



BENEFITS GUIDE

A Benefits Guide
For Jefferson County
Retirees

Effective January 1, 2016

Jefferson County
Risk Management Department

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The descriptions included in this booklet of plans and benefits are meant to be summaries and are intended to describe generally the plans and coverage available to eligible enrollees. They are not intended to alter, delete or otherwise modify the express written terms of any policy, plan or coverage.

Introduction

Jefferson County is extremely proud of the package of benefits available to retirees. You have several benefit options from which to choose, and we encourage you to study this packet thoroughly and give careful consideration to your personal benefit needs. The benefits package provided for you is an extremely valuable part of the compensation you receive as a County retiree, and thoughtful consideration should be given to your choices in order to achieve the greatest return from this opportunity.

Address Corrections

It is extremely important that you update your address and personal information with the Risk Management Department whenever you have a change. Important information, including notification of annual enrollment, benefit plan changes, and rate changes, may not reach you if our records do not contain accurate addresses.

Medical Coverage

Your retiree medical coverage options and costs are determined by your age and years of service with Jefferson County. You may be eligible to continue on the County's current plan or to participate in a Medicare supplement plan. For cost and eligibility details, please see the Jefferson County Retiree Health Benefits Policy, included with this packet. For benefit details, please refer to the medical plan summary, also included.



Dental Coverage

Retirees have an option between two dental plans, a basic plan and a premium plan. Your cost is determined by your years of service with Jefferson County at the time of your retirement. For eligibility and cost details, please see the Jefferson County Retiree Health Benefits Policy, included with this packet. For benefit details, please refer to the dental plan summaries, also included.

Prescription Drug Benefit

Retirees and spouses under age 65 will continue to receive the same benefit coverage as active employees. Retirees and spouses over the age of 65 are eligible for the County sponsored Medicare Part D drug plan. Information on both is provided in this packet.

Eligibility

Retiree



Eligible retirees under the age of 65 may continue participation in the same Jefferson County health plan that is offered to active employees. Retirees age 65 and over are offered a Medicare supplement. You must convert your active employee coverage to retiree coverage at the time you terminate employment with the County to continue your eligibility for either medical or dental coverage.

Prior to retirement, you must contact the Risk Management Department to arrange to have your coverage changed to the applicable coverage levels and to arrange for payment of premiums if applicable.

Active employees who leave employment with the County, but who do not begin to receive retirement benefits as County retirees, are not eligible to enroll at a later date. To remain eligible, an employee who terminates employment with the County must retire and enroll in health coverage as a retiree.

Spouse/Dependent Children

Your spouse and dependent children may be eligible for coverage under the retiree health program if covered under the County health plan at the time of your retirement.

Eligible spouses under the age of 65 and dependent children may continue participation in the same Jefferson County health plan that is offered to active employees. Spouses over the age of 65 are offered a Medicare supplement.

Participation Requirements

Under 65 Retiree and/or Spouse

- You must be enrolled in the Jefferson County health plan at the time of retirement.
- You must complete and return a Retiree Enrollment Form not later than the day on which you are retiring from the County.
- You must make premium contributions as applicable.

Over 65 Retiree and/or Spouse

- You must be enrolled in Medicare Part A and Part B.
- You cannot be enrolled in a Medicare Advantage Plan. Enrollment in a Medicare Advantage Plan renders you ineligible for the Medicare supplement. You must notify Risk Management if you participate in a Medicare Advantage Plan.
- You must furnish a copy of your Medicare card indicating your participation in both Medicare Part A and B prior to completion of the enrollment process.
- You must complete and return a Retiree Enrollment Form not later than the day on which you are retiring from the County or turning 65.
- You must make premium contributions as applicable.

Canceling Your Coverage

You can cancel your health or dental coverage at any time during a plan year. However, you can only change from one dental plan to another during annual enrollment which is usually held in October or November.

Important note: You should consider the decision to cancel your medical or dental coverage very carefully. Retirees who cancel medical or dental coverage can not re-enroll.

Premiums

The retiree portion of any medical, dental, prescription drug, and Medicare supplement insurance premiums are established by the Jefferson County Commissioners' Court and may change each plan year.

Applicable premium payments are due to Group Administrators Concepts, Inc. (GAC). Failure to make payments within the 30-day grace period will result in termination of benefits.



Medicare Supplement

Important Information Regarding Enrollment in Medicare Part B

Eligibility for the Jefferson County Medicare supplement requires that you be enrolled in both Medicare Part A and Part B. It is extremely important that you enroll in Medicare Part B prior to your 65th birthday. As a retiree, once you turn 65 you are no longer eligible for the under 65 retiree health plan. If you haven't enrolled in Part B by that time, you may have a gap in coverage.

Enrolling in Medicare

How to Enroll

- If you are receiving Social Security income when you turn 65, you will automatically get both Medicare Part A and Part B on the first day of the month in which you turn 65. A card will be mailed to you about three months before your birthday. The Medicare card is red, white and blue. It will come with your name and Medicare number printed on it.
- If you are not receiving Social Security income when you turn 65, you should go to your local Social Security office to enroll in Medicare three months before your 65th birthday. You have seven months to enroll in Medicare without penalties starting three months before the month you turn 65. In some cases, you can avoid the penalty if you or your spouse is still working. Call 1-800-772-1213 for the address of your local Social Security office.
- If you are disabled and have been getting Social Security for more than two years, you should get your Medicare card three months before you become eligible. If you have kidney disease, you should enroll at your local Social Security office. If you have ALS, you become eligible for Medicare as soon as you begin getting Social Security disability benefits.



See *Important Notice from Jefferson County About Your Prescription Drug Coverage and Medicare* (enclosed with this packet) for more details on your prescription drug coverage.

Enrolling in Medicare Part B after Your Employer Health Plan Ends

Medicare has a “special enrollment period” that allows some people covered by an employer health plan to enroll in Medicare Part B with short notice and without paying a penalty. A couple of months before your active employee health plan ends, call Social Security at 1-800-772-1213 between 7 am and 7 pm weekdays and enroll. Tell them you are enrolling in the “Medicare Part B Special Enrollment Period for people who have been covered by an employer plan” so they know you shouldn’t be penalized or wait for enrollment to begin.



The law allows a 7-month time period following the end of employer plan coverage in which to exercise the special enrollment period.

Members of the Jefferson County Risk Management Department are not Medicare experts or trained to give advice on the subject. You can get more detailed information about what Medicare covers from Medicare & You (Publication No. CMS-10050). To get a copy, call the toll-free number, 1-800-MEDICARE (1-800-633-4227), or go to www.medicare.gov. If you are deaf or hard of hearing, you may call TTY 1-877-486-2048.

Life Insurance

Basic Life Insurance Conversion Option

The basic term life insurance furnished by the County terminates on the date of your retirement. You may be eligible to convert this policy if you complete and submit your application form and payment within 31 days of the date your coverage terminates.

To request a packet with the information and forms to continue your coverage, you may contact:

The Standard
1-800-378-4668, ext. 6785
email ibt@standard.com
Policy #139757

Supplemental Life Insurance Portability Option



If you participate in the supplemental life insurance at the time of your retirement, you may be eligible to continue the coverage for yourself and your dependents at the group rate. You must complete and submit your application form and payment within 31 days of the date your coverage terminates.

To request a packet with the information and forms to continue your coverage, you may contact:

The Standard
1-800-378-4668, ext. 6785
email ibt@standard.com
Policy # 139757

Long-Term Disability

If you participate in the long-term disability insurance at the time of your retirement, this coverage will terminate on your date of retirement.

Flexible Spending Program

If you participate in the flexible spending program at the time of your retirement, you will be offered the opportunity to continue this benefit for the remainder of the plan year through COBRA.

Attachments

- A. Jefferson County Retiree Health Benefits Policy***
- B. Medical Plan Benefit Summary***
- C. Medicare Supplement Benefit Summary***
- D. Dental Plan Benefit Summary***
- E. Prescription Drug Plan Benefit Summaries***
- F. Important Notice from Jefferson County About Your Prescription Drug Coverage and Medicare***
- G. Retiree Health Program Premium Rates/Contributions***
- H. Retiree Health Program Enrollment Form***

Jefferson County
Risk Management Department
215 Franklin St., Ste. 202, Beaumont, TX 77701
409-835-8672

Jefferson County Retiree Health Benefits Policy

Revised November 16, 2015

I. Under 65 Retiree Health Benefits

You are eligible for retiree health benefits if:

As an employee --

- A. You retire under the TCDRS guidelines;
- B. You retire from and have at least 8 years of TCDRS creditable service with Jefferson County; and
- C. You are less than 65 years old at the time of retirement

II. Under 65 Spouse Health Benefits

You may be eligible for retiree health benefits if:

As a spouse of a Jefferson County retiree --

- A. You are less than 65 years old at the time of your spouse's retirement;
- B. You are enrolled in the health plan either as a dependent or an active County employee;

NOTE: Eligibility may be limited by the terms in Section V.

III. 65 & Older Retiree Health Benefits

An employee is eligible for the retiree Medicare supplement and associated health benefits if:

As an employee --

- A. You retire under the TCDRS guidelines;
- B. You retire from and have at least 8 years of TCDRS creditable service with Jefferson County; and
- C. You are 65 years of age or older at the time of retirement and are enrolled in Medicare Part A & B; or
- D. You turn 65 while participating in the under 65 retiree benefit program and are enrolled in Medicare Part A & B.

IV. 65 & Older Spouse Health Benefits

You may be eligible for the retiree Medicare supplement and associated health benefits if:

As a spouse of a Jefferson County retiree --

- A. You are 65 years of age or older, enrolled in Medicare Part A & B, and enrolled as a dependent in the Jefferson County health plan at the time of your spouse's retirement; or
- B. You turn 65 while participating in the under 65 retiree health program and are enrolled in Medicare Part A & B.

V. Eligibility Limitations

Eligibility is subject to the following limitations:

- A. Upon retirement, a retiree's spouse is eligible for the retiree health program for the period of time during which the retiree continues to receive retirement payments and any subsequent period for which the retiree's spouse receives retirement payments based on the election made at the time of the retiree's retirement.
- B. Spouse eligibility is dependent on the employee actually retiring from Jefferson County, not just being eligible to retire.
- C. Dependent children are eligible for County health benefits continuation, if enrolled as a dependent at the time of the employee's retirement.
- D. Dependent children must meet all eligibility requirements of the Health Plan Document.
- E. The spouse and dependent children of an employee who takes a disability retirement are eligible for COBRA continuation.
- F. If a husband and wife are both employed by the County and only one retires, the spouse who remains employed is eligible to participate in the retiree health program at the time his/her employment with Jefferson County ends. The required premium will be what was in effect at the time of retirement.
- G. Retirees and spouses 65 or older are not eligible for the under 65 benefits.
- H. Retirees and spouses 65 or older must remain enrolled in Medicare Part A & B in order to be eligible for benefits.
- I. Spouse participation will end in the event of a divorce, at which time COBRA continuation will be offered.
- J. Dependent children participation will end when they no longer meet eligibility requirements of the Health Plan Document, at which time COBRA continuation will be offered.
- K. Retirees and spouses 65 or older must be enrolled in the County Medicare Supplement in order to participate in the prescription drug program.
- L. If any retiree, spouse, or dependent children benefits are terminated, these benefits will not be reinstated.
- M. Spouse and dependent children participation will end at the time the retiree's health benefits are terminated, except in the case of the retiree's death.
- N. Employees hired on or after January 1, 2016, are not eligible for Retiree Health Benefits.

VI. Premiums

Health premiums include medical, prescription drug, and dental benefits. The following chart indicates the premium required for health plan participation. For retirees 65 or older, the same percentage is applied to the Medicare supplement, dental, and prescription drug premiums.

Retiree Premium	8-11 Years of Service w/JC	12-15 Years of Service w/JC	16-19 Years of Service w/JC	20+ Years of Service w/JC
% of Full Health Premium Due	30%	20%	10%	0%

SPOUSE PREMIUM	Less Than Age 65	Age 65 & Over Medicare Supplement
Premium Due	Equal to the active employee contribution made for a spouse for a maximum of ten years - After ten year maximum, full premium	Same Percentage as required for the retiree

Child(ren) Premium	Must Meet Eligibility Requirements
Premium Due	Equal to the active employee contribution made for a child for a maximum of ten years - After ten year maximum, full premium

VII. Disability Retirement Health Benefits

You are eligible for County-paid COBRA benefits for a period up to twenty-nine months if:

As an employee --

- A. You take a disability retirement under the TCDRS guidelines; and
- B. You have at least 8 years of TCDRS creditable service with Jefferson County.

VIII. **General Guidelines**

- A. You must notify the Risk Management Department not later than the day on which you retire from the County that you elect to continue your health coverage by submitting a Retiree Benefits Enrollment form.
- B. The term “employee” includes elected officials participating in the Jefferson County retirement plan.
- C. Termination from the program for late or non-payment is administered the same as the COBRA guidelines – 30 day grace period and then termination.
- D. Premiums, if applicable, are subject to change each year based on the Jefferson County plan rates.
- E. Jefferson County reserves the right, at its discretion, to amend, change, or terminate any of its benefit plans, programs, practices or policies as it deems necessary.

Medical Summary of Benefits for Retirees Under Age 65

Benefit	In-Network ONLY
Annual Deductible Individual Family – <i>family deductible is cumulative</i>	\$750 \$2,250
Annual Out-Of-Pocket Co-Insurance Maximum Individual Family	\$2,500 \$4,500
Medical Lifetime Maximum	N/A
Physician Office Visit <i>Including injections</i>	80% after Deductible
Diagnostic X-rays & Laboratory	80% after Deductible
Preferred Laboratory <i>test provided by preferred laboratory</i>	100% Deductible waived
Preventive Care & Well Child Care <i>includes routine x-ray & labs</i>	Plan pays 100%, Deductible waived
Inpatient Services at Other Health Care Facilities <i>Includes Skilled Nursing Facility, Rehabilitation Hospital and Sub-Acute Facilities; 180 days combined max per year</i>	80% after Deductible
Organ Transplant <i>must be pre-certified; includes all medically appropriate, non-experimental transplants</i>	100% at Lifesource facility, otherwise 80% after plan Deductible
<i>Travel Services Max – only available for Lifesource facilities</i>	\$10,000
Vision Exam – Annual	Plan pays 100%, Deductible waived
Inpatient Hospital Confinement <i>Must be pre-certified</i> Semi-Private Room General nursing, operating room, anesthesia, medications Intensive care or cardiac care unit Physician & surgeon fees	80% after Deductible

Benefit	In-Network
Emergency Room	\$250 co-pay, then 80%
Physical, Occupational, and Speech Therapy <i>Outpatient - 60 days combined max per calendar year</i>	80% after Deductible
Durable Medical Equipment \$2,500/yr limit	80% after Deductible
Chiropractic Services - 25 days combined max per calendar year	80% after Deductible
Prosthetic Appliances and Orthoptic Devices \$10,000/yr limit	80% after Deductible
Outpatient Surgery <i>Must be pre-certified</i>	80% after Deductible
Home Health Care <i>(includes outpatient private duty nursing when approved as medically necessary)40 days max per calendar year</i>	80% after Deductible
Ambulance Services	80% after Deductible
Chemotherapy, Radiation, & Inhalation Therapy	80% after Deductible
All Other Eligible Charges	80% after Deductible
Mental Health and Substance Abuse (Combined) Inpatient - 120 days combined max per calendar year Outpatient – 30 visits combined max per calendar year Outpatient Group Therapy – 30 visits combined max per calendar year	80% after Deductible
Mental Health and Substance Abuse Intensive Outpatient	80% after \$50 per program co-pay

Senior Medical Insurance Plan (AGP-3135)

Summary of Coverage ⁽¹⁾

Services	Medicare Pays	Hartford Plan Pays	You Pay
HOSPITAL CONFINEMENT BENEFIT ⁽²⁾			
Semi-private room and board, general nursing, and miscellaneous services and supplies:			
First 60 days	All but \$1,288	\$1,288	\$0
61 st through 90 th day	All but \$322 per day	\$322 per day	\$0
91 st through 150 th day (60 day Lifetime Reserve Period)	All but \$644 per day	\$644 per day	\$0
Once Lifetime Reserve days are used (or would have ended if used) additional 365 days of confinement per person per lifetime	\$0	100%	\$0
SKILLED NURSING FACILITY CARE ⁽²⁾			
Semi-private room and board, skilled nursing and rehabilitative services and other services and supplies. You must meet Medicare's requirements which include a hospital stay of at least 3 days. You must enter a Medicare approved facility within 30 days after leaving the hospital:			
First 20 days	All approved amounts	\$0	\$0
21 st through 100 th day	All but \$161.0 per day	Up to \$161.00 per day	\$0
101 st through 365 th day	\$0	\$0	All costs
As long as Physician certifies the need.	All costs, but limited to costs for out-patient drug and in-patient respite care	Co-insurance charges for in-patient respite care, drugs, and biologicals approved by Medicare	All other charges
BLOOD DEDUCTIBLE – Hospital Confinement and Out-Patient Medical Expenses			
When furnished by a hospital or skilled nursing facility during a covered stay.			
First 3 pints	\$0	100%	\$0
Additional amounts	100%	\$0	\$0

OUT-PATIENT MEDIAL EXPENSES – In or Out of the Hospital and Out-Patient Hospital Treatment, such as Physician's services, In-Patient and Out-Patient medical and surgical services and supplies, physical and speech therapy, diagnostic test, durable medical equipment:			
Medicare Part B Deductible First \$147 of Medicare-approved amounts	\$0	\$166	\$0
Remainder of Medicare-approved amounts	Generally 80%	20%	0%
Clinical Laboratory services, blood tests, urinalysis and more	100%	\$0	\$0
Part B Excess Charges for Non-participating Medicare providers covers the difference between the 115% Medicare limiting fee and the Medicare approved part B charge.	\$0	100%	\$0
FOREIGN TRAVEL EMERGENCY Medically necessary emergency care services.			
Emergency services needed due to Injury or Sickness of sudden and unexpected onset during the first 60 days while traveling outside the United States.	\$0	80% after \$250 Deductible (to a lifetime maximum of \$50,000)	\$250 Deductible and then 20% of expenses incurred (to a lifetime maximum of \$50,000, 100% thereafter)

1. Coverage amounts valid from January 1, 2016 to December 31, 2016. This chart describes coverage that is only available to persons who are at least 65 and Medicare-eligible.

2. A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

The summary of program benefit herein is for illustrative purposes only. In case of differences or errors, the Group Policy governs.

Dental Summary of Benefits

Benefit	Coverage
Annual Deductibles	Individual -- \$50.00
Annual Maximum	\$1,500 per person (does not include orthodontics)
Type I Expenses (preventive & diagnostic)	100% Deductible waived
Type II Expenses (basic)	80% after a \$50.00 individual Deductible
Type III Expenses (major)	50% after a \$50.00 individual Deductible
Type IV Expenses (orthodontic)	50% after a \$50.00 individual Deductible. Limited to employees or dependents who have been covered under the Plan for at least twelve months.
Type IV Expenses (orthodontic)	50% after a \$50.00 individual Deductible Lifetime maximum is \$1,500.00 per covered member. Limited to employees or dependents who have been covered under the Plan for at least twelve months.

Cigna Prescription Drug Coverage for Retirees Under 65

Prescription	Retail Pharmacy Copay/Coinsurance 30 Day Supply	Mail Order Copay/Coinsurance 90 Day Supply
\$0 Copay Generics*	\$0	\$0
Approved Over-the-Counter Drugs**	\$2.00	N/A
Generic	The greater of: \$10 or 20%	\$20
Preferred Brand	The greater of: \$25 or 30%	\$85
Non Preferred Brand	The greater of: \$50 or 40%	\$160
Specialty	\$60 Copay with a 30-day supply limit Must be filled through Cigna Specialty Pharmacy	

*Generic statins for high cholesterol and generic oral anti-diabetic medication.

**Prilosec 20 mg, Prevacid 24hr, Zegerid, Nexium 20 mg, Claritin, Allegra, Zyrtec, Nasacort, and Flonase are covered by the Plan for a \$2 co-pay for a 28-30 day supply with a written prescription from your doctor indicating OTC on the prescription. You must present the OTC prescription to the pharmacist for filling through the Cigna System.

Express Scripts Prescription Drug Coverage for Retirees 65 and Older

Retail and Maintenance Drug Pharmacy

Up to a 31 Day Supply	
Preferred Generic	\$0
Generic	\$15
Preferred Brand	\$60
Non-Preferred Brand	\$100
Specialty	33%

The Initial Coverage Limit is \$3,310. Only Generic Drugs are covered within the coverage gap and are subject to the applicable co-pay above. Member copays for brand name drugs will be 45% net of the Medicare Coverage Gap Discount Program as defined by CMS.

Express Scripts Home Delivery

Up to a 90 Day Supply	
Preferred Generic	\$0
Generic	\$30
Preferred Brand	\$150
Non-Preferred Brand	\$250
Specialty	33%

Catastrophic Coverage

Once the true out of pocket cost has reached \$4,850, the retiree will pay the following co-pay values: for generic drugs – the greater of 5% or \$2.95 and for all other brand drugs – the greater of 5% or \$7.40.



Important Notice from Jefferson County About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Jefferson County and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. **Jefferson County** has determined that the prescription drug coverage offered by the **SETGEBP** is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from November 15th through December 31st. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two-month Special Enrollment Period to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current **Jefferson County** coverage **will** be affected.

If you do decide to join a Medicare drug plan and drop your current **Jefferson County** coverage, be aware that you and your dependents **will not** be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with **Jefferson County** and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later. If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for

every month that you did not have that coverage. For example, if you go 19 months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through **Jefferson County** changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the **Medicare & You** handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov.
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the **Medicare & You** handbook for their telephone number) for personalized help.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: 09/08/15
Name of Entity/Sender: Jefferson County
Contact – Position/Office: Risk Management
Address: 215 Franklin, Suite 202, Beaumont, TX 77701
Phone Number: (409) 835-8672

Retiree Premiums/Contributions

2016 Plan Year Monthly Premiums/Contributions							
Cigna Medical Plan (Retirees & Dependents Under Age 65) <i>Retiree Full Premium = \$581.49</i>							
*Years of Service	Retiree Only	Spouse Only**	Retiree & Spouse**	Child Only***	Retiree & Child***	Spouse & Child	Full Family
8 – 11	\$174.45	\$276.34	\$450.79	\$217.89	\$392.34	\$347.92	\$522.37
12 – 15	\$116.30	\$276.34	\$392.64	\$217.89	\$334.19	\$347.92	\$464.22
16 – 19	\$58.15	\$276.34	\$334.49	\$217.89	\$276.04	\$347.92	\$406.07
20+	\$ 0	\$276.34	\$276.34	\$217.89	\$217.89	\$347.92	\$347.92
Medicare Supplement Plan <i>Retiree Full Premium = \$300.96</i>							
*Years of Service	Retiree Only	Spouse Only	Retiree & Spouse				
8 – 11	\$90.29	\$90.29	\$180.58				
12 – 15	\$60.19	\$60.19	\$120.38				
16 – 19	\$30.10	\$30.10	\$60.20				
20+	\$ 0	\$ 0	\$ 0				
Basic Dental Plan <i>Retiree Full Premium = \$17.00</i>							
*Years of Service	Retiree Only	Retiree and Spouse	Retiree and Child(ren)	Full Family			
8 – 11	\$5.10	\$23.65	\$23.65	\$42.99			
12 – 15	\$3.40	\$21.95	\$21.95	\$41.29			
16 – 19	\$1.70	\$20.25	\$20.25	\$39.59			
20+	\$0	\$18.55	\$18.55	\$37.89			
Premium Dental Plan <i>Retiree Full Premium = \$25.36</i>							
*Years of Service	Retiree Only	Retiree and Spouse	Retiree and Child(ren)	Full Family			
8 – 11	\$13.46	\$42.72	\$42.72	\$80.95			
12 – 15	\$11.76	\$41.02	\$41.02	\$79.25			
16 – 19	\$10.06	\$39.32	\$39.32	\$77.55			
20+	\$8.36	\$37.62	\$37.62	\$75.85			
<i>*Years of service with Jefferson County</i>							
<i>**10year limit, then full premium of \$756.27 per month is due until eligible for Medicare supplement.</i>							
<i>***10year limit, then full premium of \$596.32 per month is due if child(ren) meet eligibility requirements.</i>							

Contact Information

Coverage	Administrator	Phone/Website
RETIREES UNDER AGE 65		
Cigna Medical, Prescription Drug Plan & Dental	Cigna	1-800-CIGNA24 24 hours a day, 7 days a week www.myCigna.com
Cigna Vision	Cigna	1-877-478-7557 www.myCigna.com
COMPASS HealthPro Adviser	COMPASS	1-800-513-1667
Premium Payments	Group Administrative Concepts (GAC)	1-800-275-2147
RETIREES AGE 65 & OVER		
Medicare Supplement	Group Administrative Concepts (GAC)	1-800-275-2147
Medicare Prescription Drug Coverage	Group Administrative Concepts (GAC)	1-800-275-2147
Premium Payments	Group Administrative Concepts (GAC)	1-800-275-2147



Jefferson County

Retiree Benefits Enrollment/ Change Form

Return to:
Risk Management
215 Franklin St., Ste. 202
Beaumont, TX 77701
409-835-8672

If you are a new retiree, some of your benefits will change upon retirement. **To continue coverage, you must complete and return this form to Risk Management by your retirement date.**

1. EMPLOYEE INFORMATION PLEASE PRINT AND USE INK ONLY

Name (Last, First, Middle):

SSN: _____ Date of Retirement: _____ Date of Birth: _____

Mailing Address:

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Email Address: _____

2. REASON FOR COMPLETING FORM Initial Enrollment Change Effective: _____ Annual Enrollment

- ➔ If you and your dependents are **under 65** years of age, you may enroll in the **CIGNA Plan #333**.
- ➔ If you or your spouse are **65 or older**, you are eligible to enroll in the **Medicare supplement**. Medicare will become your primary payer. **Please attach a copy of your Medicare card if eligible, if we do not already have a copy on file.**
- ➔ You and your eligible dependents may enroll in the Basic or High Dental Plan. Retiree and dependents must enroll in the same plan.
- ➔ You may only enroll those dependents that are enrolled in the JC Active health plan at the time of your retirement.

3. MEDICAL BENEFIT OPTIONS

Medical Plan 333

- Retiree Coverage
- Spouse Coverage
- Child(ren) Coverage
- DECLINE medical coverage
- DROP Retiree
- DROP Spouse
- DROP Child(ren)

Medicare Supplement

- Retiree Coverage
- Spouse Coverage
- DECLINE medical coverage
- DROP Retiree
- DROP Spouse
- DROP/DECLINE RX coverage

4. DENTAL OPTIONS (Select only one)

Basic Dental Plan

- Retiree Coverage
- Spouse Coverage
- Child(ren) Coverage
- DECLINE dental coverage
- DROP Retiree
- DROP Spouse
- DROP Child(ren)

High Dental Plan

- Retiree Coverage
- Spouse Coverage
- Child(ren) Coverage
- DECLINE dental coverage
- DROP Retiree
- DROP Spouse
- DROP Child(ren)

5. SPOUSE INFORMATION (if you are covering them as a dependent)

Name (Last, First, Middle):

SSN: _____ Date of Birth: _____

6. CHILD(REN) INFORMATION (if applicable) – use reverse side if additional space is needed

Name (Last, First, Middle):

SSN: _____ Date of Birth: _____

7. OTHER INSURANCE INFORMATION (if applicable)

- Do you or your dependents have Medicaid, Medicare or other health insurance? (circle which one) Yes No
- Do you or your dependents have other prescription drug benefits? Yes No
- If **yes**, please attach a copy of your insurance card.

8. CERTIFICATION:

My signature below affirms that all information and statements on this form are full, complete, and true to the best of my knowledge. I understand that any misrepresentation on this document may result in my coverage being void as of its effective date with no benefits payable. **Please initial beside each statement below.**

- _____ I understand and agree that payment is due on the first of every month.
- _____ I understand that I must notify Jefferson County Risk Management if I have any change in address or marriage status.
- _____ I understand and agree that if I fail to make my payments, Jefferson County will cancel my coverage and proceed with any legal methods available to collect money due the County. I also understand that I will be ineligible to participate at a later date.
- _____ I understand that if I decline coverage at this time I will be ineligible to participate in the plan at a later date.

Retiree Signature: _____ Date: _____