	\$1,580.00			Retiree + Full Family	\$31.46		
CDHP - High	Retiree Only	\$470.00		Option 3	Retiree Only	\$33.56		
Dedductible	Retiree + Child(ren)	\$826.00		PPO High	Retiree + Child(ren)	\$92.28		
(CDHP)	Retiree + Spouse	\$908.00			Retiree + Spouse	\$82.23		
	Retiree + Full Family	\$1,182.00			Retiree + Full Family	\$124.18		
I wish to <b>Decline</b> medical coverage				Option 4	Retiree Only	\$26.46		
he School District of Palm Beach County adds a tobacco surcharge of				PPO Low	Retiree + Child(ren)	\$72.77		
50.00 per month to the medical plan premium for a retiree who uses tobacco					Retiree + Spouse	\$64.83		
oducts or did not dec	lare their tobacco statu	S.			Retiree + Full Family	\$97.91		
tobacco status is:		☐ I <u>do not</u> use t						
	nestic partner and his/h			I wish to decline dental coverage				
hts to continue <b>COB</b>	RA coverage under fed	eral and state law	S.	<b>G</b>	selections I have made	•	1, 2025, and n	
Visian Ingunance	EVENED			other changes will be a				
Vision Insurance	Retiree Only	\$5.45		understand that if I dec eligible to re-enroll in th	•	nents area i will not be		
	Retiree + Full Family	\$14.00		My email address is:	iat bellelit agaill.	@		
I wish to d	lecline vision insuran	•		,		-	-	
		-		Clearly Print Full Name	Date	Last 4 of Social S	ecurity #	

## 2025 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	ММ	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 application is available to enroll a Domestic Partner, Child(ren) of a Domestic Partner or Adult Children ages 26 - 30. Visit the Retiree website to download information and the application forms for these types of enrollment.