#### **PARKER COUNTY**



# Benefits Enrollment 2026 October 20 - November 7, 2025

### **MEDICARE ELIGIBLE**

#### **WHAT'S CHANGING FOR 2026**

Benefits Costs

**Even** with the rising cost of health care, we will **not be increasing medical plan premiums** in 2026.

#### **2026 MEDICAL BENEFITS COSTS**

Below are the 2026 monthly medical premiums.

Retirement date of January 1, 2022, or later **and at least** 10 years of service at Parker County.



## Medical Plan Spouse Surcharge

If you cover your spouse on a County medical plan, you must complete a **Spouse Medical Plan Surcharge Affidavit** every year—even if:

- You already completed one last year, or
- The surcharge does not apply to you.

If you don't complete and return the Affidavit on time, **a monthly surcharge** will be added to your medical premium starting January 2026.

Medical Option	Retiree Only	Retiree + Spouse*	Retiree + Child(ren)	Retiree + Family*
МРО	\$0.00	\$260.00*	N/A	N/A
MPD Retiree enrolled in MPO and non-Medicare eligible spouse and/or dependents enrolled in PEBC PPO Plan	N/A	\$2,903.00*	\$2,375.00	\$5,277.00*
MPD Both spouse is Medicare-eligible and enrolled in MPO plan	N/A	N/A	N/A	\$2,635.00
РМА	\$0.00	\$130.00	N/A	N/A
<b>PMD</b> Retiree enrolled in PMA <b>and</b> non-Medicare eligible spouse and/or dependents enrolled in PEBC PPO Plan	N/A	\$2,903.00*	\$2,375.00	\$5,277.00*
PMD Both spouse is Medicare-eligible and enrolled in PMA plan	N/A	N/A	N/A	\$2,505.00

<sup>\*</sup>Spousal Medical Plan Surcharge Affidavit Required

Retirement date of January 1, 2022, or later and less than 10 years of service at Parker County

Medical Option	Retiree Only	Retiree + Spouse*	Retiree + Child(ren)	Retiree + Family*
МРО	\$260.00	\$520.00	N/A	N/A
MPD	N/A	\$3,163.00*	\$2,635.00	\$5,537.00*
MPD rate (spouse enrolled in MPO Plan)	N/A	N/A	N/A	\$2,895.00
PMA Blue Cross Group Medicare Advantage (HMO)	\$130.00	\$260.00	N/A	N/A
PMD Retiree enrolled in PMA Plan and non- Medicare eligible spouse and/or Dependents enrolled in PEBC PPO Plan	N/A	\$3,033.00*	\$2,505.00	\$5.407.00*
PMD rate (spouse enrolled in PMA Plan)	N/A	N/A	N/A	\$2,635.00

<sup>\*</sup>Spousal Medical Plan Surcharge Affidavit Required

#### SPONSORED DEPENDENTS OPTION

#### (Surviving Dependents of Deceased Retirees)

Your medical plan rates are determined by the Retiree's years of service with Parker County at the date of retirement. The cost of surviving spouse coverage is subject to the Spouse Medical Plan Surcharge and an Affidavit is required.

- For those enrolled in the HDP Plan or PPO Plan, eligible surviving spouses pay the Retiree rate; eligible spouse and dependents pay the Retiree + Child(ren) rate.
- If the retiree was enrolled in the PMA or PMD Plan at time of death, the monthly medical plan premium rates are based on retiree's years of service at time of retirement.

#### **HIGH DEDUCTIBLE PLAN (HDP) AND YOUR HSA**

When you are enrolled in Medicare, you are **no longer eligible to contribute to a Health Savings Account (HSA)**. However, you can continue to use the money you've already saved in your HSA to pay for qualified medical expenses — tax-free.

#### What You Can Use Your HSA For:

- Doctor visits, hospital care, and other eligible medical expenses.
- Prescription drugs.
- Dental and vision care.
- Medicare premiums, deductibles, copays, and coinsurance.
- Certain long-term care services and insurance.

#### **Important Reminders:**

- You don't need to close your HSA when you enroll in Medicare — you just can't add new contributions.
- Always save your receipts to show your withdrawals were for qualified expenses.
- HSA funds used for non-qualified expenses may be subject to taxes.
- For guidance on your specific situation, consult your tax advisor (see IRS Publication 969 for more details).

#### **DENTAL**

Dental Option	Retiree Only	Retiree + Spouse*	Retiree + Child(ren)	Retiree + Family*
ANT – Delta Dental DHMO	\$11.94	\$20.34	\$26.84	\$34.30
PEB — Delta Dental DPPO	\$37.18	\$74.36	\$74.36	\$111.46

#### **VISION**

Vision	Retiree	Retiree +	Retiree +	Retiree +
Option	Only	Spouse*	Child(ren)	Family*
VIS — VSP Vision Plan	\$6.25	\$11.70	\$12.45	\$19.40

<sup>\*</sup>Spouse medical plan surcharge affidavit will be required.

#### Do You Have to Enroll?

If you do not actively re-enroll your **2025 medical, dental, and vision coverage** will roll over to your **2026 elections and coverage levels**.

# Open Enrollment is October 20 - November 7, 2025

Follow these simple steps to get the coverage you need for you and your family:

- **Review** the Benefits Guide included in this kit.
- When you're ready, use use the form included in this packet to enroll by November 7, 2025.

Elections made during Open Enrollment will be effective **January 1, 2026**.