

## **2025 PEBC PLAN CHANGES AND ENHANCEMENTS**

The following plan changes are effective January 1, 2025.

The PEBC Board is recommending BlueCross BlueShield of Texas (BCBSTX) as the designated service provider for Medical (network access, health management, claims administration), Pharmacy, EAP Mental Health, General and Limited Purpose FSA administration, HSA Administration for HDHP active employee medical plan, COBRA, and Retiree Direct Billing.

BCBSTX was selected through a PEBC Request for Proposal (RFP) process, during which the Board considered numerous enhancements and cost savings for all entities and their employees. The anticipated cost savings for PEBC over the five-year contract amount to \$54.9 million, with \$16.4 million of that attributed to Tarrant County.

The insurer for Group Term Life Insurance will remain The Hartford. The Hartford's renewal includes premium savings of \$353,125 over the next five years, an employee rate reduction, and an opportunity for all benefit-eligible employees to increase or enroll in Optional Life without needing to provide Evidence of Insurability (EOI) during this upcoming Annual Enrollment for plan year 2025.

### **New Contribution Limits Plan Year 2025**

In accordance with IRS regulations, the contribution limits for health savings accounts (HSA) and flexible spending accounts (FSA) will increase, as will the minimum deductibles for High-Deductible Health Plans (HDHP).

#### **1. Increase in the HDHP Medical Plan Deductible Limits for 2025:**

The IRS has increased the minimum deductible for HDHP plans for 2025. The minimum deductible for single coverage has been raised from \$1,600 in 2024 to \$1,650 in 2025, while the family minimum deductible has been increased from \$3,200 in 2024 to \$3,300 in 2025.

#### **2. Increase in the HDHP Medical Plan HSA Limits to 2025 Contribution maximums:**

The IRS has increased the maximum annual HSA contributions for 2025. The maximum contribution for single coverage is now \$4,300, up from \$4,150 in 2024. For family coverage, it increased to \$8,550 from \$8,300. Participants 55 and older can contribute an additional \$1,000.

#### **3. Increase the Employee Flexible Spending Account (FSA) Contribution Limit:**

The IRS raised the FSA contribution limit to \$3,200 for 2025 from \$3,050 in 2024. This limit applies to both Limited-Purpose FSA for HDHP/HSA participants and General-Purpose FSA for PPO medical plan participants.

#### **4. Carryover of unused FSA funds from 2024 to 2025:**

The carryover limit for unused 2024 FSA funds to 2025 is \$640. Any remaining funds exceeding \$640 will be forfeited to Tarrant County. This is also set by the IRS.

## Employee/Retiree Rates and Employer Contributions for Plan Year 2025

### I. Medical Plan Rates (Active/Retirees)

#### A. Active Employees (HDHP & PPO Self-Funded Plans) Exhibit C

The group recommends reducing the HDHP's total rate by approximately 15% and lowering the PPO rates by 3% while keeping the same cost share. This results in savings for both the County and Employees.

#### B. Pre-65 Retiree Group (HDHP & PPO Self-Funded Plans) Exhibit C2

The group recommends reducing the HDHP's total rate by approximately 15% and lowering the PPO rates by 3% while keeping the same cost share. This results in savings for both the County and Employees. The County subsidizes these rates based on Years of Service.

#### C. Post-65 Retiree Group (Medicare Advantage PPO & HMO Fully Insured Plans) Exhibit C3

PEBC secured a 5-year fixed rate with the move to BlueCross BlueShield of Texas. These plans are fully insured, and the carrier covers the claims. The County subsidizes these rates based on Years of Service.

F L A T	OPT 1	CURRENT	2025	2026	2027	2028	2029
	MEDICARE HMO	\$220.76	\$130	\$130	\$130	\$130	\$130
	MEDICARE PPO	\$451.01	\$260	\$260	\$260	\$260	\$260

#### Group Recommendation:

1. Adjust Medicare Advantage PPO rates while keeping the same cost share.
2. Adjust Medicare Advantage HMO rates while keeping the same cost share.

### II. Dental Rates (Active/Retirees) Exhibit D

A. **Delta Dental DPPO (Self-funded):** Finance estimates a \$489,666 total rate increase is needed. The dental plan does not currently have an employer contribution. The group suggests applying a 15% rate increase for further discussion.

B. **Delta Dental HMO (Fully Insured):** The group recommends holding rates for the fully insured plan.

III. **Vision Rates** (Active/Retirees): The premiums for the VSP Vision plan will not change.

**IV. Employer Contributions Plan Year 2025 (Active Employees Only)****A. Premium Holiday for December 2025:**

1. The group recommends passing a Premium Holiday for December 2025.
2. The cost to fund is approximately \$1,069,332.

**B. Flex Contribution for all Employees:**

1. The group recommends keeping the current contribution of \$240.24 for all employees.
2. The cost to fund is approximately \$1,028,708.

**C. Flex Contributions for Opt-Out Employees:**

1. The recommendation is to discontinue the additional flex contribution for employees who choose not to enroll in Tarrant County's medical plans.
2. In addition to the \$240.24, the county currently contributes \$1,200.16 to employees who opt out of the medical plans.
3. Finance estimates forfeitures at approximately \$300K annually. About \$75-100K comes from opt-out employees who don't spend their money.
4. Approximated Savings: \$543,672.

**D. HSA Seed Money:**

Change in HDHP Minimum Deductible for 2025 per IRS:		<b>2024</b>	<b>2025</b>
HDHP minimum deductibles	Individual	\$1,600	\$1,650
	Family	\$3,200	\$3,300

Group Recommendation:

1. The group recommends increasing the HSA Seed Money contribution.
  - a. *\$900* contribution for *Individual*
  - b. *\$950* contribution for *Family*
2. The current HSA employer contribution is \$850 for all employees on the HDHP, regardless of their tier level.

**E. Spouse Medical Plan Surcharge**

1. The Spouse Medical Plan Surcharge is an additional premium that employees may need to pay for their spouse's health insurance coverage if the spouse has the option to obtain medical coverage through their own employer but chooses not to do so. The surcharge also applies if an employee fails to submit the Spouse Medical Plan Surcharge affidavit during Annual Enrollment.
2. The premium is currently at \$200 per month, split between two paychecks and it is presented to the Court for discussion.

**F. Wellness Rewards:**

1. The group recommends keeping the current contribution of \$300.00 for Employees and \$300.00 for Spouses.
2. To be eligible employees and spouses must be enrolled in one of Tarrant County's medical plans (PPO or HDHP).

## 2025 SERVICE PROVIDERS

Plan Description	2024 Monthly Rate and Designated Service Provider	2025 Monthly Rate and Designated Service Provider
<b>1) PEBC Dental HMO Plan</b>	<b>Delta DHMO</b>	<b>Delta DHMO</b>
<b>Insurance Premium</b>		
Employee Only	11.94	11.94
Employee & Spouse	20.34	20.34
Employee & Child(ren)	26.84	26.84
Employee & Family	34.30	34.30
<b>2) PEBC Dental PPO Plan</b>	<b>Delta DPPO</b>	<b>Delta DPPO</b>
<b>Self-Funded Plan Administration Fees (PEPM)</b>		
Dental PPO Providers Network Access		
Fee and Claims Administration Services	3.74	3.74
<b>3) PEBC Vision Plan</b>	<b>VSP</b>	<b>VSP</b>
<b>Insurance Premium</b>		
Employee Only	6.25	6.25
Employee & Spouse	11.70	11.70
Employee & Child(ren)	12.45	12.45
Employee & Family	19.40	19.40
<b>4) PEBC Medical Plans (HDP Plan &amp; PPO Plan) Active EE</b>	<b>UnitedHealthcare (UHC)</b>	<b>BlueCross BlueShield of Texas (BCBSTX)</b>
<b>Self-Funded Plan Administration Fees (PEPM)</b>		
Total PEPM for Medical Plan (HDP/PPO) Services "Base Fee" includes - Claims Administration, TPA Services, Medical Provider Services, Network Access, Medical Management, Disease Management (Asthma, Diabetes, Coronary Heart Disease) Subrogation Services, NurseLine, Weight Loss Program, Mental Health/Behavioral Health/Substance Abuse Provider Network Access, Claims Administration, Behavioral Health Solutions and ABA Clinical Support.	40.50	22.30
<b>5) PEBC Medical Plans (HDP Plan &amp; PPO Plan) Retiree</b>	<b>UnitedHealthcare (UHC)</b>	<b>BlueCross BlueShield of Texas (BCBSTX)</b>
<b>Self-Funded Plan Administration Fees (PEPM)</b>		
Total PEPM for Medical Plan (HDP/PPO) Services "Base Fee" includes - Claims Administration, TPA Services, Medical Provider Services, Network Access, Medical Management, Disease Management (Asthma, Diabetes, Coronary Heart Disease) Subrogation Services, NurseLine, Real Appeal Weight Loss Program, Mental Health/Behavioral Health/Substance Abuse Provider Network Access, Claims Administration, Behavioral Health Solutions and ABA Clinical Support	36.35	22.30

Plan Description	2024 Monthly Rate and Designated Service Provider	2025 Monthly Rate and Designated Service Provider
<b>6) PEBC Employee Assistance Program (EAP)</b>	<b>UHC/Optum</b>	<b>BCBSTX/ ComPsych</b>
<b>Capitated Rate Applicable to Active Employees Only (PEPM)</b> EAP Mental Health (Employee Plans - HDP/PPO/OPT)	1.23	1.36
<b>7) PEBC Wellness Program</b>	<b>UHC/Optum</b>	<b>BlueCross BlueShield of Texas (BCBSTX)</b>
<b>Capitated Rate Applicable to Active Employees Only (PEPM)</b> Active Employees and Eligible Spouses enrolled in HDP/PPO	2.92	5.85
<b>8) PEBC Account-Based Health Plan Services (HSA Accounts)</b>	<b>UHC/ Optum Bank</b>	<b>BCBSTX/ Health Equity</b>
<b>HDP/HSA Administration Fee (PEPM)</b> Health Savings Account (HSA) Trustee Services (Active Employees Only)	included in "Base Fee"	
<b>Tarrant County Contributions to Employee Health Savings Accounts</b> HSA Employer Annual <i>Individual</i> Contribution	850.00	900.00
Newly Hired HSA ER Annual Contribution Prorated		
HSA Employer Annual <i>Family</i> Contribution	850.00	950.00
Newly Hired HSA ER Annual Contribution Prorated		
<b>9) PEBC Medical and Rx (HDP/PPO) Reinsurance Services</b>	<b>UnitedHealthcare (UHC)</b>	<b>TBD</b>
<b>Insurance Premium for \$500,000 Deductible (Per Subscriber Per Month)</b> Stop Loss Premium (ISL)	57.59	<b>TBD</b>
<b>10) PEBC Medical Plans (HDP/PPO) Pharmacy Services</b>	<b>CVS Caremark</b>	<b>BlueCross BlueShield of Texas (BCBSTX)</b>
<b>Self-Funded Plan Administration Program Fee (PEPM)</b> Three (3) Tier with Formulary	CVS Program	Prime Therapeutics
National Pharmacy Network Access and Pharmacy Benefits Manager (PBM) Services	0.20	No fees assessed. Rebate credit that is expected on the admin invoice is 201.92 PEPM.
<b>11) PEBC Long Term Disability Insurance</b>	<b>The Standard</b>	<b>The Standard</b>
<b>Insurance Premium</b> Payroll Percentage	0.130% of Payroll	0.130% of Payroll

Plan Description	2024 Monthly Rate and Designated Service Provider	2025 Monthly Rate and Designated Service Provider
<b>12) PEBC Group Life Insurance</b>	<b>The Hartford</b>	<b>The Hartford- Renewal</b>
<b>Insurance Premium</b>		
Basic Life per \$1,000	0.070	0.051
Basic Life AD&D per \$1,000	0.015	0.015
Employee Optional Life/Spouse Life per \$1,000		
Under 30	0.04	0.03
30-34	0.06	0.05
35-39	0.08	0.07
40-44	0.12	0.10
45-49	0.19	0.15
50-54	0.29	0.23
55-59	0.47	0.40
60-64	0.79	0.66
65-69	1.30	1.11
70 & over	2.22	1.89
Employee Optional Life AD&D per \$1,000	0.025	0.025
Dependent Life \$10,000/\$5,000	2.10/family	2.10/family
Dependent Life \$5,000/\$2,500	1.05/family	1.05/family
<b>13) PEBC Employer Flexible Spending Credits</b>		
<b>Tarrant County Contributions to Employee Flexible Spending Accounts (General FSA/Limited Purpose FSA)</b>		
Opt-outs (Employee declines County Medical Coverage)	1440.40 Annual	240.24 Annual
Newly Hired FSA ER Annual Contribution Prorated		
Opt-ins (Employee elects County Medical Coverage)	240.24 Annual	240.24 Annual
Newly Hired FSA ER Annual Contribution Prorated		
PEBC Wellness Reward - Earned by Employee Only	300.00 Annual	300.00 Annual
PEBC Wellness Reward - Earned by Employee & Spouse	600.00 Annual	600.00 Annual
<b>14) PEBC Flexible Spending Administration, COBRA Administration, and Retiree Direct Billing</b>	<b>UnitedHealthcare (UHC)</b>	<b>BCBSTX/ Health Equity</b>
<b>Administration Fees</b>		
Health and Dependent Care Flexible Spending Accounts		HCFS 2.60 PPPM
Participant Monthly Administration Fee	2.85	DCFS 2.60 PPPM
		LPFS 2.25 PPPM
<b>COBRA Administration Fee</b>	<b>Per Letter</b>	<b>PEPM</b>
Initial Notification Letter	3.00	
Qualifying Event	14.50	
HIPAA Certificate	6.00	0.45 PEPM
Expiration or Notices for Federal Law/Acts	5.00	
Percentage of COBRA Premiums	2% of Billed/Paid	
<b>Retiree Billing Administration</b>		
Fee Per Participant	3.00	5.00 PPPM

Plan Description	2024 Monthly Rate and Designated Service Provider	2025 Monthly Rate and Designated Service Provider
<b>15) PEBC Retiree Medicare-Based Retiree Group Medical Plans</b>		
	<b>UnitedHealthcare (UHC)</b>	<b>Blue Cross Blue Shield of TX (BCBSTX)</b>
<b>Retiree Insurance Premium</b>		
<b>Medicare Advantage (HMO) Plan PMA (Pre &amp; Post-65 with Medicare)</b>	<b>PMA</b>	<b>PMA</b>
Retiree Only	220.76	130.00
Retiree and Spouse	441.52	260.00
<b>Medicare Advantage PPO Plan MPO (Pre &amp; Post-65 with Medicare)</b>	<b>MPO</b>	<b>MPO</b>
Retiree Only	451.01	260.00
Retiree and Spouse	902.02	520.00
<b>Total Rate for "Add-On" Self-funded PPO Accrual to Retiree Insurance Premium</b>		
<b>(Retirees with Non-Medicare Eligible Dependents, Enrolled in the Self-funded PEBC PPO Medical Plan)</b>		
Spouse	1,468.01	1,423.97
Child(ren)	731.51	709.57
Spouse and Child(ren)	2,004.19	1,944.07
<b>16) Spouse Medical Plan Surcharge</b>		
Applied when spouses covered under our medical plan are eligible for medical insurance through their employer and choose not to take it or employees who cover a spouse under our medical plan do not turn in the required Spouse Medical Plan Surcharge Affidavit timely.	200.00	200.00




**Exhibit C – BlueCross BlueShield of Texas Provider and Prescription Finder**

## **Provider Finder Tool for Active Employees & Under 65 Retirees**

Visit the [BCBSTX](https://www.bcbstx.com) website to use the “**Search for Doctors as a Guest**” tool. There will be a series of questions after that. Confirm your location, select **Employer Plans**, select **Texas** as your state, select the **PPO** network (regardless of whether you are on the HDHP; the provider network is the same for both plans), and select the **Blue Choice PPO [BCA]** plan. Finally, search using the provider's name or browse by category.

[Welcome](#) [Employers](#) [Producers](#) [Providers](#) [Company Information](#) [Language Assistance](#) [En español](#)

 **BlueCross BlueShield**  
of Texas

[Make a Payment](#) [Log In or Sign Up](#)

[Find Care](#) [Shop Plans](#) [Prescription Drugs](#) [Insurance Basics](#) [Member Services](#)

## Find a Medical Doctor or Hospital

Search for doctors, hospitals, urgent care and more.


Looking for [dental](#), [vision](#), or [pharmacy care](#)?

### Personalized Search

- Search and get the most accurate results
- See personalized details that may lower your health care costs
- Find out about access to additional programs and benefits available through your health insurance

[Log in to Search](#)

Don't have an account? [Register](#)



In addition to staying in network, you or your doctor may need to get benefit approval or "prior authorization" before you get treatment for certain services for them to be covered. Please check your benefit booklet or your plan's terms if you are unsure.

### Basic Guest Search


Even if you're not a member, you can answer a few questions to find the right network to search for doctors.

[Search for Doctors as a Guest](#)

In addition to staying in network, you or your doctor may need to get benefit approval or "prior authorization" before you get treatment for certain services for them to be covered. Please check your benefit booklet or your plan's terms if you are unsure.

<https://www.bcbstx.com/find-care/providers-in-your-network/find-a-doctor-or-hospital>

## Step 1- Confirm your location

English ▾

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### Find in-network doctors & facilities near you

Before you begin your search, answer some questions to help us understand your location and insurance plan. This will allow us to assist you in finding in-network doctors and facilities.

#### To get started, tell us where you want to search for care


Sharing your location with us will help us determine which doctors and facilities are nearby.

City, state or zip  
Fort Worth, TX — 76102

Continue

If you are having trouble finding your plan, please try [logging in](#).

## Step 2- Select Employer Plans

English ▾

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### What type of plan would you like to search?

How you get your insurance affects what doctors are in your network. Carefully select to avoid high out-of-network costs.

#### Employer Plans

Through my, my spouse's, or my parent's employer

Select

#### Individual & Family Plans

Through my state's Exchange or purchased directly

Select

#### Medicare

Purchased directly or through my employer

Select


#### Medicaid

Through my state government

Select

If you are having trouble finding your plan, please try [logging in](#).

## Step 3- Select Texas as your state

English ▾

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### Select the state you currently live in


Texas

Select State

If you are having trouble finding your plan, please try [logging in](#).

<https://www.bcbstx.com/find-care/providers-in-your-network/find-a-doctor-or-hospital>

Step 4- Select the PPO network (regardless of whether you are on the HDHP; the provider network is the same for both plans).

 English

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### Do you have HMO or PPO insurance?

Having HMO or PPO insurance affects which doctors are in your network. Please select carefully to avoid high out-of-network costs.

**HMO**

My primary care provider (PCP) must refer me to see specialists.

Select


**PPO**

My doctor does not need to refer me to a specialist.

Select

If you are having trouble finding your plan, please try [logging in](#).

Step 5- Select the Blue Choice PPO [BCA] plan.

 English

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### Select your PPO Plan

Doctors do not accept all PPO plans. Please carefully select your plan to avoid high out-of-network costs.

☒ Blue Choice PPO<sup>SM</sup> [BCA] MOST COMMON


☐ Blue High Performance Network<sup>®</sup> [HPN]  
This plan is typically offered in metropolitan and urban areas.

☐ ParPlan [PAR]

[Search Selected Plan for Doctors](#)

If you are having trouble finding your plan, please try [logging in](#).

Step 6- Browse by name or category.

 English

Good Evening!

## Browse or search to find the care you need.

Plans: Blue Choice PPO<sup>SM</sup> ... City, state or zip: Fort Worth, TX - 76102

Search for Names and Specialties

Common Searches: Primary Care Urgent Care Behavioral Health Hospital Durable Medical Equipment

**Browse by Category**

Find results using these care categories:

**Primary Care Practitioner**

A primary care practitioner is your personal doctor who will give you most of your care...

**Urgent Care Center**

Treatment for a condition that is not life threatening, but requires prompt attention

**Behavioral Health**

Treatment for Mental Health and Substance Use Disorders

**Cost Estimates**

Compare costs for any procedure, or find out what your copay is.

**Medical Care**

Find general doctors, specialists, hospitals, urgent care centers, group practices, labs, an...

<https://www.bcbstx.com/find-care/providers-in-your-network/find-a-doctor-or-hospital>

**Find a Pharmacy and Look up Medications:**

**Pharmacy Network:** BCBS has a broad Traditional Select Network with access to over 60,000 pharmacies:

<https://www.myprime.com/en/find-pharmacy.html>

Eng Esp A A PRIME THERAPEUTICS®

Medicines Pharmacies Learn Forms Register Sign in

## Find a pharmacy

Search pharmacies in your network and compare medicine costs. [How are medicines priced at my pharmacy?](#)

Choose your pharmacy network. [What is your pharmacy network?](#)

Traditional Select Network Submit

**Note:** Pharmacy search results are based on current plan year information only. [Sign in](#) or [register](#) to get prices and in-network pharmacies specific to your benefits.

**Prescriptions:** Performance Select network. You can search by medicine name, condition, or NDC.

<https://www.myprime.com/en/medicines.html#find-medicine>

Eng Esp A A PRIME THERAPEUTICS®

Medicines Pharmacies Learn Forms Register Sign in

## Find medicines

Your health plan: BCBS Texas

- Choose your drug list**  
Performance Select Drug List Applied
- Add a medicine**  
Medicine name Conditions National Drug Code (NDC) ?  
Search by medicine name

Add a medicine associated with your selected drug list

**You can also look up medications directly from the Formulary:**

Current Formulary: Performance Select network (Formularies are reviewed quarterly.)

<https://www.bcbstx.com/docs/rx-drugs/drug-lists/tx/rx-list-per-sel-tx-2024.pdf>



## Searching for Medicines & Pharmacies

Visit [www.myprime.com](http://www.myprime.com)

to search for medicines and pharmacies before you enroll in the plan.\*

### Search for a drug:

Select 'Medicines,' then:

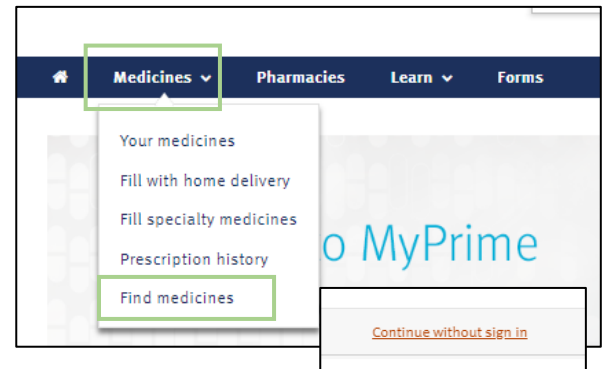
- 'Find medicines,' followed by
- 'Continue without sign in.'

Under 'Select your Health Plan':

- Select 'BCBS Texas.'
- Answer 'Yes.'
- Scroll to the bottom of the drop-down list and select **Blue Cross Group Medicare Advantage (PPO) – 5T Complete**, or **Blue Cross Group Medicare Advantage (HMO) – 5T Complete**\*\*
- Click 'Continue.'
- Note: Formularies will not be available until October 1, 2024. You will not see the HMO plan as an option until then.

Type your medicine and dosage.

- Review the drug tier and requirements.
- Refer to the Summary of Benefits in your enrollment kit for your cost.



**Select your health plan**  
or [sign in](#) or [register](#) to get prices and information specific to your benefits

What is your health plan or employer?  
BCBS Texas

Are you a Medicare Part D member, shopping for a Medicare plan with prescription drug coverage, or a [Retirement Benefit Enrollee](#)?  
Yes

What is your health plan type? *If you are unsure, contact your benefits administrator.*  
**Blue Cross Group Medicare Advantage (PPO)SM-5T Complete**

[Continue](#)

**2 Add a medicine**

Medicine name	Conditions
<input type="text"/> Search by medicine name	

### Search for a pharmacy:

- Select the **Pharmacies** tab at the top navigation.
- Select the **type of Pharmacy** (retail, preferred retail, mail order, etc.)
- Search by ZIP, city and state, or address.

**Medicines** **Pharmacies**

**Search for an in-network pharmacy**

I'm searching for **Retail** pharmacies. ⓘ

Enter ZIP, city and state, or address Located within 5 miles

Enter a pharmacy name (optional)

I want to view pricing results for  
☒ 30-day supply ☐ 90-day supply

[Search](#) [Cancel](#)



## Finding a Network Provider

Visit [www.bcbstx.com/retiree-medicare-tools](http://www.bcbstx.com/retiree-medicare-tools)

to search network providers.

- Scroll down to the **Find a Doctor or Hospital** section.
- Select the link under either plan name to connect directly to the network listing for that plan:  
[Blue Cross Group Medicare Advantage Open Access \(PPO\)](#) or  
[Blue Cross Group Medicare Advantage \(HMO\)](#).
- The Provider Finder will open in a new tab.
- Enter your city, state or ZIP code, or select the little white arrow to use your current location.

Network	City, state or zip
Blue Cross Group Medic...	Dallas County, TX – 7... ↗

### Find a Doctor or Hospital

Search Provider Finder® to find the most up-to-date network of doctors, specialists, hospitals and other health care providers. Be sure to schedule your annual wellness visit with your primary care provider (PCP) soon after your coverage effective date. [Use this checklist](#) to guide the conversation. Your PCP can let you know if you'll need a referral to see a specialist.

#### Blue Cross Group Medicare Advantage (PPO)

[Find a Blue Cross and Blue Shield of Texas in-network provider or hospital in your area](#)

#### Blue Cross Group Medicare Advantage Open Access (PPO)

[Find a Blue Cross and Blue Shield of Texas in-network provider or hospital in your area](#)

[Find any provider who accepts Medicare assignment](#)

#### Blue Cross Group Medicare Advantage (HMO)

[Find a Blue Cross and Blue Shield of Texas in-network provider or hospital in your area](#)

\* MyPrime.com is a pharmacy benefit website owned and operated by Prime Therapeutics LLC, a separate company providing pharmacy benefit management services for your plan.

\*\* Note: Formularies will not be available until October 1, 2024. You will not see the HMO plan as an option until then. Call the Education Helpline if you don't have a chart or need help finding out your drug list name.

HMO and PPO plans provided by Blue Cross and Blue Shield of Texas, which refers to HCSC Insurance Services Company (HISC) and GHS Insurance Company (GHSIC). HMO and PPO employer/union group plans provided by Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC). HCSC, HISC and GHSIC are Independent Licensees of the Blue Cross and Blue Shield Association. HCSC, HISC and GHSIC are Medicare Advantage organizations with a Medicare contract. Enrollment in these plans depends on contract renewal.

## **Exhibit D – Rate Action Detail**



## 2025 MONTHLY CONTRIBUTION RATES - ACTIVE EMPLOYEE MEDICAL

EMPLOYEE MEDICAL 2024					
PEBC HDP/HSA* Medical Plan (UHC Provider Network)					
4/30/2024 Census		Employee Contribution	Employer Contribution	Total Accrual	Employee Share
2024 HDP					
600	Employee Only	\$90.00	\$1,117.87	1,207.87	7%
53	Employee + Spouse	\$349.00	\$2,142.64	2,491.64	14%
130	Employee + Child(ren)	\$253.00	\$1,565.45	1,818.45	14%
<u>71</u>	Employee + Family	\$409.00	\$2,499.86	2,908.86	14%
854					
PEBC PPO Medical Plan (UHC Provider Network)					
2024 PPO					
1649	Employee Only	\$180.00	\$960.58	1,140.58	16%
243	Employee + Spouse	\$512.00	\$1,845.21	2,357.21	22%
789	Employee + Child(ren)	\$379.00	\$1,367.83	1,746.83	22%
<u>384</u>	Employee + Family	\$609.00	\$2,192.64	2,801.64	22%
3065					

Total Census = 3,919

EMPLOYEE MEDICAL 2025					
PEBC HDP/HSA* Medical Plan (BCBSTX Provider Network)					
Monthly Rate Change		Employee Contribution	Employer Contribution	Total Accrual	Employee Share
HDP to HDP	HDP to PPO				
-\$19	\$84	\$71.00	\$951.60	1,022.60	7%
-\$54	\$147	\$295.00	\$1,814.48	2,109.48	14%
-\$38	\$115	\$215.00	\$1,324.54	1,539.54	14%
-\$65	\$181	\$344.00	\$2,118.70	2,462.70	14%
PEBC PPO Medical Plan (BCBSTX Provider Network)					
PPO to HDP	PPO to PPO				
-\$109	-\$6	\$174.00	\$932.36	1,106.36	16%
-\$217	-\$16	\$496.00	\$1,790.50	2,286.50	22%
-\$164	-\$11	\$368.00	\$1,326.44	1,694.44	22%
-\$265	-\$19	\$590.00	\$2,127.60	2,717.60	22%

## Recommendation:

- 1) A ~15% Total Rate Reduction for the HDP medical plan while keeping the same cost share.
- 2) A 3% Total Rate Reduction for the PPO medical plan while keeping the same cost share.
- 3) \$900 Individual/ \$950 Family Employer Seed Money in 2025 HSA Accounts.
- 4) Medical Premium Holiday for Active Employees in December 2025.

2025 Annual Funding Requirement = \$70,329,849  
(18% Employee / 82% County)

## 2025 Monthly Contribution Rates for Pre-65 Retiree Medical (Matrix Group)

TC Service	4/30/24 Census	Coverage Level	2024 RT Premium & Cost Share			2024 Total Rate	Monthly Retiree Rate Change		2025 RT Premium & Cost Share		2025 Total Rate
0-9 Years	HDP		Tier	HDP	%	HDP	HDP to PPO	HDP to HDP	HDP	%	HDP
	0	Retiree (RT)	1	\$ 1,457.37	100%	\$ 1,457.37	-\$122	-\$224	\$ 1,233.84	100%	\$ 1,233.84
	0	Retiree + Spouse	2	\$ 3,006.38	100%	\$ 3,006.38	-\$248	-\$461	\$ 2,545.26	100%	\$ 2,545.26
	0	Retiree + Child(ren)	3	\$ 2,194.09	100%	\$ 2,194.09	-\$150	-\$337	\$ 1,857.56	100%	\$ 1,857.56
	0	Retiree + Family	4	\$ 3,509.74	100%	\$ 3,509.74	-\$231	-\$538	\$ 2,971.42	100%	\$ 2,971.42
	PPO		Tier	PPO	%	PPO	PPO to PPO	PPO to HDP	PPO	%	PPO
	0	Retiree (RT)	1	\$ 1,376.17	100%	\$ 1,376.17	-\$41	-\$142	\$ 1,334.88	100%	\$ 1,334.88
	0	Retiree + Spouse	2	\$ 2,844.18	100%	\$ 2,844.18	-\$85	-\$299	\$ 2,758.86	100%	\$ 2,758.86
10-14 Years	HDP		Tier	HDP	%	HDP	HDP to PPO	HDP to HDP	HDP	%	HDP
	0	Retiree (RT)	1	\$ 1,093.03	75%	\$ 1,457.37	-\$92	-\$168	\$ 925.38	75%	\$ 1,233.84
	0	Retiree + Spouse	2	\$ 2,254.79	75%	\$ 3,006.38	-\$186	-\$346	\$ 1,908.96	75%	\$ 2,545.26
	0	Retiree + Child(ren)	3	\$ 1,645.57	75%	\$ 2,194.09	-\$112	-\$252	\$ 1,393.18	75%	\$ 1,857.56
	0	Retiree + Family	4	\$ 2,632.31	75%	\$ 3,509.74	-\$173	-\$404	\$ 2,228.58	75%	\$ 2,971.42
	PPO		Tier	PPO	%	PPO	PPO to PPO	PPO to HDP	PPO	%	PPO
	0	Retiree (RT)	1	\$ 1,032.13	75%	\$ 1,376.17	-\$31	-\$107	\$ 1,001.16	75%	\$ 1,334.88
	0	Retiree + Spouse	2	\$ 2,133.14	75%	\$ 2,844.18	-\$64	-\$224	\$ 2,069.16	75%	\$ 2,758.86
15-19 Years	HDP		Tier	HDP	%	HDP	HDP to PPO	HDP to HDP	HDP	%	HDP
	0	Retiree (RT)	1	\$ 801.55	55%	\$ 1,457.37	-\$67	-\$123	\$ 678.62	55%	\$ 1,233.84
	0	Retiree + Spouse	2	\$ 1,653.51	55%	\$ 3,006.38	-\$136	-\$254	\$ 1,399.90	55%	\$ 2,545.26
	0	Retiree + Child(ren)	3	\$ 1,206.75	55%	\$ 2,194.09	-\$82	-\$185	\$ 1,021.66	55%	\$ 1,857.56
	0	Retiree + Family	4	\$ 1,930.36	55%	\$ 3,509.74	-\$127	-\$296	\$ 1,634.28	55%	\$ 2,971.42
	PPO		Tier	PPO	%	PPO	PPO to PPO	PPO to HDP	PPO	%	PPO
	13	Retiree (RT)	1	\$ 756.89	55%	\$ 1,376.17	-\$23	-\$78	\$ 734.20	55%	\$ 1,334.88
	2	Retiree + Spouse	2	\$ 1,564.30	55%	\$ 2,844.18	-\$47	-\$164	\$ 1,517.38	55%	\$ 2,758.86
20-24 Years	HDP		Tier	HDP	%	HDP	HDP to PPO	HDP to HDP	HDP	%	HDP
	2	Retiree (RT)	1	\$ 582.95	40%	\$ 1,457.37	-\$49	-\$89	\$ 493.54	40%	\$ 1,233.84
	1	Retiree + Spouse	2	\$ 1,202.55	40%	\$ 3,006.38	-\$99	-\$184	\$ 1,018.10	40%	\$ 2,545.26
	1	Retiree + Child(ren)	3	\$ 877.64	40%	\$ 2,194.09	-\$60	-\$135	\$ 743.02	40%	\$ 1,857.56
	0	Retiree + Family	4	\$ 1,403.90	40%	\$ 3,509.74	-\$92	-\$215	\$ 1,188.58	40%	\$ 2,971.42
	PPO		Tier	PPO	%	PPO	PPO to PPO	PPO to HDP	PPO	%	PPO
	41	Retiree (RT)	1	\$ 550.47	40%	\$ 1,376.17	-\$17	-\$57	\$ 533.96	40%	\$ 1,334.88
	14	Retiree + Spouse	2	\$ 1,137.67	40%	\$ 2,844.18	-\$34	-\$120	\$ 1,103.54	40%	\$ 2,758.86
25+ Years	HDP		Tier	HDP	%	HDP	HDP to PPO	HDP to HDP	HDP	%	HDP
	8	Retiree (RT)	1	\$ 291.47	20%	\$ 1,457.37	-\$24	-\$45	\$ 246.78	20%	\$ 1,233.84
	1	Retiree + Spouse	2	\$ 601.28	20%	\$ 3,006.38	-\$49	-\$92	\$ 509.06	20%	\$ 2,545.26
	0	Retiree + Child(ren)	3	\$ 438.82	20%	\$ 2,194.09	-\$30	-\$67	\$ 371.52	20%	\$ 1,857.56
	2	Retiree + Family	4	\$ 701.95	20%	\$ 3,509.74	-\$46	-\$108	\$ 594.28	20%	\$ 2,971.42
	PPO		Tier	PPO	%	PPO	PPO to PPO	PPO to HDP	PPO	%	PPO
	145	Retiree (RT)	1	\$ 275.23	20%	\$ 1,376.17	-\$8	-\$28	\$ 266.98	20%	\$ 1,334.88
	65	Retiree + Spouse	2	\$ 568.84	20%	\$ 2,844.18	-\$17	-\$60	\$ 551.78	20%	\$ 2,758.86
	33	Retiree + Child(ren)	3	\$ 421.54	20%	\$ 2,107.68	-\$13	-\$50	\$ 408.90	20%	\$ 2,044.46
	34	Retiree + Family	4	\$ 676.07	20%	\$ 3,380.36	-\$20	-\$82	\$ 655.80	20%	\$ 3,278.96

370

This scenario establishes a 2025 Total Monthly Rate for Pre-65 Retirees using the GBS Re-Rate and a 3% Reduction to HDHP, and a 3% Rate Reduction for the PPO plan. Retirees with less than 10 Years of Service (YOS) pay the "2025 Total Rate".

\*April 2024 census shows 370 Pre-65 Retirees, with 15 enrolled in the HDP and 355 enrolled in the PPO.

## 2025 MONTHLY CONTRIBUTION RATES ON MEDICARE-BASED RETIREE MEDICAL

4/30/24 Census	Retiree Medical Plan & Coverage Level (Post-65 Retiree, Pre-65 Retiree with Medicare)	2024 Retiree Share	Retiree Rate Change	2025 Retiree Share	2025 County Subsidy	2025 Total Rate*
	<b>MPO (Medicare Advantage PPO Plan)</b>					<b>10+ Years of Service</b>
417	Retiree (With Medicare)	236.78	-101.78	135.00	125.00	260.00
111	Retiree + Spouse (Both With Medicare)	473.56	-203.56	270.00	250.00	520.00
	<b>MPD (Medicare Advantage PPO Plan &amp; Non-Medicare Dependents)</b>					<b>&lt;10 Years of Service</b>
1	Retiree + Non-Medicare Spouse	1,919.02	-235.04	1,683.98	0.00	1,683.98
0	Retiree + Non-Medicare Child(ren)	1,182.52	-212.94	969.58	0.00	969.58
0	Retiree + Non-Medicare Family	2,455.20	-251.12	2,204.08	0.00	2,204.08
0	Family includes Spouse with Medicare	1,633.53	-403.95	1,229.58	0.00	1,229.58
	<b>MPD (Medicare Advantage PPO Plan &amp; Non-Medicare Dependents)</b>					<b>10 - 14 Years of Service</b>
0	Retiree + Non-Medicare Spouse	1,337.79	-134.79	1,203.00	480.98	1,683.98
0	Retiree + Non-Medicare Child(ren)	785.41	-118.21	667.20	302.38	969.58
0	Retiree + Non-Medicare Family	1,739.92	-146.86	1,593.06	611.02	2,204.08
0	Family includes Spouse with Medicare	1,022.19	-219.99	802.20	427.38	1,229.58
	<b>MPD (Medicare Advantage PPO Plan &amp; Non-Medicare Dependents)</b>					<b>15 - 19 Years of Service</b>
1	Retiree + Non-Medicare Spouse	1,044.19	-125.99	918.20	765.78	1,683.98
2	Retiree + Non-Medicare Child(ren)	639.11	-113.83	525.28	444.30	969.58
2	Retiree + Non-Medicare Family	1,339.08	-134.84	1,204.24	999.84	2,204.08
0	Family includes Spouse with Medicare	875.89	-215.61	660.28	569.30	1,229.58
	<b>MPD (Medicare Advantage PPO Plan &amp; Non-Medicare Dependents)</b>					<b>20 - 24 Years of Service</b>
4	Retiree + Non-Medicare Spouse	823.98	-119.38	704.60	979.38	1,683.98
1	Retiree + Non-Medicare Child(ren)	529.38	-110.54	418.84	550.74	969.58
1	Retiree + Non-Medicare Family	1,038.46	-125.82	912.64	1,291.44	2,204.08
0	Family includes Spouse with Medicare	766.16	-212.32	553.84	675.74	1,229.58
	<b>MPD (Medicare Advantage PPO Plan &amp; Non-Medicare Dependents)</b>					<b>25+ Years of Service</b>
13	Retiree + Non-Medicare Spouse	530.38	-110.58	419.80	1,264.18	1,683.98
0	Retiree + Non-Medicare Child(ren)	383.08	-106.16	276.92	692.66	969.58
3	Retiree + Non-Medicare Family	637.62	-113.80	523.82	1,680.26	2,204.08
0	Family includes Spouse with Medicare	619.86	-207.94	411.92	817.66	1,229.58

## 2025 MONTHLY CONTRIBUTION RATES ON MEDICARE-BASED RETIREE MEDICAL Cont.

4/30/24 Census	Retiree Medical Plan & Coverage Level (Post-65 Retiree, Pre-65 Retiree with Medicare)	2024 Retiree Share	Retiree Rate Change	2025 Retiree Share	2025 County Subsidy	2025 Total Rate*
119 42	<b>PMA (Medicare Advantage HMO Plan)</b>			<b>10+ Years of Service</b>		
	Retiree (With Medicare)	122.48	-50.98	71.50	58.50	130.00
	Retiree + Spouse/Child (Both With Medicare)	244.96	-101.96	143.00	117.00	260.00
0 0 0 0	<b>PMD (Medicare Advantage Plan for Retirees with Non-Medicare Dependents)</b>			<b>&lt;10 Years of Service</b>		
	Retiree + Non-Medicare Spouse	1,688.77	-134.79	1,553.98	0.00	1,553.98
	Retiree + Non-Medicare Child(ren)	952.27	-112.69	839.58	0.00	839.58
	Retiree + Non-Medicare Family	2,224.95	-150.87	2,074.08	0.00	2,074.08
	Family includes Spouse with Medicare	1,173.03	-203.45	969.58	0.00	969.58
0 0 0 0	<b>PMD (Medicare Advantage Plan for Retirees with Non-Medicare Dependents)</b>			<b>10 - 14 Years of Service</b>		
	Retiree + Non-Medicare Spouse	1,223.49	-83.99	1,139.50	414.48	1,553.98
	Retiree + Non-Medicare Child(ren)	671.11	-67.41	603.70	235.88	839.58
	Retiree + Non-Medicare Family	1,625.62	-96.06	1,529.56	544.52	2,074.08
	Family includes Spouse with Medicare	793.59	-118.39	675.20	294.38	969.58
0 0 0 0	<b>PMD (Medicare Advantage Plan for Retirees with Non-Medicare Dependents)</b>			<b>15 - 19 Years of Service</b>		
	Retiree + Non-Medicare Spouse	929.89	-75.19	854.70	699.28	1,553.98
	Retiree + Non-Medicare Child(ren)	524.81	-63.03	461.78	377.80	839.58
	Retiree + Non-Medicare Family	1,224.78	-84.04	1,140.74	933.34	2,074.08
	Family includes Spouse with Medicare	647.29	-114.01	533.28	436.30	969.58
0 0 0 0	<b>PMD (Medicare Advantage Plan for Retirees with Non-Medicare Dependents)</b>			<b>20 - 24 Years of Service</b>		
	Retiree + Non-Medicare Spouse	709.68	-68.58	641.10	912.88	1,553.98
	Retiree + Non-Medicare Child(ren)	415.08	-59.74	355.34	484.24	839.58
	Retiree + Non-Medicare Family	924.16	-75.02	849.14	1,224.94	2,074.08
	Family includes Spouse with Medicare	537.56	-110.72	426.84	542.74	969.58
0 2 0 0	<b>PMD (Medicare Advantage Plan for Retirees with Non-Medicare Dependents)</b>			<b>25+ Years of Service</b>		
	Retiree + Non-Medicare Spouse	416.08	-59.78	356.30	1,197.68	1,553.98
	Retiree + Non-Medicare Child(ren)	268.78	-55.36	213.42	626.16	839.58
	Retiree + Non-Medicare Family	523.32	-63.00	460.32	1,613.76	2,074.08
	Family includes Spouse with Medicare	391.26	-106.34	284.92	684.66	969.58

## 2025 MONTHLY CONTRIBUTION RATES ON MEDICARE-BASED RETIREE MEDICAL Cont.

689 MPO/PMA	<i>Notes: The Total Rate for MPO/PMA is the fully-insured monthly cost (insurance premium). The Total Rate for MPD/PMD is the fully-insured premium cost (insurance premium) for the person enrolled in the Medicare-based plan + the "add-on" rate for the Non-Medicare dependent coverage in the PPO Plan (self-insured accrual). For GASB considerations, the County's Subsidy on the fully-insured premium cost is capped at no more than a 3% increase over the prior year's subsidy. *The subsidy is not applicable to retirements with less than 10 years of TC service. The rates for sponsored dependents (surviving dependents of deceased retirees) are determined by the retiree's years of service and date of retirement.</i>
30 MPD/PMD	

## 2025 MONTHLY CONTRIBUTION RATES

### Employee/Retiree Dental and Vision

4/30/24 Census	Monthly EE Rate Change	EMPLOYEE & RETIREE DENTAL			
		PEB: Self-Insured Dental Plan (PEBC PPO Dental Plan: Delta Dental PPO Network & Delta Claims Administration)			
PEB Plan			Employee Contribution	Employer Contribution	Total Accrual
2014	\$5.28	Employee Only	\$40.44	\$0.00	\$40.44
533	\$9.59	Employee + Spouse	\$73.52	\$0.00	\$73.52
649	\$12.31	Employee + Child(ren)	\$94.36	\$0.00	\$94.36
459	\$16.95	Employee + Family	\$129.90	\$0.00	\$129.90
<b>3655</b>		ANT: Fully-Insured Dental Plan (PEBC DHMO Plan: Delta Dental HMO - National Network of DHMO Service Providers)			
ANT Plan			Employee Contribution	Employer Contribution	Total Provider Cost
718	\$0.00	Employee Only	\$11.94	\$0.00	\$11.94
175	\$0.00	Employee + Spouse	\$20.34	\$0.00	\$20.34
183	\$0.00	Employee + Child(ren)	\$26.84	\$0.00	\$26.84
128	\$0.00	Employee + Family	\$34.30	\$0.00	\$34.30
<b>1204</b>					

#### 2024 RATES

*Action for 2025:*  
Increase total rate by  
15% for 2025.

**Employee  
Contribution  
DPPO**  
\$35.16  
\$63.93  
\$82.05  
\$112.95

*Action for 2025:* No  
change from 2024.

**Employee  
Contribution  
DHMO**  
\$11.94  
\$20.34  
\$26.84  
\$34.30

4/30/24 Census-	Monthly EE Rate Change	EMPLOYEE & RETIREE VISION			
		VIS: Fully-Insured Vision Services Plan (PEBC Vision Plan: VSP Network of Vision Service Providers)			
VIS Plan			Employee Contribution	Employer Contribution	Total Provider Cost
2431	\$0.00	Employee Only	\$6.25	\$0.00	\$6.25
599	\$0.00	Employee + Spouse	\$11.70	\$0.00	\$11.70
674	\$0.00	Employee + Child(ren)	\$12.45	\$0.00	\$12.45
495	\$0.00	Employee + Family	\$19.40	\$0.00	\$19.40
<b>4199</b>					

*Action for 2025:* No  
change from 2024.

**Employee  
Contribution  
Vision**  
\$6.25  
\$11.70  
\$12.45  
\$19.40

***Dental and Vision Plan costs are fully-funded by Employee/Retiree premiums.***