



INITIAL RETIREMENT BENEFITS ENROLLMENT GUIDE

For the 2024 Plan Year

In this guide you will find valuable information about the **Medicare Medical, Dental and Vision** Retiree plans you have available to you through your District and how to enroll.

WELCOME TO YOUR FSRBC INITIAL RETIREMENT BENEFITS ENROLLMENT GUIDE

The Florida School Retiree Benefits Consortium (FSRBC) is an extension of **your District's** benefit offerings for 65 and older. Medicare-eligible retirees have access to high-quality Medicare **Medical** as well as **Dental** and **Vision** plans tailored especially for those age 65 or older, who have retired from the Florida public school system. We know there is a lot to consider when it comes to your healthcare benefits in retirement, and we're here to help!

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 high quality Group Plans. Also, retirees' health insurance subsidy dollars are not considered taxable income by FRS if you have your premium dollars deducted from your pension check. 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?

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

Humana 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 is included in this guide:

Medicare Plans

- Medicare Basics
- Choosing a Medicare Plan
- FSRBC Medicare Medical Plans
- How to Enroll
- Important Billing Information

Dental & Vision Plans

- Plan Details
- How to Enroll
- Important Billing Information

What if I have Additional Questions?

We are here to help! FSRBC is an extension of your district's benefit offerings and is not a sales organization, we're happy to help you evaluate your options so you can make the best decision for you! You can join us in a virtual classroom or send us an email. Our website also has extensive resources for you.



Attend a Virtual Medicare Education Session

Sessions hosted every Tuesday and Thursday. Sign up at www.myfsrbc.com or use your phone or tablet's camera to scan this QR code:



Visit FSRBC on the Web

www.myfsrbc.com

Website includes important information on all Medicare, Dental, and Vision plans available through FSRBC including contact information and plan details. There are also recorded videos you can watch on demand and FAQ documents.



Email FSRBC

Email FSRBC at benefits@myfsrbc.com to have any questions addressed or to set up a time to speak one-on-one with our team about your options.

TABLE OF CONTENTS

Medicare Medical Plans

5	Medicare Basics
6 - 8	Determining Your Medical Needs, Financial Impact & Plan Eligibility

MAPD Medical Plans

9	MAPD Overview
10 - 11	UnitedHealthcare Plans
12	Aetna Plans
13	Florida Blue Plans
14 - 16	Humana

PDP & Supplement Plans

17	PDP & Supplement Overview
18	AARP Plans
19	Cigna Plans

Dental & Vision Plans

20	Dental & Vision Overview
21	Humana Dental Plans
22	Humana Vision Plans

Medicare Plans: Billing and Enrollment

23	Enrollment Options
24	Billing Options

Medicare Plans: Billing and Enrollment

25	Enrollment Options
26	Billing Options





MEDICARE MEDICAL PLANS

Original Medicare

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 doctor visits, 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. Retiree would be responsible to pay the required Part B premium.

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

**MED
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.

*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.

STEP 1: 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?

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	MAP D	MED SUP P	PDP
Office Visits	✓		✓	✓	✓	
Inpatient Hospital Care	✓	✓		✓	✓	
Skilled Nursing Facility	✓	✓		✓	✓	
Hospice Care	✓	✓		✓	✓	
Home Health Care	✓	✓	✓	✓	✓	
Outpatient Care	✓		✓	✓	✓	
Durable Medical Equipment	✓		✓	✓	✓	
Preventive Services	✓		✓	✓	✓	
Labs & Imaging	✓		✓	✓	✓	
Prescription Drugs	✓			✓		✓

Option 1

Part
A

Part
B

MED
SUPP

Option 3

Part
A

Part
B

MED
SUPP

MED
PDP

Option 2

Part
A

Part
B

MED
PDP

Option 4

MAP
D

STEP 2: 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?

Example

In general, MAPD plans have lower premiums but higher dollar out-of-pocket (OOP) amounts and Medicare Supplement and PDPs have higher premiums but lower out-of-pocket (OOP) amounts. A Medicare Supplement plan must be accompanied by a PDP plan to have prescription drug coverage.

Premium amounts listed below are examples. Detailed MAPD rates are included in the later pages of this guide. Medicare Supplements are individually rated. To determine your Medicare Supplement Rate, visit our website.

	Plan Type	Premium Range	Plan Names				
MAPD Lower Premiums → Lower OOP Costs Higher Premiums → Higher OOP Costs	Low	\$0	<ul style="list-style-type: none"> • Humana Zero Premium • UHC PPO Plus 				
	Medium	\$70-\$250	<ul style="list-style-type: none"> • Aetna Basic • UHC Low Premium PPO • UHC Comprehensive PPO 				
	High	\$275+	<ul style="list-style-type: none"> • Aetna Enhanced • Florida Blue Group PPO • Humana Comprehensive PPO • UHC Premier PPO 				
	Plan Type	Premium Range	Plan Names	Plan Type	Premium Range	Plan Names	
MED SUPP Higher Premiums → Lower OOP Costs Lower Premiums → Higher OOP Costs	Low	\$150	Plan A	MED PDP	Low	\$0-\$125	<ul style="list-style-type: none"> • AARP Saver PDP • AARP Preferred PDP • UHC Comprehensive PDP
	Medium	\$150-\$200	Plan N		Medium	\$200+	<ul style="list-style-type: none"> • Cigna Basic PDP
	High	\$180-\$300	Plan F or Plan G		High	\$250+	<ul style="list-style-type: none"> • Cigna High PDP • UHC Premier PDP

MAP D Medicare Advantage Including Prescription Drug (Part C, MAPD)
 MED SUPP Medicare Supplement (MedSupp, Medigap)
 MED PDP Prescription Drug (Part D, PDP)

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

STEP 3: Determine Which Plans You are Eligible to Enroll In

Plan Highlights:

- **Medicare Advantage Including Prescription Drug (Part C, MAPD)**
 - Similar to a traditional employer PPO or HMO Plan
 - Wide range of plan costs to fit your budget
 - Prescription Drug benefits included
- **Prescription Drug (Part D, PDP)**
 - Provides coverage solely for Prescription Drugs
 - Can enroll in a PDP with Original Medicare or in conjunction with a Medicare Supplement plan
- **Medicare Supplement (MedSupp, Medigap)**
 - 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

Use the table below to identify the plans available to your District. All plan details are included in this enrollment guide and additional details can be found at www.myFSRBC.com.

	Districts Eligible	Carrier	Plan Names	2024 Retiree Premium
MAPD	All Districts	United Healthcare	Group National PPO	\$0.00
			Low Premium National PPO	\$76.98
			Comprehensive National PPO	\$238.10
			Premier National PPO	\$357.58
	Polk	Florida Blue	Low PPO (closed to new enrollments)	\$189.98
			Group PPO	\$381.91
	Palm Beach, Sarasota, Volusia	Humana	Humana Zero Premium HMO	\$0.00
			Humana Comprehensive PPO	\$295.02
	Manatee	Aetna	Basic	\$116.66
			Enhanced	\$462.01
MED PDP	All Districts	United Healthcare	Comprehensive PDP	\$125.58
			Premier PDP	\$310.94
			AARP Saver (FL rate)	\$80.60
			AARP Preferred (FL rate)	\$103.50
	Manatee, Orange, Osceola	Cigna	Basic Rx PDP	\$203.99
			High Rx PDP	\$310.14
MED SLIP	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.
	Orange, Osceola	Cigna	Plan A, F, G, and N	



Medicare Advantage Prescription Drug Plans

The next few pages include a snapshot of the Medicare Advantage Prescription Drug Plans (MAPD Plans).

	Districts Eligible	Carrier	Plan Names	2024 Retiree Premium
MAPD	All Districts	United Healthcare	Group National PPO	\$0.00
			Low Premium National PPO	\$76.98
			Comprehensive National PPO	\$238.10
			Premier National PPO	\$357.58
	Polk	Florida Blue	Low PPO (closed to new enrollments)	\$189.98
			Group PPO	\$381.91
	Palm Beach, Sarasota, Volusia	Humana	Humana Zero Premium HMO	\$0.00
			Humana Comprehensive PPO	\$295.02
	Manatee	Aetna	Basic	\$116.66
			Enhanced	\$462.01

The benefits comparisons included in this booklet are for illustrative purposes only and shows the amount you pay for each service. Please note the benefits charts provide 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.

\$0 Premium UnitedHealthcare PPO Plan



The below comparison is for illustrative purposes only and shows the amount **you pay** for each service.

- Available to all Districts
- Some FL County restrictions (see below)

	Group PPO Plus
Calendar Year Deductible (CYD)	\$0
Medical Out-of-Pocket Max (OOP)	\$4,500
Coinsurance	20%
Physician Office Visits	
PCP	\$5
Specialist	\$30
Hospital Services	
Inpatient	\$270/Day for Days 1-6 \$0/Day for Days 7+
ER Copay	\$90
Urgent Care Copay	\$35
Outpatient Services	
Hospital	20%
Surgery	20%
Rx Benefits	
Deductible	\$0
Part D Initial Coverage (Limit \$5,030 total drug spend)	
Tier 1 Copay	\$15
Tier 2 Copay	\$15
Tier 3 Copay	\$47
Tier 4 Copay	\$100
Tier 5 Copay	\$100
Part D Gap Coverage (Total out-of-pocket \$8,000)	
Tier 1 Coinsurance	25%
Tier 2 Coinsurance	25%
Tier 3 Coinsurance	25%
Tier 4 Coinsurance	25%
Tier 5 Coinsurance	25%
Part D Catastrophic Coverage (>\$8,000)	
Tier 1 Copay	\$0
Tier 2 Copay	\$0
Tier 3 Copay	\$0
Tier 4 Copay	\$0
Tier 5 Copay	\$0
2024 Monthly Retiree Premium	\$0.00

Please Note: This plan is only available for Florida Residents who reside in the service areas. This plan is NOT available if you reside in any of the following Florida Counties:

- Baker
- Broward
- Bradford
- Calhoun
- Citrus
- Dixie
- Gilchrist
- Hamilton
- Lafayette
- Levy
- Liberty
- Madison
- Miami-Dade
- Monroe
- Okaloosa
- St. Lucie
- Suwannee
- Taylor
- Union

Please note this 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. This plan also includes out-of-network benefits that differ from in-network benefits.

UnitedHealthcare National PPO Plans



The below comparison is for illustrative purposes only and shows the amount **you pay** for each service.

Available to all Districts

	Premier	Comprehensive	Low
Calendar Year Deductible (CYD)	\$0	\$0	\$400
Medical Out-of-Pocket Max (OOP)	\$2,500	\$3,000	\$6,700
Coinsurance	20%	20%	20%
Physician Office Visits			
PCP	\$5	\$20	\$25
Specialist	\$15	\$30	\$45
Hospital Services			
Inpatient	\$175 Per Admit	\$230/Day for Days 1-7 \$0/Day for Days 8+	\$210/Day for Days 1-7 \$0/Day for Days 8+
ER Copay	\$65	\$65	\$65
Urgent Care Copay	\$35	\$35	\$35
Outpatient Services			
Hospital	\$15	20%	20%
Surgery	\$15	20%	20%
Rx Benefits			
Deductible	\$0	\$0	\$545
Part D Initial Coverage (Limit \$5,030 total drug spend)			
Tier 1 Copay	\$5	\$7	\$10
Tier 2 Copay	\$30	\$40	\$30
Tier 3 Copay	\$60	\$90	\$45
Tier 4 Copay	\$80	\$90	\$60
Part D Gap Coverage (Total out-of-pocket \$8,000)			
Tier 1 Copay/Coinsurance	\$5	\$7	25%
Tier 2 Copay/Coinsurance	\$30	\$40	25%
Tier 3 Copay/Coinsurance	\$60	\$90	25%
Tier 4 Copay/Coinsurance	\$80	\$90	25%
Part D Catastrophic Coverage (>\$8,000)			
Tier 1 Copay	\$0	\$0	\$0
Tier 2 Copay	\$0	\$0	\$0
Tier 3 Copay	\$0	\$0	\$0
Tier 4 Copay	\$0	\$0	\$0
2024 Monthly Retiree Premium	\$357.58	\$238.10	\$76.98

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.

The below comparison is for illustrative purposes only and shows the amount you pay for each service

Available ONLY in Manatee County

	Basic		Enhanced	
Calendar Year Deductible (CYD)	\$0		\$0	
Medical Out-of-Pocket Max (OOP)	\$2,000		\$2,000	
Coinsurance	15%		15%	
Physician Office Visits				
PCP	15%		15%	
Specialist	15%		15%	
Hospital Services				
Inpatient	\$500 Per Stay		\$500 Per Stay	
ER Copay	\$50		\$50	
Urgent Care Copay	\$50		\$50	
Outpatient Services				
Hospital	15%		15%	
Surgery	15%		15%	
Rx Benefits				
	Preferred Network	Standard Network	Preferred Network	Standard Network
Deductible	\$0		\$0	
Part D Initial Coverage (Limit \$5,030 total drug spend)				
Tier 1 Copay	\$0	\$5	\$0	\$10
Tier 2 Copay	\$5	\$20	\$20	\$20
Tier 3 Copay	\$40	\$40	\$35	\$35
Tier 4 Copay	\$75	\$75	\$35	\$35
Tier 5 Copay/Coinsurance	33%	33%	\$35	\$35
Part D Gap Coverage (Total out-of-pocket \$8,000)				
Tier 1 Copay/Coinsurance	25%		\$0	\$10
Tier 2 Copay/Coinsurance	25%		\$20	\$20
Tier 3 Copay/Coinsurance	25%		\$35	\$35
Tier 4 Copay/Coinsurance	25%		\$35	\$35
Tier 5 Copay/Coinsurance	25%		\$35	\$35
Part D Catastrophic Coverage (>\$8,000)				
Tier 1 Copay	\$0		\$0	
Tier 2 Copay	\$0		\$0	
Tier 3 Copay	\$0		\$0	
Tier 4 Copay	\$0		\$0	
Tier 5 Copay	\$0		\$0	
2024 Monthly Retiree Premium	\$116.66		\$462.01	

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.

Florida Blue Plans



The below comparison is for illustrative purposes only and shows the amount **you pay** for each service.

Available **ONLY** in Polk County

	Group PPO
Calendar Year Deductible (CYD)	\$0
Medical Out-of-Pocket Max (OOP)	\$1,000
Coinsurance	20%
Physician Office Visits	
PCP	\$10
Specialist	\$30
Hospital Services	
Inpatient	\$150/Day for Days 1-7 \$0/Day for Days 8+
ER Copay	\$75
Urgent Care Copay	\$30
Outpatient Services	
Hospital	\$75
Surgery	\$150
Rx Benefits	
Deductible	\$0
Part D Initial Coverage (Limit \$5,030 total drug spend)	
Tier 1 Copay	\$5
Tier 2 Copay	\$5
Tier 3 Copay	\$35
Tier 4 Copay	\$65
Tier 5 Copay/Coinsurance	\$110
Part D Gap Coverage (Total out-of-pocket \$8,000)	
Tier 1 Copay/Coinsurance	\$5
Tier 2 Copay/Coinsurance	\$5
Tier 3 Copay/Coinsurance	\$35
Tier 4 Copay/Coinsurance	\$65
Tier 5 Copay/Coinsurance	\$110
Part D Catastrophic Coverage (>\$8,000)	
Tier 1 Copay	\$0
Tier 2 Copay	\$0
Tier 3 Copay	\$0
Tier 4 Copay	\$0
Tier 5 Copay	\$0
2024 Monthly Retiree Premium	\$381.91

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.

The below comparison is for illustrative purposes only and shows the amount **you pay** for each service.

Available ONLY in Palm Beach County

	Comprehensive PPO	Zero Premium HMO 076-649 Rx 34 (No out-of-network benefits)
Calendar Year Deductible (CYD)	\$0	\$0
Medical Out-of-Pocket Max (OOP)	\$2,500	\$1,850
Coinsurance	20%	20%
Physician Office Visits		
PCP	\$5	\$0
Specialist	\$15	\$0
Hospital Services		
Inpatient	100% after \$175 copayment per admission	100% per admission
ER Copay	\$65	\$110
Urgent Care Copay	\$15	\$0
Outpatient Services		
Hospital	\$50	\$40
Surgery	\$50	\$40
Rx Benefits		
Deductible	\$0	\$0
Part D Initial Coverage (Limit \$5,030 total drug spend)		
Tier 1 Copay	\$5	\$0
Tier 2 Copay	\$30	\$5
Tier 3 Copay	\$60	\$55
Tier 4 Copay/Coinsurance	33%	33%
Part D Gap Coverage (Total out-of-pocket \$8,000)		
Tier 1 Copay/Coinsurance	\$5	\$0
Tier 2 Copay/Coinsurance	25%	25%
Tier 3 Copay/Coinsurance	25%	25%
Tier 4 Copay/Coinsurance	25%	25%
Part D Catastrophic Coverage (>\$8,000)		
Tier 1 Copay	\$0	\$0
Tier 2 Copay	\$0	\$0
Tier 3 Copay	\$0	\$0
Tier 4 Copay	\$0	\$0
2024 Monthly Retiree Premium	\$295.02	\$0.00

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.

Humana Plans



The below comparison is for illustrative purposes only and shows the amount you pay for each service.

Available ONLY in Sarasota

	Comprehensive PPO	Zero Premium HMO 076-178 Rx 34 (No out-of-network benefits)
Calendar Year Deductible (CYD)	\$0	\$0
Medical Out-of-Pocket Max (OOP)	\$2,500	\$1,850
Coinsurance	20%	20%
Physician Office Visits		
PCP	\$5	\$0
Specialist	\$15	\$5
Hospital Services		
Inpatient	100% after \$175 copayment per admission	100% after \$35 copayment/Day for Days 1-3
ER Copay	\$65	\$100
Urgent Care Copay	\$15	\$0
Outpatient Services		
Hospital	\$50	\$35
Surgery	\$50	\$35
Rx Benefits		
Deductible	\$0	\$0
Part D Initial Coverage (Limit \$5,030 total drug spend)		
Tier 1 Copay	\$5	\$0
Tier 2 Copay	\$30	\$5
Tier 3 Copay	\$60	\$55
Tier 4 Copay/Coinsurance	33%	33%
Part D Gap Coverage (Total out-of-pocket \$8,000)		
Tier 1 Copay/Coinsurance	\$5	\$0
Tier 2 Copay/Coinsurance	25%	25%
Tier 3 Copay/Coinsurance	25%	25%
Tier 4 Copay/Coinsurance	25%	25%
Part D Catastrophic Coverage (>\$8,000)		
Tier 1 Copay	\$0	\$0
Tier 2 Copay	\$0	\$0
Tier 3 Copay	\$0	\$0
Tier 4 Copay	\$0	\$0
2024 Monthly Retiree Premium	\$295.02	\$0.00

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.

Humana Plans



The below comparison is for illustrative purposes only and shows the amount **you pay** for each service.

Available ONLY in Volusia County

	Comprehensive PPO	Zero Premium HMO 076-178 Rx 252 (No out-of-network benefits)
Calendar Year Deductible (CYD)	\$0	\$0
Medical Out-of-Pocket Max (OOP)	\$2,500	\$1,850
Coinsurance	20%	20%
Physician Office Visits		
PCP	\$5	\$0
Specialist	\$15	\$5
Hospital Services		
Inpatient	100% after \$175 copayment per admission	
ER Copay	\$65	\$100
Urgent Care Copay	\$15	\$0
Outpatient Services		
Hospital	\$50	\$20
Surgery	\$50	\$20
Rx Benefits		
Deductible	\$0	\$0
Part D Initial Coverage (Limit \$5,030 total drug spend)		
Tier 1 Copay	\$5	\$0
Tier 2 Copay	\$30	\$35
Tier 3 Copay	\$60	\$80
Tier 4 Copay/Coinsurance	33%	33%
Part D Gap Coverage (Total out-of-pocket \$8,000)		
Tier 1 Copay/Coinsurance	\$5	\$0
Tier 2 Copay/Coinsurance	25%	25%
Tier 3 Copay/Coinsurance	25%	25%
Tier 4 Copay/Coinsurance	25%	25%
Part D Catastrophic Coverage (>\$8,000)		
Tier 1 Copay	\$0	\$0
Tier 2 Copay	\$0	\$0
Tier 3 Copay	\$0	\$0
Tier 4 Copay	\$0	\$0
2024 Monthly Retiree Premium	\$295.02	\$0.00

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.



Prescription Drug Plans & Supplement Plans

The next few pages include a snapshot of the Prescription Drug Plans & Supplement Plans.

	Districts Eligible	Carrier	Plan Names	2024 Retiree Premium
MED PDP	All Districts	United Healthcare	Comprehensive PDP	\$125.58
			Premier PDP	\$310.94
			AARP Saver (FL rate)	\$80.60
			AARP Preferred (FL rate)	\$103.50
Manatee, Orange, Osceola	Cigna	Basic Rx PDP	\$203.99	
		High Rx PDP	\$310.14	
MED SUPP	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.
	Orange, Osceola	Cigna	Plan A, F, G, and N	

The benefits comparisons included in this booklet are for illustrative purposes only and shows the amount you pay for each service. Please note the benefits charts provide 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.

Supplement Plan premiums vary based on:

- Age
- Gender
- Zip code
- Smoker/non-smoker

Your monthly Premium will be provided during enrollment process. Each Supplement benefit chart includes a note on the detailed demographics used to obtain the sample rate.

To look up your exact monthly premium for a supplement plan, visit

<https://apps.fldfs.com/MCWS/CWSSearch>

UnitedHealthcare Prescription Drug Plan

The below comparison is for illustrative purposes only and shows the amount you pay for each service. Supplement Plan premiums vary based on age, gender, zip code and health status. Your monthly Premium will be provided during enrollment process.

Available to all Districts

UHC Plan G - Medicare Supplement	
2024 Part B Deductible*	\$240
Medical Out-of-Pocket Max	\$0
Coinsurance	0%
Copays	
PCP Office Visit	\$0
Specialist Office Visit	\$0
ER Copay	\$0
Urgent Care Copay	\$0
Outpatient Hospital	\$0
Outpatient Surgery	\$0
Inpatient Hospital	\$0
2024 Plan Example G Premium	\$191.55 <i>(based on 65-year-old nonsmoking female, zip code 34744)</i>

Prescription Drug Benefits (Rx)	Rx Preferred	Rx Saver	Comprehensive Rx	Premier Rx
Deductible	\$0	\$480	\$0	\$0
Part D Initial Coverage (Limit \$5,030 total drug spend)				
Tier 1 Copay	\$7	\$2	\$10	\$7
Tier 2 Copay	\$12	\$18	\$45	\$30
Tier 3 Copay/Coinsurance	\$47	\$47	\$75	\$60
Tier 4 Copay/Coinsurance	40%	47%	33%	\$75
Tier 5 Coinsurance	33%	25%		
Part D Gap Coverage (Total out-of-pocket \$8,000)				
Tier 1 Copay/Coinsurance	25%	25%	\$10	\$7
Tier 2 Copay/Coinsurance	25%	25%	25%	\$30
Tier 3 Copay/Coinsurance	25%	25%	25%	\$60
Tier 4 Copay/Coinsurance	25%	25%	25%	\$75
Tier 5 Copay/Coinsurance	25%	25%		
Part D Catastrophic Coverage (>\$8,000)				
Tier 1 Greater of Copay or Coinsurance	\$0	\$0	\$0	\$0
Tier 2 Greater of Copay or Coinsurance	\$0	\$0	\$0	\$0
Tier 3 Greater of Copay or Coinsurance	\$0	\$0	\$0	\$0
Tier 4 Greater of Copay or Coinsurance	\$0	\$0	\$0	\$0
Tier 5 Greater of Copay or Coinsurance	\$0	\$0	\$0	\$0
2024 Rx Plan Premium	\$103.50	\$80.60	\$125.58	\$310.94

Total Combined (Plan G + Rx Plan) Example Premium	\$295.05	\$272.15	\$317.13	\$502.50
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Cigna Rx Plans



The below comparison is for illustrative purposes only and shows the amount you pay for each service. Supplement Plan premiums vary based on age, gender, zip code and health status. Your monthly Premium will be provided during enrollment process.

Available ONLY in Orange and Osceola

Cigna Plan G - Medicare Supplement		Florida Residents living outside the 330XX-334XX zip codes	
2024 Part B Deductible*	\$240	Age Bracket*	Monthly Premium
Medical Out-of-Pocket Max	\$0	Issue Age <65	\$449.52
Coinsurance	0%	Issue Age 65-69	\$198.03
Copays		Issue Age 70-74	\$234.04
PCP Office Visit	\$0	Issue Age 75-79	\$265.62
Specialist Office Visit	\$0	Issue Age 80+	\$300.08
ER Copay	\$0	*Please Note: you will retain the age bracket you first enrolled with Cigna	
Urgent Care Copay	\$0		
Outpatient Hospital	\$0		
Outpatient Surgery	\$0		
Inpatient Hospital	\$0		

Available ONLY in Manatee, Orange and Osceola

Prescription Drug Plans (Rx)	Rx Basic	Rx High
Deductible	\$0	\$0
Part D Initial Coverage (Limit \$5,030 total drug spend)		
Tier 1 Copay	\$20	\$7
Tier 2 Copay	\$45	\$30
Tier 3 Copay/Coinsurance	50% (\$150 max)	\$60
Tier 4 Copay/Coinsurance	33% (\$250 max)	\$75
Part D Gap Coverage (Total out-of-pocket \$8,000)		
Tier 1 Copay	\$20	\$7
Tier 2 Copay	\$45	\$30
Tier 3 Copay/Coinsurance	25% (\$150 max)	\$60
Tier 4 Copay/Coinsurance	25% (\$250 max)	\$75
Part D Catastrophic Coverage (>\$8,000)		
Tier 1	\$0	\$0
Tier 2	\$0	\$0
Tier 3	\$0	\$0
Tier 4	\$0	\$0
2024 Rx Plan Premium	\$203.99	\$310.14
Total Combined (Plan G + Rx Plan) Example Premium – Using Age 65-69	\$402.02	\$508.17



Humana Dental & Vision Plans

Don't forget: Retirees, their spouses and eligible dependent children are eligible for the dental and vision plans!

	Districts Eligible	Carrier	Plan Names	2024 Retiree Only Premium	2024 Retiree + 1 Premium	2024 Retiree + Family Premium
Dental Plans	All District	Humana	DPPO Low Plan	\$34.30	\$68.27	\$88.96
			DPPO Medium Plan	\$40.39	\$69.36	\$99.20
			DPPO High Plan	\$51.70	\$102.95	\$133.68
			DHMO Low Plan	\$10.53	\$20.85	\$37.07
			DHMO High Plan	\$17.10	\$33.85	\$60.17
Vision Plans	All Districts	Humana	Low Plan	\$6.24	\$12.48	\$20.33
			High Plan	\$7.25	\$14.50	\$23.33

To confirm if your preferred provider is in the network on the Humana Dental and Vision plans:

Dental:

Visit <https://www.humana.com/finder/dental> and match the network name on the Humana website with the network names aligned with each plan on the following pages

Humana Dental PPO Plans Network

- PPO/Traditional Preferred

Humana Dental HMO Plan Networks

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

Vision:

Visit <https://www.humana.com/finder/vision> and match the network name on the Humana website with the network names aligned with each plan on the following pages

Humana Vision Network

- Humana Insight Network

The benefits comparisons included in this booklet are for illustrative purposes only and shows the amount you pay for each service. Please note the benefits charts provide 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.

To look up additional details, visit <https://myfsrbc.com/dental-and-vision-plans/>

	PPO Plans		
	Network Name: HDPPO/TPREF		
	Low	Medium	High
Calendar Year Deductible	\$50	\$25	\$50
Calendar Year Annual Max	\$800	\$1,250	\$2,000
Plan Paid Benefits			
Preventive Coinsurance	100% after deductible	100%	100%
Basic Coinsurance	70%	80%	80%
Major Coinsurance	50%	50%	50%
2024 Monthly Premiums			
Retiree Only	\$34.30	\$40.39	\$51.70
Retiree + 1	\$68.27	\$69.36	\$102.95
Retiree + Family	\$88.96	\$99.20	\$133.68

Humana PPO Additional Details:

- Preventive Includes: Oral Examinations, X-Rays, Two regular cleanings per year, Three Periodontal cleanings per year.
- Basic Includes: Fillings, Emergency Visit.
- Major Includes: Extractions (Surgical), Crowns, Dentures and Implants (**High PPO Plan ONLY**).

	HMO Plans	
	Network Names:	
	HD205/DHMO Low	HS195/DHMO High
Calendar Year Deductible	\$50	\$50
Member Cost Share for Benefits		
Preventive	\$0	\$0
Emergency Visit	\$20	\$10
Extractions (Surgical)	\$40	\$30
Root Canal	\$110-\$250	\$100-\$210
Dentures	\$375	\$325
2024 Monthly Premiums		
Retiree Only	\$10.53	\$17.10
Retiree + 1	\$20.85	\$33.85
Retiree + Family	\$37.07	\$60.17

Humana DHMO Additional Details:

- High Plan includes up to 2 additional cleanings at \$25 - \$35 each

	Network Name: Humana Insight Network	
	Low	High
Member Cost Share for Benefits		
Exam Copay	\$10	\$5
Lens/Frame Copay	\$15	\$15
Benefit Frequency		
Exam	1 every 12 months	1 every 12 months
Frames	1 every 24 months	1 every 12 months
Lenses	1 every 12 months	1 every 12 months
Benefit Allowances		
Frames	up to \$130 (20% off balance over \$130)	up to \$130 (20% off balance over \$130)
Contact Lenses	up to \$130 (15% off balance over \$130)	up to \$130 (15% off balance over \$130)
2024 Monthly Premiums		
Retiree Only	\$6.24	\$7.25
Retiree + 1	\$12.48	\$14.50
Retiree + Family	\$20.33	\$23.33

Humana Vision Plan Differences:

- Low Plan:
 - **\$10** Exam copay
 - Frames every **24** months
 - **Lower** premiums
- High Plan:
 - **\$5** Exam copay
 - Frames every **12** months
 - **Higher** premiums



Options for Enrolling in Medicare Plans

TELEPHONICALLY



1-833-686-0983

Medicare Customer Service Center is available Monday through Friday from 8am-5pm Eastern Time throughout the year.

ONLINE



www.myfsrbc.bswift.com

or use your phone or tablet's camera to scan the QR code featured here. You'll be directed to the FSRBC enrollment website powered by BSwift.

Step 1: Log in

- **Non-Registered Users:** select “First time visiting, register now” and enter you Name, Zip Code and Date of Birth. You will then be prompted to enter a username and password.
- **Registered User:** if you have previously logged into the Bswift system, you can login with your user ID and password or follow the prompts to reset your password if needed.



Step 2: Start Enrollment

- On the web page, click “Start Your Enrollment”

Step 3: Confirm Your Information

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

Step 4: Select Your Benefits and Compare Options 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

Step 5: Choose Your Payment Method

- You can choose from several payment options (details on the following page)
- If you are new to FSRBC and wish to use your FRS to pay your monthly premiums, you must complete this step
- You can change your payment choice year-round from the retiree home page linked above or by calling the FSRBC Medicare Customer Service Center number noted above

Step 6: Save Your Confirm Statement

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

Billing Options and Details for Medicare Plans

FRS/Pension



Payment Timing: Payment deducted on last business day of the month for following month (i.e. 12/31 for January coverage)

Billing Cycle: Payment preference due by 3rd of each month for preference to be reflected for that billing cycle. Billing team sends file to FRS on/around 7th of each month.

Set Up: Happens seamlessly during your enrollment on the Bswift platform. Retirees enrolling in FSRBC benefits for the first time must attest by completing the FRS form on the enrollment site or by phone through Customer Service.

If you have any technical issues or questions, please call our Medicare Customer Service Center at 1 (833) 686-0983. Representatives are available Monday through Friday from 8am – 8pm Eastern Time during the Annual Enrollment time (October 16th – November 3rd 2023) and 8am-5pm Eastern Time throughout the rest of the year.

ACH/Bank Draft



Payment Timing: Payment deducted on the 5th of the month for the billing month (i.e. 1/5 for January coverage)

Billing Cycle: Payment preference due by 1st of each month for upcoming billing cycle (i.e. 2/1 for 2/1 coverage).

Set Up: Happens seamlessly during your enrollment on the Bswift platform.

If you have any technical issues or questions, please call our Medicare Customer Service Center at 1 (833) 686-0983. Representatives are available Monday through Friday from 8am – 8pm Eastern Time during the Annual Enrollment time.

Check



Payment Timing: Payment is posted when check is received by BSwift

Set Up: No set up needed. Billing statements are sent monthly by Bswift and due on the first of the month. Each month's invoiced premiums are due at the first of that billing month.

Payment Notes:

- You can view a statement with your elections online or, if paying by check, you will be mailed an invoice.
- While going through the Bswift enrollment site, you will be prompted to elect a substitute payment option. Doing so will help ensure you do not experience a lapse in coverage due to non-payment.



Billing and Enrollment: Dental & Vision Plans

Options for Enrolling in Dental and Vision Plans

If you're currently enrolled in Dental and/or Vision plans and would like to make plan changes during Annual Enrollment, please have your current ID card available when calling to speak to Humana Customer Service.

ONLINE



<https://myfsrbc.com/dental-and-vision-plans/#enrollment>

Click on the link under the "To enroll online" section or use your phone or tablet's camera to scan the QR code featured here.

You'll be directed to the Humana website.

Non-Registered Users: will securely authenticate your enrollment with your SSN, date of birth, and zip code.

Registered User: if already enrolled with Humana and previously registered at MyHumana.com, you can login with your user ID and password.



TELEPHONICALLY



1 (877) 589-4051

Dental and Vision NEW Enrollment customer service phone line

Please mention you are part of the Florida School Retiree Benefits Consortium when you speak with a Humana representative

PAPER FORM



<https://myfsrbc.com/dental-and-vision-plans/#enrollment>

Click on the link under the "To enroll online" section or use your phone or tablet's camera to scan the QR code featured here. You can also request a paper form to be mailed to you by calling the Humana number above.

Once the form is completed, send it to Humana via email or via postal mail:

Email: NFLOpenEnrollment@humana.com

Postal Mail: 14260 West Newberry Road #183
Newberry, FL 32669



Billing Options and Details for Dental and Vision Plans

FRS/Pension



Payment Timing: Payment deducted on last business day of the month for following month (i.e. 12/31 for January coverage)

Billing Cycle: Payment preference due by 3rd of each month for preference to be reflected for that billing cycle. Billing team sends file to FRS on/around 7th of each month.

Set Up: On the FSRBC website (<https://myfsrbc.com/dental-and-vision-plans/#billing>), click on the link under the “FSRBC Dental and Vision Plan Billing and Payment” section or use your phone or tablet’s camera to scan the QR code featured here.

Once the form is completed, send it directly to Humana via email or via postal mail:

Email: FRSauthorization@humana.com

Postal Mail: Billing 8th Floor
101 E Main Street
Louisville, KY 40202



ACH/Bank Draft



Payment Timing: Payment deducted on the 5th of the month for the billing month (i.e. 1/5 for January coverage)

Billing Cycle: Payment preference due by 1st of each month for upcoming billing cycle (i.e. 2/1 for 2/1 coverage).

Set Up: Call Humana to establish ACH/Bank Draft at 1 (877) 829-5037 or follow the instructions included on your monthly statement for benefits. Humana customer service is available to assist Monday through Friday from 8am – 6pm Eastern Time.

Check



Payment Timing: Payment is posted when check is received by Humana

Set Up: No set up needed. Billing statements are sent monthly by Humana and due on the first of the month. Each month’s invoiced premiums are due at the first of that billing month.

If enrolled in a Humana Dental or Vision plan please contact Humana directly if you need to make updates to your contact information (address, phone # or emails). When calling Humana please be sure to have your member ID number available, which can be found on your Humana ID card. Additionally, when calling please state you are calling from the Florida School Retiree Benefits Consortium.



FSRBC CONTACT DETAILS



Email FSRBC

Email FSRBC at benefits@myfsrbc.com to have any questions addressed or to set up a time to speak one-on-one with our team about your options.



Attend a Virtual Education Session

Sessions hosted every Tuesday and Thursday. Sign up at www.myfsrbc.com or use your phone or tablet's camera to scan this QR code:



www.myfsrbc.com



Visit FSRBC on the Web

Website includes important information on all Medicare, Dental, and Vision plans available through FSRBC including contact information and plan details. There are also recorded videos you can watch on demand and FAQ documents.



Get Assistance and Enroll on the Phone

New Enrollees:

Medical: 1-833-686-0983

Dental & Vision Humana Enrollment Hotline:

1-877-589-4051 (When you call Humana, state that you are with Florida School Retiree Benefits Consortium so that they are able to best assist you)

Existing Members:

Medical: 1-833-686-0983

Dental & Vision:

- Dental Customer Service: 1-800-233-4013
- Vision Customer Service: 1-877-398-2980
- Billing Questions: 1-877-829-5037



Additional Questions?

send us an email:
benefits@myfsrbc.com

Visit our extensive website:
www.myfsrbc.com

Additional contacts and details on page 5



Thank you to our participating Districts!

