

Complete this form to Make Medical Changes Only

2025 Pre-Medicare RETIREE MEDICAL ONLY ENROLLMENT CHANGE FORM - Benefits Changes Effective February 1, 2025

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

Medical Insurance - UnitedHealthcare (non-tobacco rates)						
Plan	Coverage Level	Monthly Cost	Selection			
Low HMO (EPO)	Retiree only	\$726.00				
	Retiree + child(ren)	\$1,082.00				
	Retiree + spouse	\$1,199.00				
	Retiree + Full Family	\$1,469.00				
High HMO (HMO)	Retiree only	\$816.00				
	Retiree + child(ren)	\$1,266.00				
	Retiree + spouse	\$1,386.00				
	Retiree + Full Family	\$1,726.00				
CDHP - High Deductible (CDHP)	Retiree only	\$616.00				
	Retiree + child(ren)	\$972.00				
	Retiree + spouse	\$1,054.00				
	Retiree + Full Family	\$1,328.00				
I wish to	Decline medical coverage					
	Proof of Loss of Coverage Requested		Yes or No			
The School District of Palm Beach County adds a tobacco surcharge of \$50.00 per month to the medical plan premium for a retiree who uses tobacco products or does not declare their tobacco status.						
My tobacco status is:		<input type="checkbox"/> I use tobacco	<input type="checkbox"/> I do not use tobacco			
A domestic partner and his/her dependents do not have the right to continue COBRA coverage under federal and state laws.						
I acknowledge that my selection is effective February 1, 2025 , and no other changes will be allowed until the next annual enrollment.						
I further understand that if I decline the medical coverage I will not be eligible to re-enroll in the Medical plan again.						
My email address is:				@		
Print Full Name	Date	Last 4 of Social Security #				

RETURN THIS COMPLETED CHANGE FORM BY January 24th, 2025.

TO: The School District of Palm Beach County 3300 Forest Hill Blvd. Suite A103 West Palm Beach FL 33406 Attn: Retiree Benefits

Email: benefits@palmbeachschools.org OR Fax: 561.434.8103