



INITIAL RETIREMENT BENEFITS ENROLLMENT GUIDE

For the 2024 Plan Year



In this guide you will find valuable information about the **Medicare Medical** 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** 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.



What is included in this guide:

Medicare Plans

- Medicare Basics
- · Choosing a Medicare Plan
- FSRBC Medicare Medical Plans
- 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 OR code:





Visit FSRBC on the Web

www.myfsrbc.com

Website includes important information on all Medicare 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 <u>benefits@myfsrbc.com</u> to have any questions addressed or to set up a time to speak one-on-one with our team about your options.

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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



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.

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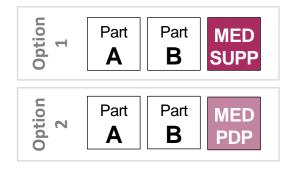
Determine Your Medical Needs

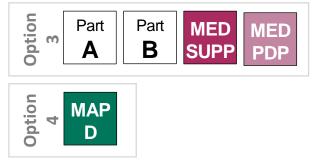
- Have you developed a chronic condition?
- Are you seeking Medical services more or less frequently?
- Do you have any surgeries scheduled in the near future?
- Do you take prescription drugs?
- Does your prescription drug coverage cover your medications?
- Would you benefit from a prescription drug 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.

	Employer	Original Medicare		FSRBC Plans		ns
Medical Benefit	Traditional Employer PPO	Part A	Part B	MAP D	MED SUP P	PDP
Office Visits	\checkmark		\checkmark	\checkmark	\checkmark	
Inpatient Hospital Care	✓	\checkmark		\checkmark	\checkmark	
Skilled Nursing Facility	✓	\checkmark		\checkmark	\checkmark	
Hospice Care	\checkmark	\checkmark		\checkmark	\checkmark	
Home Health Care	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	
Outpatient Care	\checkmark		\checkmark	\checkmark	\checkmark	
Durable Medical Equipment	\checkmark		\checkmark	\checkmark	\checkmark	
Preventive Services	\checkmark		\checkmark	\checkmark	\checkmark	
Labs & Imaging	\checkmark		\checkmark	\checkmark	\checkmark	
Prescription Drugs	\checkmark			\checkmark		\checkmark





Plan Highlights:

Determine Which Plans You are Eligible to Enroll In

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	
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	
MED	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.	

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\$0 Premium UnitedHealthcare PPO Plan

UnitedHealthcare*

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 innetwork 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-po	ocket \$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.

Example Premium

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 <i>Exampl</i> e G Premium	\$191.55 (based on 65-year-old nonsmoking female, zip code 34744)

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 d	rug 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	



Billing and Enrollment: Medicare Plans

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 FSBRC 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.



Additional Questions?

send us an email: benefits@myfsrbc.com

Visit our extensive website: www.myfsrbc.com



Thank you to our participating Districts!





































