City of Fort Worth Healthcare Plan
OPEN ENROLLMENT PLAN YEAR 2019

Presented By Human Resources Department

NO CHANGES, NO WORRIES, YOU'RE STAYING COVERED!
Important Facts

No Changes, No Worries, You're Staying Covered

Online Access To Enroll via PeopleSoft Self-Service Starts October 8

Open Enrollment Deadline for **ALL** Plans is October 24, 11:59 pm

Changes Are Effective January 1, 2019
ELIGIBILITY AND RULES
ELIGIBILITY

- Any retiree with 5 or more years of service and age 50 or older

- 60 Days to enroll in Health Insurance Plan

  ➢ After 60 day enrollment period **no one** may be added.
  ➢ Once dropped, a retiree or dependent may not be added.
Other Coverage

When would a retiree have other coverage?

- Retiree or spouse may work elsewhere
- Retiree or spouse may have Medicare

- Eligibility rules does not allow covering a spouse on the City’s plan.
- Benefits will be “Coordinated”
What is Coordination of Benefits?

• Coordination of Benefits (COB) occurs whenever a person has health insurance from more than one plan.

• One plan must be identified as “primary,” and it always pays first.

• “Primary” plan does not coordinate.

• “Secondary” plans coordinate based on level of coordination described in the plan.
Rule Instituted in 2018:
The rule states that working retirees and working retiree spouses that are younger than 65 on the Non-Medicare plan (same plan as active employees) must leave the plan as of Jan 1, 2018. They must enroll in their current employer’s plan. However, if the non-Medicare retiree or retiree spouse loses their job provided health care insurance, then the retiree can return to the city’s plan within 30 days of loss of coverage.

- If the retiree is eligible for health care coverage through their current employer
- 89% of retirees pay nothing for health coverage
- The retiree’s family must also leave the plan

- If the retiree spouse is eligible for health care coverage through their current employer
MEDICAL PLAN OPTIONS FOR 2019

United Healthcare Choice Network
**INSURANCE TERMS**

**Copayment**
A payment made by a beneficiary (especially for health services) in addition to that made by an insurer.

**Deductible**
A specified amount of money that the insured must pay before an insurance company will pay a claim.

**Coinsurance**
A type of insurance in which the insured pays a share of the payment made against a claim.

**Total Out of Pocket Maximum**
The most you have to pay for covered services in a plan year. After you spend this amount on deductibles, copayments, and coinsurance, your health plan pays 100% of the costs of covered benefits.
Same Two Plan Options For 2019

Health Center Plan
- Free primary physician care
- Provides copays for specialists and prescription drugs
- Maintains lower deductibles and out of pocket costs
- Pediatrics, obstetrics and mental health services continue with network physicians outside of health centers

Consumer Choice Plan
- High-deductible
- Health Savings Account (HSA) available to allow people to save for health costs on a pre-tax basis
- Members will be able to use the health centers at a discounted rate

All preventive care, including mammograms and colonoscopies, are free to members on both the Health Center Plan and the Consumer Choice Plan.
HEALTH CENTER
PLAN DETAILS
(Free Primary Care)
EMPLOYEE HEALTH CENTERS established through Texas Health Resources (THR)

All services at the health centers and satellite locations are FREE

Health Center available for school age children and up

Services open to all covered family members

Unlimited Health Center office visits

Control quality of care

Health Center Plan:

- Three health centers supported by five satellite locations in the North Texas area
- All members seen same or next day for sick appointments in Health Centers locations only
- Staffed with quality doctors, physician assistants and nurse practitioners
- No mandatory referrals required
- Appointments are scheduled, walk-ins or no shows are not acceptable
Health Center Providers

Downtown FW

Carla Podgurecki, M.D.

Stephen Bojan, R.N., A.G.P.C.N.P.-B.C.

Lakeworth

Juliette Fumtim, M.D.

Wondwessen Kebede, R.N., F.N.P.-B.C.

Huguley

David L Reeve M.D.

Sherrie Pierce, D.N.P., R.N., F.N.P.-C.

Satellite Centers

Cornerstone Family and Sports - Keller, Texas

 Roger L. Tolar, M.D.
 Mary P. Van Hal, M.D.

Family Medical Center Southwest - Fort Worth, Texas

 Patrick A. Conway, D.O
 Alfred T. Hulse, D.O.

Hoffman Family Practice Associates - Burleson, Texas

 John G. Hoffman, M.D
 Destiny F. Smith, R.N., F.N.P.-C.

Highlands Medical Group - Arlington, Texas

 Norma L. Escamilla, D.O.
 Brent E. Bunnell, D.O.

Texas Health Family Care – Weatherford & Willow Park, Texas

 Marina da Silva Pinto Coulter, M.D.
 Fiona Atitso, M.D.
Health Center Things To Know

- 99% of all specialist referrals go to premium providers
- New diabetes program
  - Program launched May 14th
  - Free supplies (strips, meters, lancets)
- Over 40 FREE generic medications are available through the Health Center
- New services scheduled to be added in 2019
5 Satellite Locations

- Convenient locations all around North Texas
- All locations available to employees, retirees and their dependents
- Not held to same metrics as dedicated Health Centers, which are guaranteed to offer exclusive services to city employees.
- In most cases they may not have same or next day appointments, but will still be 100% covered with no co-pay or co-insurance required for those on the Health Center plan.

1. Cornerstone Family and Sports
   100 Bouland Road, Suite 170, Keller, TX 76248
2. Family Medical Center South West
   7001 Granbury Rd, Fort Worth
3. Hoffman Family Practice Associates PA
   2730 SW Wilshire Blvd, Burleson
4. Highlands Medical Group– Arlington
   400 W. Arbrook Suite 240, Arlington, TX 76014
5. Texas Health Family Care – Willow Park
   101 Crown Point Blvd., Ste 200 Willow Park, TX 76087
Tiered Physician Network

Primary Care (Family Medicine, Internists, OB/Gyn, Pediatricians)
- All Health Center services are FREE
- Premium Care Designated Physicians includes = $60 co-pay
- Non Premium Care Designated Physicians = $60 co-pay + deductible and co-insurance

Specialists (All other physicians)
- Premium Care Designated Physicians = $75 co-pay
- Non Premium Care Designated Physicians = $100 co-pay + deductible and co-insurance
Physician designations are displayed publically on UnitedHealthcare's physician directories found on www.myuhc.com® or employees and retirees can always call to confirm before their appointment that the specialist is a premium care physician.

Please note: The list of premium care physicians is evaluated and updated every year in January.
Please note: Lists are updated every year in January.

Premium Care Physicians

Specialist Categories

- Family Medicine
- Internal Medicine
- Obstetrics & Gynecology
- Pediatrics
- Allergy
- Cardiology
- ENT
- Endocrinology
- Gastroenterology
- General Surgery
- Neurology
- Neurosurgery, Orthopedics & Spine
- Nephrology
- Pulmonology
- Rheumatology
- Urology
Flexible Spending Accounts

- Contribute funds tax free
- Not paired with insurance
- Pay for out-of-pocket expenses
  - Medical FSA – Maximum Contribution $2,550
  - Dependent Care FSA – Maximum Family Contribution $5,000
  - Adoption FSA – Maximum Contribution $13,400
- Rollover
  - $500 Medical FSA rolls over
  - Dependent Care and Adoption do not roll over
Qualified Expenses

- Medical
- Dental
- Vision
- Chiropractor
- Prescriptions
- Some over-the-counter first aid supplies
CONSUMER CHOICE
PLAN DETAILS

(HSA Tax Savings Benefit)
Consumer Choice Plan

Physicians Network
- Full access to UHC network, but receive benefit for Premium Designated Doctors
- No referrals needed for specialists
- Can still use the Health Center at a reduced cost

Co-pay/Co-insurance
- Deductible remains at $2,700 individual/$5,400 family
- Out of pocket maximums remains at $6,550 individual/$13,000 family
- Pharmacy – deductible, then 20% co-insurance up to Out-of-Pocket maximum

Contributions
- City contributes $540/$1,000
- Premiums lower than Health Center Plan
Health Savings Accounts

- Consumer Choice Plan - High Deductible Health Plan
- Health Savings Account (HSA)
- Discovery Benefits
- City Contribution:
  - $540 employee
  - $1,000 family coverage
Health Savings Accounts

- Pre-tax dollars to pay for out-of-pocket health care expenses
  - You own the account
  - No documentation needed
  - Grow your account through investments
- Funds rollover from year to year
- Doubles as a retirement account
  - Withdrawal funds without a penalty at age 65 for non-medical expenses (taxes apply)
### 2019 Summary of Medical Plan Benefits

<table>
<thead>
<tr>
<th>Plan Features</th>
<th>Health Center Plan</th>
<th>Consumer Choice Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Deductible</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>· Individual</td>
<td>$1,500</td>
<td>$2,700</td>
</tr>
<tr>
<td>· Family</td>
<td>$3,000</td>
<td>$5,400</td>
</tr>
<tr>
<td><strong>Total Out of Pocket Max</strong> – including deductibles, copays, coinsurance, prescription deductible, prescription copays</td>
<td></td>
<td></td>
</tr>
<tr>
<td>· Individual</td>
<td>$6,000</td>
<td>$6,550</td>
</tr>
<tr>
<td>· Family</td>
<td>$12,000</td>
<td>$13,000</td>
</tr>
</tbody>
</table>

**Physician Office Visit**

- PCP (At Health Center) - $0 copay
  - Consumer Choice Plan = $60 per visit
- OBGYN/Peds (Premium Provider) - $60 copay
  - 20% after deductible
- Specialist (Premium Provider) - $75 copay
  - 20% after deductible
- PCP (Premium Provider) - $60 copay
  - 20% after deductible
- PCP (Not Premium Provider) - $60 copay plus 20% after deductible
  - 20% after deductible
- OBGYN/Peds (Not Premium Provider) - $60 copay plus 20% after deductible
  - 20% after deductible
- Specialist (Not Premium Provider) - $100 copay plus 20% after deductible
  - 20% after deductible

**Virtual Visits**
- Free on the Health Center Plan
- Low cost on the Consumer Choice Plan

**Emergency Room visits – for true emergencies only**
- $500 copay (waived if admitted)
  - 20% after deductible

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Choosing a Premium Provider means a lower copay and out of pocket costs.

Urgent Care:
- Health Center Plan = $75
- Consumer Choice Plan = 20% after deductible

Non-emergency use of emergency rooms will be:
- Health Center Plan = $500 then 50% after deductible
- Consumer Choice Plan = 50% after deductible

Virtual Visits are free on the Health Center Plan and low cost on the Consumer Choice Plan.
PLAN RATES

(Premium Per Month)
Monthly Retiree Rates

- Non-Medicare
- Split Benefit Set
- Medicare
**Compare Costs**

Chart below shows rates for those hired prior to Oct. 5, 1988 or after Oct. 5, 1988 with 25+ years of service

<table>
<thead>
<tr>
<th></th>
<th>Health Center Plan</th>
<th>Consumer Choice Plan</th>
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<tbody>
<tr>
<td></td>
<td>Total Monthly Premium</td>
<td>Total Monthly Premium</td>
</tr>
<tr>
<td>Retiree only</td>
<td>$1,031.03</td>
<td>$877.65</td>
</tr>
<tr>
<td>Retiree + spouse</td>
<td>$2,261.29</td>
<td>$2,178.37</td>
</tr>
<tr>
<td>Retiree + child(ren)</td>
<td>$1,847.08</td>
<td>$1,571.37</td>
</tr>
<tr>
<td>Retiree + family</td>
<td>$3,326.41</td>
<td>$2,828.73</td>
</tr>
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<table>
<thead>
<tr>
<th></th>
<th>Retiree Contribution*</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Retiree only</td>
<td>$50*</td>
<td>$0*</td>
</tr>
<tr>
<td>Retiree + spouse</td>
<td>$668.13*</td>
<td>$525.41*</td>
</tr>
<tr>
<td>Retiree + child(ren)</td>
<td>$382.92*</td>
<td>$788.12*</td>
</tr>
<tr>
<td>Retiree + family</td>
<td>$977.20*</td>
<td>$788.12*</td>
</tr>
</tbody>
</table>

*Total monthly premium contributions reflect the completion of the Member Health Assessment, tobacco affidavit and annual physical. Contribution amounts will vary if these three requirements are not met. All rates listed online.
Chart below shows rates for those hired after Oct. 5, 1988 and years of service between 15 and 24 years

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URGENT CARE
VS.
EMERGENCY
Emergency Room Use

- Past health plan analysis revealed 1/3 of all visits made to the ER by employees and non-Medicare retirees on the city’s current plan were for non-emergencies issues.

- To continue discouraging non-emergency ER visits copays will remain the same in 2019:
  - $500 copay for emergency room visits (but will be waived if admitted to the hospital)
  - $500 copay + 50% coinsurance after deductible if the visit is a non-emergency issue

All stand alone emergency rooms are out of network
(any emergency room not connected to an actual hospital)
In Person Urgent Care Options

Convenient access for minor, non-emergent health issues

- Urgent Care Clinics - CareNow
- Convenience Care Clinic - Minute Clinics

Examples include:

- Common infections
  - Urinary tract infections
  - Sore or strep throat
  - Earaches/Ear infections
  - Pink eye

- Allergies, cold and flu
  - Minor Fevers
  - Nasal congestion
  - Upset stomach
  - Sprains and strains

Common infections:
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- Upset stomach
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Online or Mobile Urgent Care Options

Alternatives to Emergency Rooms for Non-Emergency Issues:

- Telemedicine (Virtual Visit) – 24/7
  - **FREE** (Health Center Plan)
  - $49 (Consumer Choice Plan)

- Nurse line open – 24/7
Getting the information you need is easy

1. Register and sign on to myuhc.com®
2. Call the number on the back of your health plan ID card
3. Use the Health4Me™ mobile app
PHARMACY PLAN

Provider OptumRx
## Pharmacy Benefits - OptumRx

<table>
<thead>
<tr>
<th>Health Center Plan</th>
<th>Consumer Choice Plan</th>
<th>Mail Order</th>
</tr>
</thead>
<tbody>
<tr>
<td>• $100 Deductible, then Copays</td>
<td>• Deductible, then Coinsurance</td>
<td>• OptumRx Mail Order</td>
</tr>
<tr>
<td>• Maintenance Medications through Walgreens (retail) or</td>
<td>• Medications through Walgreens (retail)</td>
<td>• 90 day supply</td>
</tr>
<tr>
<td>• Select90 Program for Maintenance Medications</td>
<td>• Select90 Program for Maintenance Medications</td>
<td></td>
</tr>
</tbody>
</table>
# Health Center Pharmacy Plan

<table>
<thead>
<tr>
<th></th>
<th>Retail</th>
<th>Mail Order/Select 90</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generic</td>
<td>20% coinsurance, $10 min/$20 max</td>
<td>20% coinsurance, $25 min/$50 max</td>
</tr>
<tr>
<td>Brand Formulary</td>
<td>20% coinsurance, $30 min/$50 max</td>
<td>20% coinsurance, $75 min/$125 max</td>
</tr>
<tr>
<td>Brand Non-Formulary</td>
<td>20% coinsurance, $50 min/$70 max</td>
<td>20% coinsurance, $125 min/$175 max</td>
</tr>
<tr>
<td>Specialty</td>
<td>20% coinsurance, $200 max</td>
<td>20% coinsurance, $200 max</td>
</tr>
</tbody>
</table>

- **No change to Consumer Choice Pharmacy Plan**
- **Maintenance medications still obtained through mail order or Walgreens**
WELLNESS PROGRAM

NEW BRANDING VIVERAE to SimplyWell
Wellness Program

Main Program – Premium Incentive

- Complete a Member Health Assessment (MHA) questionnaire
- Complete the Tobacco Affidavit or Alternative (TOB)
- Obtain Annual Physical, and submit the Physician Screening Form (PSF)
- $0-$100/Month on Premium

Purpose of Program

- Know your numbers
- Have a relationship with a health care provider who knows you
- Better insure gaps in care are addressed

Go to www.fortworthtexas.gov/wellness
Classes
- Fit Camp
- Full Body Fitness
- Yoga
- Zumba

Workshops
- UHC Diabetes Discussion Groups with Nurse Amy
- Financial Wellness Workshop
- TIAA – Managing Income and Debt

Seminars/Webinars
- Natural Grocers – “Make Your Next Plate Great”
- Airrosti – Lunch & Learns – Tech Neck
- Right Step – Opioids in the Workplace
- THR Seminars with Physicians

Special Challenges & Events
- Blood Drives
- Health, Safety & Benefits (HSBF)
- Walk Across Texas (WAT)
- Heart Walk

http://roundup.fortworthtexas.gov/wellness/
SURGERYPLUS

(Option for Non-Emergent Surgeries)
Most Common Procedures
Over Hundreds of Non-Emergent Procedures are Covered

Knee:
- Knee Replacement
- Knee Replacement Revision
- Knee Arthroscopy
- ACL/MCL/PCL Repair

Spine:
- Laminectomy / Laminotomy
- ALIF / PLIF / ACDF
- 360 Spinal Fusion
- Artificial Disk

Wrist & Elbow:
- Elbow Replacement
- Elbow Fusion
- Wrist Fusion
- Wrist Replacement
- Carpal Tunnel Release

Foot & Ankle:
- Bunionectomy
- Hammer Toe Repair
- Ankle Arthroscopy
- Ankle Replacement

Hip:
- Hip Replacement
- Hip Replacement Revision
- Hip Arthroscopy

General Surgery:
- Gallbladder Removal
- Hernia Repair
- Thyroidectomy

Genitourinary:
- Hysterectomy
- Tubal Ligation
- Bladder Repair

To learn more, call the City of Fort Worth’s dedicated line at 1-855-200-9508 or visit www.MySurgeryPlus.com/CFW
DENTAL PLANS

Provider Delta Dental
Dental Benefits

4 PLAN OPTIONS

- DeltaCare TX15A
- DPPO or Premiere Networks
- DeltaCare TXM74
- DPPO or Premiere Networks
DPPO
Plan Similarities

• You can use any Dentist in the US
• $50 deductible per person
• No referrals needed for specialty care
• Claims must be filed for payment
• Balance bill exposure for services by out of network providers
## Delta Dental Benefits – DPPO

<table>
<thead>
<tr>
<th></th>
<th>Dental PPO (DPPO)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>DDPO - Low Option*</td>
</tr>
<tr>
<td>Deductible</td>
<td>$50 per person/$150 per family</td>
</tr>
<tr>
<td>Annual Maximum</td>
<td>$1,000 per person</td>
</tr>
<tr>
<td>Provider</td>
<td>Unlimited - PPO Network available</td>
</tr>
<tr>
<td>Preventive &amp; Diagnostic Care</td>
<td>Plan pays 100% with no deductible</td>
</tr>
<tr>
<td>Basic Restorative Care</td>
<td>Plan pays 50%</td>
</tr>
<tr>
<td>Major Restorative Care</td>
<td>Plan pays 50%</td>
</tr>
<tr>
<td>Orthodontia</td>
<td>NOT COVERED</td>
</tr>
</tbody>
</table>

*You may be balance billed for going to a non-Delta Dental PPO network dentist. You will be billed the difference between the PPO fee and the Delta Dental Premier dentist fee or the Out-of-Network dentist fee.*
DHMO
High & Low Plan Similarities

DeltaCare

- No deductibles or calendar-year maximums
- Must use contracted Dentists & choose a PCD
- Pediatric dentist for children up to age 8
- Orthodontic coverage is included for adults & children
# Delta Dental Benefits - DHMO

<table>
<thead>
<tr>
<th></th>
<th>DeltaCare Prepaid (DHMO)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>DHMO - Low Option</td>
</tr>
<tr>
<td><strong>Deductible</strong></td>
<td>None</td>
</tr>
<tr>
<td><strong>Annual Maximum</strong></td>
<td>None</td>
</tr>
<tr>
<td><strong>Provider</strong></td>
<td>Member must use participating provider</td>
</tr>
<tr>
<td><strong>Preventive &amp; Diagnostic Care</strong></td>
<td>You pay fixed copayments according to the plan's schedule of benefits</td>
</tr>
<tr>
<td><strong>Basic Restorative Care</strong></td>
<td>You pay fixed copayments according to the plan's schedule of benefits- Specialist referral is required under this plan.</td>
</tr>
<tr>
<td><strong>Major Restorative Care</strong></td>
<td>You receive a 25% discount to see a specialist and a referral is required under this plan.</td>
</tr>
<tr>
<td><strong>Orthodontia</strong></td>
<td>You pay fixed copayments according to the plan's schedule of benefits</td>
</tr>
</tbody>
</table>
HEALTHCARE STARTS WITH COMPASS.
How Compass Takes Care of You

UNDERSTAND YOUR BENEFITS
Receive guidance in understanding your benefits throughout the year.

SAVE MONEY ON MEDICAL CARE
Get price comparisons before receiving care. Depending on doctor, hospital or facility, costs can vary by hundreds or thousands of dollars—even in-network.

GET HELP WITH MEDICAL BILLS
Have your medical bills reviewed to make sure you are not overcharged.

FIND A GREAT DOCTOR
Find the best doctors, dentists & eye-care professionals in your area and network that meet your preferences & healthcare needs.

PAY LESS FOR PRESCRIPTIONS
Let Compass compare medication prices and explore lower cost options for you.
Moved recently or looking for a new provider? We’ll find great doctors, dentists and eye care professionals for you and your family.

Upcoming medical procedure? We’ll estimate your out-of-pocket cost to ensure you pay a fair price.

Tired of overpaying for brand-name prescriptions? Let Compass research the most cost-effective options for the prescriptions you’re taking.

Wondering if a medical bill is correct? We’ll make sure you’re not overbilled.

Monday through Friday 8am – 6pm Central
HELP/COMMUNICATIONS
WHERE TO FIND MORE INFORMATION
Go online to the Open Enrollment page

On the city’s webpage you can learn more about:

✓ Plan Comparisons
✓ Plan Design
✓ Open Enrollment Meeting Dates
✓ Healthcare Vendors
✓ Frequently Asked Questions (FAQs)
NEW THIS YEAR
ONLINE ENROLLMENT!

ALL RETIREES
MUST CREATE AN ACCOUNT
TO USE THE PEOPLESOFT SELF-SERVICE
CREATE AN ACCOUNT

Click the "Enroll Now" Button To Get Started

There are step-by-step instructions are online

http://fortworthtexas.gov/files/0df2a2bc-5829-44d8-8dee-bb161edf48dd.pdf
Online Enrollment

- Enroll from any desktop or laptop:
  
  http://fortworthtexas.gov/openenrollment/retirees/

- Use your six (6) digits ID employee number to enroll. If your number is not six digits, place zeros in front of the number. For example 001234 or 012345.

- Online enrollment help available:
  - Kiosk in HR Benefits Office: Monday - Friday
    
    8:00 AM – 5:00 PM
Waiving Medical Coverage

1. If carrying no other medical coverage you may face a potential tax penalty

2. Once coverage is dropped you cannot rejoin the plan

   *Note: unless you are a working retiree coming back to the plan within 30 days of loss of other coverage from an employer*

3. You must sign an additional waiver form
City of Fort Worth HR Benefits Office
200 Texas Street, Fort Worth, TX 76102
City Hall, Lower Level
817-392-7782 phone
817–392-2624 fax
benefits@fortworthtexas.gov
QUESTIONS