

# Florida School Retiree Benefits Consortium

## 2022 Annual Enrollment Guide



**POLK COUNTY**  
**PUBLIC SCHOOLS**  
STUDENTS FIRST



### Want to Learn More?

Attend one of FSRBC's Weekly Virtual Classrooms!  
The FSRBC Virtual Classroom provides you with the opportunity to learn more about Medicare, what Medicare medical plans FSRBC has to offer, and ask questions based on your unique situation!

Visit

<https://myfsrbc.com/>

to view the schedule and RSVP Today!

# Welcome to your FSRBC 2022 Enrollment Guide

The Florida School Retiree Benefits Consortium (FSRBC) is committed to providing Retirees of participating Districts with a program that is both comprehensive and competitive. FSRBC provides Medicare-eligible retirees with access to high-quality Medicare Medical, Dental, and Vision plans tailored especially for those age 65 or older, who have retired from the Florida public school system.

## Who is FSRBC?

The FSRBC was established in 2012, under the Florida Statute 163.01, to provide benefits for Retirees and Dependents eligible for Medicare. Since its inception, FSRBC has grown and is now comprised of 19 School Districts throughout Florida and provides coverage to over 16,000 school district retired employees.

**Retirees benefit from the Consortium’s collective purchasing power by gaining access to be better than average Medicare plans. Also, retirees’ health insurance subsidy dollars are not considered taxable income by FRS, so you could save as much as \$270 a year in taxes.**

FSRBC is able to offer Group Medicare Advantage Plans with Prescription Drug at a National rate, which do not require medical underwriting (unlike Medicare Supplement plans). Each year, FSRBC works with carriers to review group plan offerings to customize, as needed, based on Retiree needs.

## Who is eligible for FSRBC?

**Medicare Medical Plans**—Currently, Medicare-eligible retirees and Medicare-eligible spouses from participating Districts that are enrolled in Medicare Parts A and B.

**Dental and Vision Plans**—If a retiree is enrolled in FSRBC, their spouse and dependents may also enroll in a dental and vision plan.

## What’s in this Guide?

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# Medicare Medical Plan Basics

## Let's Start with the Basics:

### Original Medicare Plans

**Part A** **Medicare Part A**  
**Hospital Insurance**

Covers inpatient hospital care, skilled nursing facility, hospice, lab tests, surgery and home health care. However there are additional out of pocket costs.

**Part B** **Medicare Part B**  
**Medical Insurance**

Covers other medical benefits like clinical research, ambulance services, durable medical equipment, mental health services, partial hospitalization, second opinions before surgery, and limited outpatient prescription drugs. However there are additional out of pocket costs and no prescription drug coverage.

### FSRBC Medicare Medical Plans

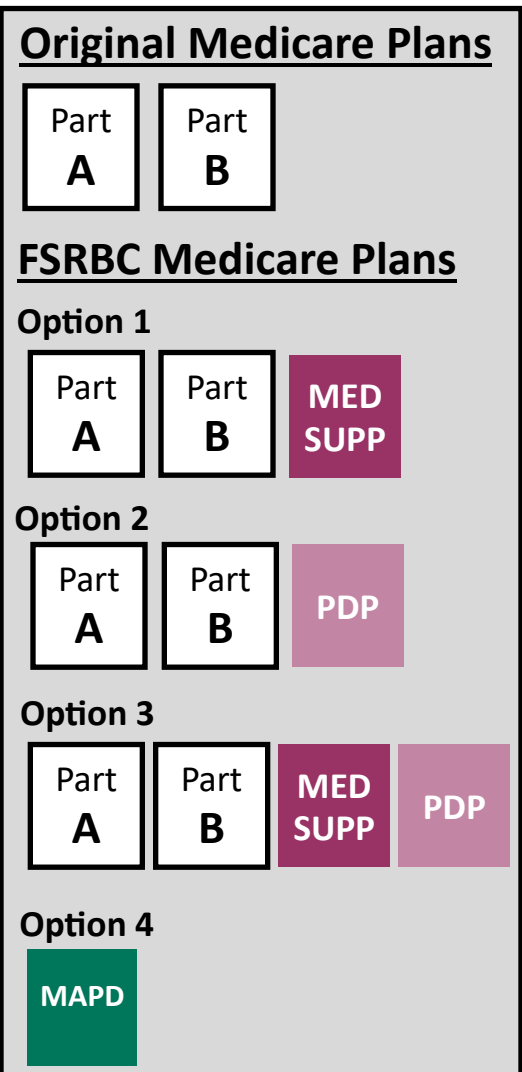
While Medicare Parts A and B help cover most hospital and medical costs, for many people its just not enough. You can buy additional insurance through FSRBC's carrier partners to help cover the gaps in Original Medicare.

**MED SUPP** **Medicare Supplement (MedSupp, Medigap)**  
Covers most of the expenses not paid by Medicare Parts A and B

**PDP** **Prescription Drug (Part D, PDP)**  
Covers most out-of-pocket prescription drug expenses

**MAPD** **Medicare Advantage Including Prescription Drug (Part C, MAPD)**  
Medicare Advantage plans combine Parts A and B (Original Medicare) into one comprehensive plan. Advantage plans function similarly to an employer HMO or PPO plan. All FSRBC Advantage plans include prescription drug coverage.

To learn more, please visit <https://myfsrbc.com> and watch our Medicare Educational Videos or participate in a virtual classroom



\*You cannot have a Medicare Advantage Plan and a Medicare Supplement Plan at the same time. Additional information is available to all Medicare recipients in the Medicare & You handbook available at <https://www.medicare.gov/medicare-and-you/medicare-and-you.html>. Medicare has neither approved nor endorsed this information.

# Choosing a Medicare Plan

## Determine Your Medical Needs:

- Have you developed a chronic condition?
- Are you seeking Medical services more or less frequently?
- Do you have any surgeries scheduled in the near future?
- Do you take prescription drugs?
- Does your prescription drug coverage cover your medications?
- Would you benefit from a prescription drug plan with copays in the Coverage Gap (donut hole) phase?

## Determine Your Financial Impact:

- Would you prefer to pay a smaller monthly premium and more out of pocket at time of service or a larger monthly premium and less out of pocket (OOP) at time of service?
- What is the highest monthly premium you're willing to pay?

## Determining Your Financial Impact Example:

Lower Premium / Higher OOP		
Medicare Advantage with Prescription Drug (MAPD)—Plans vary by district		
Low: \$0 Premium	Medium: \$70-\$200	High: \$200+
Humana Zero Premium United Healthcare PPO Plus	Aetna Basic United Healthcare Low Premium PPO United Healthcare Comprehensive PPO	Aetna Enhanced Florida Blue Group PPO Humana Comprehensive PPO United Healthcare Premier PPO
<b>Total: \$0</b>	<b>Total \$70—\$200</b>	<b>Total: \$200+</b>

Higher Premium / Lower OOP		
Combined MedSupp / PDP – MedSupp Varies by Zip, Age, and Health Status		
Medicare Supplement* - Individually Rated		
Low: ~\$150	Medium: \$150-\$180	High: \$180-\$225
Plan A	Plan N	Plan F or Plan G
Prescription Drug Plan (PDP/Rx) - Plans vary by district		
Low: \$0—\$130 Premium	Medium: \$125—\$200	High: \$200+
United Healthcare AARP Saver Plus PDP United Healthcare AARP Preferred PDP United Healthcare Comprehensive PDP	Cigna Basic PDP	Cigna High PDP United Healthcare Premier PDP
<b>Total: ~\$150—\$280</b>	<b>Total: \$275- \$380</b>	<b>Total: \$380 - \$425</b>

\*Medicare Supplement rates illustrated are average rates for an Age 65, Male, Non-Smoker

# Choosing a Medicare Plan

## Example:

If you are a new retiree and are currently enrolled in your employer's plan, below is an example to show how the typical services covered by your employer's plan may compare to the FSRBC Medicare plans. These could vary depending on plan type and carrier. Please refer to specific plan documents to review covered benefits.

Medical Benefit	Employer	Original Medicare		FSRBC Plans		
	Traditional Employer PPO	Part A	Part B	MAPD	MED SUPP	PDP
Office Visits	✓		✓	✓	✓	
Inpatient Hospital Care	✓	✓		✓	✓	
Skilled Nursing Facility	✓	✓		✓	✓	
Hospice Care	✓	✓		✓	✓	
Home Health Care	✓	✓	✓	✓	✓	
Outpatient Care	✓		✓	✓	✓	
Durable Medical Equipment	✓		✓	✓	✓	
Preventative Services	✓		✓	✓	✓	
Labs & Imaging	✓	✓		✓	✓	
<b>Prescription Drugs</b>	✓			✓		✓





# FSRBC Medicare Plans

## What Medicare plans are offered by FSRBC?

### Medicare Advantage with Prescription Drug Plans (MAPD)

- Available in all districts
- Similar to a traditional employer PPO or HMO Plan
- Wide range of plan costs to fit your budget
- Prescription Drug benefits included

### 2022 Medicare Advantage Prescription Drug (MAPD)

District(s) Offered	Carrier	Plan Name	2022 Monthly Premium per Retiree
All Districts	United Healthcare	Group National PPO	\$0.00
		Low Premium National PPO	\$66.25
		Comprehensive National PPO	\$199.19
		Premier National PPO	\$352.66
Polk	Florida Blue	Low PPO (no new enrollments)	\$159.80
		Group PPO	\$347.58



# FSRBC Medicare Advantage Plans

## Below plans are available in All Districts

The below comparison is for illustrative purposes only and shows the amount you pay for each service. For additional plan details and out-of-network benefits please visit <https://myfsrbc.com/>

	United Healthcare Premier National PPO	United Healthcare Comprehensive National PPO	United Healthcare Low National PPO	United Healthcare National PPO (13944)
	In Network	In Network	In Network	In Network
<b>Calendar Year Deductible CYD</b>	\$0	\$250	\$400	\$0
<b>Medical OOP max</b>	\$2,500	\$6,700	\$6,700	\$4,000
<b>Coinsurance</b>	20%	20%	20%	5%
<b>Physician Office visits</b>				
PCP	\$5	\$20	\$25	\$10
Specialist	\$15	\$30	\$45	\$35
<b>Hospital Services</b>				
ER copay	\$65	\$65	\$65	\$90
Urgent care copay	\$35	\$35	\$35	\$35
<b>Outpatient Services</b>				
Hospital	\$15	20%	20%	5%
Surgery	\$15	20%	20%	5%
<b>Rx Copays</b>	67,000 Pharmacies Participating			
<b>Deductible</b>	<b>\$0</b>	<b>\$0</b>	<b>\$480</b>	<b>\$0</b>
<b>Part D Initial Coverage Level Limit \$4,430</b>	30-day	30-day	30-day	30-day
Tier 1 (Preferred Generic)	N/A	N/A	25%	\$15
Tier 2 (Generic)	\$5	\$7	25%	\$15
Tier 3 (Preferred Brand)	\$30	\$40	25%	\$47
Tier 4 (Non-Preferred Brand)	\$60	\$90	25%	\$100
Tier 5 (Specialty)	\$80	\$90	N/A	\$100
<b>Part D Coverage Gap Total-out-of-pocket \$7,050</b>				
Tier 1 (Preferred Generic)	N/A	N/A	25%	25%
Tier 2 (Generic)	\$5	\$7	25%	25%
Tier 3 (Preferred Brand)	\$30	\$40	25%	25%
Tier 4 (Non-Preferred Brand)	\$60	\$90	25%	25%
Tier 5 (Specialty)	\$80	\$90	25%	25%
<b>Part D Coverage Catastrophic (&gt;\$7,050)</b>				
Tier 1 (Preferred Generic)	N/A	N/A	Greater of \$3.95 or 5%	Greater of \$3.95 or 5%
Tier 2 (Generic)	Lesser of \$3.95 or 5%	\$0	Greater of \$9.85 or 5%	Greater of \$9.85 or 5%
Tier 3 (Preferred Brand)	Lesser of \$9.85 or 5%	\$0	Greater of \$9.85 or 5%	Greater of \$9.85 or 5%
Tier 4 (Non-Preferred Brand)	Lesser of \$9.85 or 5%	\$0	Greater of \$9.85 or 5%	Greater of \$9.85 or 5%
Tier 5 (Specialty)	Lesser of \$9.85 or 5%	\$0	N/A	Greater of \$9.85 or 5%
<b>2022 Monthly Premium</b>				
Retiree Only	<b>\$352.66</b>	<b>\$199.19</b>	<b>\$66.25</b>	<b>\$0.00</b>

Please note the above chart provides an overview of benefits. For additional details about your benefits please refer to the individual plan document provided by the carrier. If any discrepancy exists between this guide and the official documents, the official documents will prevail.

# FSRBC Medicare Advantage Plans

## Below plans are ONLY available in Polk County

The below comparison is for illustrative purposes only and shows the amount you pay for each service. For additional plan details and out-of-network benefits please visit <https://myfsrbc.com/>

	Florida Blue LPO (no new enrollments accepted)	Florida Blue PPO1 RX1
	In Network	In Network
<b>Calendar Year Deductible CYD</b>	\$0	\$0
<b>Medical OOP max</b>	\$5,900	\$1,000
<b>Coinsurance</b>	20%	20%
<b>Physician Office visits</b>		
PCP	\$5	\$10
Specialist	\$45	\$30
<b>Hospital Services</b>		
ER copay	\$75	\$75
Urgent care copay	\$10	\$30
<b>Outpatient Services</b>		
Hospital	\$75	\$75
Surgery	\$150	\$150
<b>Rx Copays</b>	Preferred Retail Network	Preferred Retail Network
<b>Deductible</b>	<b>\$295</b>	<b>\$0</b>
<b>Part D Initial Coverage Level Limit \$4,430</b>	30-day	30-day
Tier 1 (Preferred Generic)	\$12	\$5
Tier 2 (Generic)	\$13	\$5
Tier 3 (Preferred Brand)	\$40	\$35
Tier 4 (Non-Preferred Drug)	\$93	\$65
Tier 5 (Specialty)	26%	\$110
<b>Part D Coverage Gap Total-out-of-pocket \$7,050</b>		
Tier 1 (Preferred Generic)	25%	\$5
Tier 2 (Generic)	25%	\$5
Tier 3 (Preferred Brand)	25%	\$35
Tier 4 (Non-Preferred Drug)	25%	\$65
Tier 5 (Specialty)	25%	\$110
<b>Part D Coverage Catastrophic (&gt;\$7,050)</b>		
Tier 1 (Preferred Generic)	Greater of \$3.95 or 5%	Greater of \$3.95 or 5%
Tier 2 (Generic)	Greater of \$9.85 or 5%	Greater of \$9.85 or 5%
Tier 3 (Preferred Brand)	Greater of \$9.85 or 5%	Greater of \$9.85 or 5%
Tier 4 (Non-Preferred Drug)	Greater of \$9.85 or 5%	Greater of \$9.85 or 5%
Tier 5 (Specialty)	Greater of \$9.85 or 5%	Greater of \$9.85 or 5%
<b>2022 Monthly Premium</b>		
Retiree Only	<b>\$159.80</b>	<b>\$347.58</b>

Please note the above chart provides an overview of benefits. For additional details about your benefits please refer to the individual plan document provided by the carrier. If any discrepancy exists between this guide and the official documents, the official documents will prevail.



# FSRBC Medicare Plans

## What Medicare plans are offered by FSRBC?

### Prescription Drug Plans (PDP)

- Available in all districts
- Provides coverage solely for Prescription Drugs
- Can enroll in a PDP with Original Medicare or in conjunction with a Medicare Supplement plan

2022 Prescription Drug Plans			
District(s) Offered	Carrier	Plan Name	2022 Monthly Premium per Retiree
All Districts	United Healthcare	Comprehensive PDP	\$125.58
		Premier PDP	\$310.94
		AARP Saver Plus (FL rate)	\$63.20
		AARP Preferred (FL rate)	\$101.20

### Medicare Supplement Plans (MedSupp)

- Available in all districts
- Additional medical coverage to supplement Medicare Parts A and B
- Prescription drug benefits NOT included, highly recommended to also enroll in a Prescription Drug Plan

2022 Medicare Supplement Plans			
District(s) Offered	Carrier	Plan Name	2022 Monthly Premium per Retiree
All Districts	United Healthcare	Plan A, F, G, and N	Cost varies based on age, gender, zip code and health status. Monthly Premium will be provided during enrollment process.

\*Per the Center for Medicare Services (CMS), only those who became Medicare-eligible prior to 01/01/2020 are able to newly enroll in Plan F.

# FSRBC Medicare Supplemental & PDP Plans

## Below plans are available in All Districts

The below comparison is for illustrative purposes only and shows the amount you pay for each service. For additional plan details and out-of-network benefits please visit <https://myfsrbc.com/>

	UHC Plan G	UHC Plan G	UHC Plan G	UHC Plan G
	AARP Rx Preferred	AARP Rx Saver Plus	Comprehensive Rx	Premier Rx
	In Network	In Network	In Network	In Network
<b>Part B Deductible—2022</b>	\$203	\$203	\$203	\$203
<b>Medical OOP max</b>	\$0	\$0	\$0	\$0
<b>Coinsurance</b>	0%	0%	0%	0%
<b>Physician Office visits</b>				
PCP	\$0	\$0	\$0	\$0
Specialist	\$0	\$0	\$0	\$0
<b>Hospital Services</b>				
ER copay	\$0	\$0	\$0	\$0
Urgent care copay	\$0	\$0	\$0	\$0
<b>Outpatient Services</b>				
Hospital	\$0	\$0	\$0	\$0
Surgery	\$0	\$0	\$0	\$0
<b>Rx Copays</b>	Standard Network		67,000 Pharmacies Participate	
<b>Deductible</b>	<b>\$0</b>	<b>\$480</b>	<b>\$0</b>	<b>\$0</b>
<b>Part D Initial Coverage Level Limit \$4,430</b>	30-day	30-day	30-day	30-day
Tier 1 (Preferred Generic)	\$5	\$1	N/A	N/A
Tier 2 (Generic)	\$10	\$11	\$10	\$7
Tier 3 (Preferred Brand)	\$45	\$42	\$45	\$30
Tier 4 (Non-Preferred Brand)	40%	40%	\$75	\$60
Tier 5 (Specialty)	33%	25%	33%	\$75
<b>Part D Coverage Gap Total-out-of-pocket \$7,050</b>				
Tier 1 (Preferred Generic)	25%	25%	N/A	N/A
Tier 2 (Generic)	25%	25%	\$10	\$7
Tier 3 (Preferred Brand)	25%	25%	25%	\$30
Tier 4 (Non-Preferred Brand)	25%	25%	25%	\$60
Tier 5 (Specialty)	25%	25%	25%	\$75
<b>Part D Coverage Catastrophic (&gt;\$7,050)</b>				
Tier 1 (Preferred Generic)	Greater of \$3.95 or 5%	Greater of \$3.95 or 5%	N/A	N/A
Tier 2 (Generic)	Greater of \$3.95 or 5%	Greater of \$3.95 or 5%	Greater of \$3.95 or 5%	Greater of \$3.95 or 5%
Tier 3 (Preferred Brand)	Greater of \$9.85 or 5%	Greater of \$9.85 or 5%	Greater of \$3.95 or 5%	Greater of \$3.95 or 5%
Tier 4 (Non-Preferred Brand)	Greater of \$9.85 or 5%	Greater of \$9.85 or 5%	Greater of \$9.85 or 5%	Greater of \$9.85 or 5%
Tier 5 (Specialty)	Greater of \$9.85 or 5%	Greater of \$9.85 or 5%	Greater of \$9.85 or 5%	Greater of \$9.85 or 5%
2022 Monthly Premiums— UHC Plan G (based on 65 year old female, zip code 33472)	\$255.44	\$255.44	\$255.44	\$255.44
2022 Monthly Premiums—Rx Plan	\$101.20	\$63.20	\$125.58	\$310.94
<b>Total Monthly Premiums</b>	<b>\$356.64</b>	<b>\$318.64</b>	<b>\$381.02</b>	<b>\$566.38</b>

Please note the above chart provides an overview of benefits. For additional details about your benefits please refer to the individual plan document provided by the carrier. If any discrepancy exists between this guide and the official documents, the official documents will prevail.

# Medicare Plans—Enrollment—How to Enroll

## How to Enroll:

- Enrollment in a FSRBC Medicare Plan can be completed independently online or over the phone with one of our Medicare Customer Service Representatives.
- To enroll online visit [www.myfsrbc.bswift.com](http://www.myfsrbc.bswift.com) and register for an account.
- To enroll over the phone or for assistance with the online enrollment, call our Medicare Customer Service Center at 1-833-686-0983. Open from 8:00am—8:00pm EST, Monday-Friday.

## Enrollment Checklist

- ❑ Register for an account and confirm your personal information.
- ❑ Add Medicare Parts A and B details. Be sure to verify your Medicare number and effective date, which can be found on your red, white and blue Medicare ID card.
- ❑ Review network information to confirm your preferred medical providers, clinics and hospitals are in your plan’s network.
- ❑ Review Prescription Drug formulary.
- ❑ Compare plans using our comparison tool and/or estimate annual expenses with our Modeler tool
- ❑ Set up payment option (FRS/pension, ACH/online bill pay, Check).

## Online Enrollment Guide

### STEP 1: Login to our Medicare enrollment portal

- Visit [www.myfsrbc.bswift.com](http://www.myfsrbc.bswift.com)
- Enter credentials or click “First time visiting, register now!” link—Follow instructions

### Log In

Username

Password

[First time visiting, register now!](#)  
[Forgot your password?](#)

[Log In >](#)



# Medicare Plans—Enrollment—How to Enroll

## Online Enrollment Guide Continued

### STEP 2: Start Enrollment

- On the home screen click on “Start Your Enrollment”

The screenshot shows a web interface with a red navigation bar at the top containing 'My Benefits', 'My Profile', 'Library', and 'Help'. The main content area has a white background with the text 'Welcome to your Retiree enrollment!' and 'Your Status Not Started'. A red button labeled 'Start Your Enrollment' is highlighted with a yellow circle. To the right is a photograph of four diverse people smiling.

### Enrollment Highlights

- FSRBC offers a one-stop shopping experience for your Medicare and ancillary benefits. Be sure to complete the FRS attestation to continue paying for your benefits through FRS.

### STEP 3: Confirm your personal and family information

- Make sure your information is complete and accurate, including your Medicare Number and Parts A and B effective dates

The screenshot displays the 'Retiree Information' page. It includes a red header, a confirmation message, and a 'Demographics' form. The form fields are: First Name (Tester3), Middle Initial, Last Name (Manatee), Suffix, Social Security Number (123-12-3994), Date of Birth (9/1/1950), Gender (Male selected), and Marital Status (Married). A vertical progress indicator on the right shows steps: 1. Your Info (highlighted), 2. Retiree Information, 3. Family Info, 4. Your Benefits, 5. Enroll, 6. Complete. A red 'Continue' button is at the bottom right.

# Medicare Plans—Enrollment—How to Enroll

## Online Enrollment Guide Continued

### STEP 4: Select your Benefits and Compare Plans side by side

- You can select which benefits you want to enroll in or choose to waive coverage
- You must continue to confirm your enrollment selections
- See how plans stack up against one another

The screenshot displays the 'Special Enrollment' process. On the left, there are sections for 'Medicare Eligible Health Plans' and 'Medicare Prescription Drug Plan'. The 'Medicare Eligible Health Plans' section shows two options: 'Tester3 Manatee' with a cost of \$446.14 and 'Tester3 ManateeSpouse' with 'NO PLAN SELECTED'. The 'Medicare Prescription Drug Plan' section shows two options: 'Tester3 Manatee' with a cost of \$193.86 and 'Tester3 ManateeSpouse' with 'NO PLAN SELECTED'. On the right, there is a 'Your Info' sidebar with a progress indicator (1-4) and a 'Your Premium per month' of \$640.00. Below this is a 'Continue' button and a 'Save and Finish Later' button. The main area shows a comparison of two plans: 'Group National PPO' and 'Premier National PPO'. The 'Group National PPO' has a premium of \$0.00 and 'UHC \$0 Group MAPD Formulary'. The 'Premier National PPO' has a premium of \$353.84 and 'UHC Premier MAPD Formulary' and 'UHC Premier MAPD Bonus Drug List'. Below the comparison is a table for 'Deductibles/Maximums'.

	Group National PPO	Premier National PPO
Annual Plan Year Deductible In-Network - Individual	\$0	\$0
Annual Out-of-Pocket Maximum In-Network - Individual	\$4,500	\$2,500

### STEP 5: Choose a payment method

- You can choose from several payment options: FRS (pension), ACH bank draft/online bill pay, or Check
- If you are new to FSRBC and wish to use your FRS to pay your monthly premiums, you must complete this step
- Your payment choice is available during enrollment and you can change it from the retiree home page year-round or by calling the Medicare Customer Service Center

## Special Enrollment

### Paying for your benefits

Please select a premium payment option:

- Send me a paper bill
- Setup recurring payments
- Deduct from my pension

I hereby authorize the Division of Retirement to deduct my insurance premiums from my monthly Florida Retirement System (FRS) benefit check and make any subsequent premium changes as directed by my insurance provider. I understand that my insurance provider is responsible for notifying me of premium changes as they occur and for any refunds (if applicable). If I am changing insurance companies I will notify the existing company of the cancellation changes.

\*Payee's Signature:

Enter Full Name for valid signature

\*Date:

(mm/dd/yyyy)

### STEP 6: Print your confirmation statement

- Once your enrollment is complete, you can print /save /email your confirmation statement for your records



# Medicare Plans—Important Billing Information

## FSRBC Medicare Billing and Payment Options

- Your Medicare premiums are due monthly to FSRBC—payment options include ACH bank draft/online bill pay, FRS (pension) and check.
- If you set your payment preference to ACH bank draft or FRS (pension) your monthly invoice can be viewed by logging into the Medicare portal at [www.myfsrbc.bswift.com](http://www.myfsrbc.bswift.com).
- If you set your payment preference to pay by Check you will receive your monthly invoice through the mail.
- Access billing support through the Medicare Customer Service Center by calling 1-833-686-0983. Open from 8:00am—8:00pm EST, Monday-Friday.
- If you are new to the program and want to begin making payments through FRS (pension), you must take action. An e-signature is required via phone or online. See Step 5 on the prior page for example.

## FSRBC Medicare Medical Plan Payment Timing

Medicare Medical Plan monthly premiums are due each month on first day of each month. For example February premiums are due February 1st.

Payment Type	Payment Timing
FRS/Pension	Payment deducted on last business day of the month for following month (i.e. 12/31 for January coverage)
ACH Bank Draft/Online	Payment deducted on the 5th of the billing month (i.e. 1/5 for
Check	Posted when check received

## How to Access the Billing Page

1. On the homepage select “Manage Billing and Payments”

2. Choose “Pay Now” to pay your balance or “Manage Accounts” to change payment preference

3. View Invoices or Payment Receipts

Transaction Identifier	Due Date	Coverage Month	Amount	Transaction Type	Transaction Date	View
328246	8/1/2021	8/2021	\$366.16	Invoice	7/6/2021	PDF
333618			\$366.16	Payment	6/30/2021	Receipt

# Dental Plans

FSRBC's dental coverage is provided through Humana Dental. Humana offers three PPO plans and two DHMO plans .

Humana Dental PPOs			
Benefits (Based on In-Network)	Low Plan	Medium Plan	High Plan
Network Name	HDPPPO/TRPREF		
Calendar Year Deductible	\$50	\$25	\$50
Calendar Year Annual Maximum	\$800	\$1,250	\$2,000
Preventive Coinsurance (Plan Paid)	100% after deductible	100%	100%
Basic Coinsurance (Plan Paid) <i>Fillings, Emergency Visit</i>	70%	80%	80%
Major Coinsurance (Plan Paid) <i>Extractions (Surgical), Crowns, Dentures</i>	50%	50%	50%
MONTHLY RATES			
Retiree Only	\$34.30	\$40.39	\$47.87
Retiree + 1	\$68.27	\$69.36	\$95.32
Retiree + Family	\$88.96	\$99.20	\$123.77

Humana Dental DHMOs		
Benefits	Low Plan	High Plan
Network Name	HD205/DHMO	HS195/DHMO
Preventive	\$0	\$0
Emergency Visit	\$20	\$10
Extractions (Surgical)	\$40	\$30
Root Canal	\$110-\$250	\$100-\$210
Dentures	\$375	\$325
MONTHLY RATES		
Retiree Only	\$10.53	\$17.10
Retiree + 1	\$20.85	\$33.85
Retiree + Family	\$37.07	\$60.17

More Information on how to enroll on page 14

# Vision Plans

FSRBC's vision coverage is provided through Humana Vision. Humana Vision offers a Low and High plan. While both plans offer identical material copays as well as frame and contact lens allowances, the exam copay differs, as does the frequency of the frames benefit.

Humana Vision		
In-Network Benefits	Low Plan	High Plan
Network Name	Humana Insight Network	
Exam Copay	\$10	<b>\$5</b>
Lens/Frames Copay	\$15	\$15
Frequency (Exam / Frames / Lenses)	12/ <b>24</b> /12	12/12/12
<b>Lenses</b> Single / Bifocal / Trifocal / Lenticular	All Included (In Network)	All Included (In Network)
Frame Allowance	Up to \$130 (20% off balance over \$130)	Up to \$130 (20% off balance over \$130)
Contact Lenses Allowance	Up to \$130 (15% off balance over \$130)	Up to \$130 (15% off balance over \$130)
MONTHLY RATES		
<b>Retiree Only</b>	\$6.58	\$7.64
<b>Retiree + 1</b>	\$13.15	\$15.28
<b>Retiree + Family</b>	\$21.42	\$24.58



More Information on how to enroll on page 14

# Dental and Vision Plans—How to Enroll

## How to Enroll:

Enrollment in a FSRBC Humana Dental or Vision Plan can be completed telephonically through customer service, independently online, or by sending an enrollment form to Humana for processing.

### To enroll telephonically:

- Dental and Vision NEW Enrollment customer service phone # 1(877) 589-4051 (*Phoneline Opens 10/01/2021*). **Please mention you are part of FSRBC**

### To enroll online:

- Visit <https://myfsrbc.com/dental-and-vision-plans/> and click on the link under the “To enroll online” section. Enter either login credentials applicable below, follow prompted steps, and proceed with securely enrolling online.
  - Non-Registered Users will securely authenticate your enrollment with your SSN, date of birth, and zip code.
  - Registered Users—if already enrolled with Humana and previously registered at MyHumana.com, you can login with your user ID and password.
- For assistance with online enrollment, call the Humana Dental and Vision NEW Enrollment customer service 1 (877) 589-4051 (*Phoneline Opens 10/01/2021*) Monday-Friday from 8:00am - 8:00pm EST. **Please mention you are part of FSRBC**

### To enroll via enrollment form:

- Please visit <https://myfsrbc.com/dental-and-vision-plans/> and download the form under the “To enroll via enrollment form” section or call Humana at the below phone number to request a form be mailed to you. Dental and Vision plans share the same enrollment form, so you only have to request it once.
  - Once the form is completed, **send it to Humana via email or via postal mail**
  - Email: [NFOpenEnrollment@humana.com](mailto:NFOpenEnrollment@humana.com)
  - Postal Mail: 14260 West Newberry Road #183, Newberry, FL 32669.

## Confirm your providers are in the Humana Network:

**Dental Providers:** To confirm if your current provider accepts Humana Dental insurance, you can call your provider to verify or find in-network providers by visiting

<https://www.humana.com/finder/dental>.

Humana Dental PPO Plans Network

- HDPPO/TRPREF (All PPO Plans)

Humana Dental HMO Plan Networks

- HD205/DHMO (Low DHMO Plan)
- HS195/DHMO (High DHMO Plan)

**Vision Providers:** To confirm if your current provider accepts Humana Vision insurance, you can call your provider to verify or find in-network providers by visiting

<https://www.humana.com/vision-insurance/find-an-eye-doctor>.

Humana Vision Network

- Humana Insight Network

# Dental and Vision Plans—Important Billing Information

## FSRBC Dental and Vision Plan Billing and Payment Options

- Your monthly dental and vision premiums are due monthly to Humana —payment options include FRS/pension, ACH bank draft/online bill pay, and check or money order.
- If you want to pay your dental and/or vision plan premiums via FRS/pension, you will need to complete a FRS authorization deduction form. You can download this form at <https://myfsrbc.com/dental-and-vision-plans/> under the “FSRBC Dental and Vision Plan Billing and Payment” section. Once downloaded, **send the form directly to Humana** either via email or via postal mail:
  - Email: [FRSAuthorization@humana.com](mailto:FRSAuthorization@humana.com)
  - Postal Mail: Humana, ATTN: Billing 8th Floor, 101 E. Main Street, Louisville, KY 40202
- With recurring ACH bank draft payment preference, you select your ACH bank draft date between the 1st and 10th of the month. Your monthly billing statement for dental and vision will outline how to set-up recurring ACH bank draft payments online through Humana.com
- Billing statements are sent monthly and due on the first of the month; each month’s invoiced premiums are due at the first of that billing month.
- Billing support, including establishing recurring ACH bank draft and FRS/pension payments, is available through the Humana’s Billing Customer Service Center by calling 1-877-829-5037 from 8:00am—6:00pm, Monday through Friday, Eastern Time.

## FSRBC Dental and Vision Plan Payment Timing

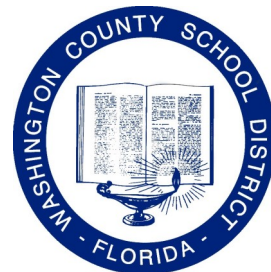
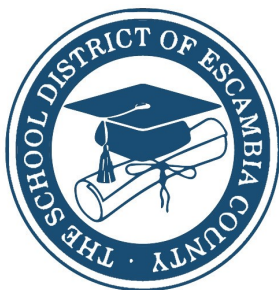
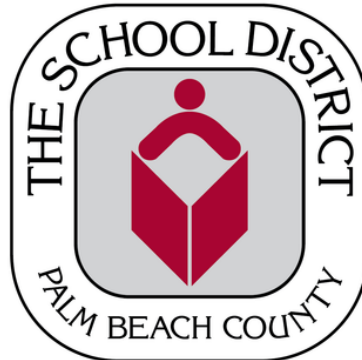
Humana Dental and Vision monthly premiums are due each month on the 1st of the month. For example February premiums are due on February 1st.

Payment Type	Payment Timing
FRS/Pension	Payment deducted on last business day of the month for following month (i.e. 12/31 for January coverage)
ACH/Bank Draft	Payment drafted on the 1st through the 10th of the billing month (i.e. if you select the 5th for your bank draft date then on January 5th you will be drafted for January coverage)
Check	Payment due on the 1st of the month for the month of coverage

## FSRBC Humana Customer Service Contact Numbers

Plan Type	Questions Related	Phone Number
Dental	Existing Coverage	1-800-233-4013
Vision	Existing Coverage	1-877-398-2980
Dental or Vision	Billing/Premium Payment	1-877-829-5037
Dental or Vision	NEW Enrollments (Phoneline Opens 10/1/2021)	1-877-589-4051





**FSRBC members include these Florida School Districts:**

- Bradford • Brevard • Calhoun • Charlotte • Duval • Escambia • Flagler • Gilchrist • Jackson • Manatee • Orange • Osceola • Palm Beach • Polk • Putnam • Sarasota • Volusia • Walton • Washington •