

PREPARING FOR MEDICARE

Increase your Medicare Literacy



Better Benefits • Better Retirement

FLORIDA SCHOOL RETIREE
BENEFITS CONSORTIUM

FSRBC Virtual Classroom



What We'll Cover



- **Introductions** - What is FSRBC?
- **Original Medicare**
 - What is Medicare?
 - Who is eligible?
 - Original Medicare Parts A and B
 - Medicare Penalties
- **Applying for Medicare**
 - Enrollment Periods
 - CMS Forms
 - Legislative Updates
- **FSRBC Medicare Plans Overview**
 - Medicare Advantage Plans
 - Medicare Supplement Plans
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 - FSRBC Communications
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 - Contact Information

INTRODUCTIONS



The **Florida School Retiree Benefits Consortium (FSRBC)** is an extension of your District’s benefit offerings for 65 and older. Medicare-eligible retirees, from participating School Districts, are eligible to enroll in high-quality, comprehensive, and competitive Medicare Medical as well as Dental and Vision plans. We know there is a lot to consider when it comes to your healthcare benefits in retirement, and we’re here to help!

Benefits of FSRBC

Plans available through FSRBC generally have **lower member out of pocket cost** than the plans available in the general marketplace

- Group plans have a much **richer drug benefit** and a broader network
- Integrated formulary options giving retirees access to prescriptions
- MAPD plans start at **\$0 monthly premium**
- MAPD **plans with copays** through GAP phase
- **Variety of plan options** to meet your health and financial needs

Enhanced **concierge services** with weekly virtual classroom sessions and one-on-one educational sessions with FSRBC staff.

Enhanced payment options with FRS Pension deductions – Health insurance subsidy dollars are not considered taxable income by FRS if you have your premium dollars deducted from your pension check.

FSRBC	Shannon Shepherd Executive Director	Alyssa Castillo Director
Aon (Benefit Consultants)	Rachel Juel Benefit Consultant	Emily Thammavong Benefit Consultant

Things to Consider During this Meeting



Where are YOU in the Retirement Process?

- Will you be over age 65 when you retire?
- What is your anticipated retirement date?
- Enrolled in Medicare Part A or B?
- Have you met with your District's Benefit Team to discuss retirement?
- When do your District benefits end after retirement?

Retirement Scenarios



Medicare Enrollment Periods



- **Initial Enrollment Period (IEP)** – The 7-month period when someone is first eligible for Medicare. For those eligible due to age, this period begins 3 months before they turn 65, includes the month they turn 65, and ends 3 months after they turn 65. Coverage begins the month after a person signs up during their IEP.

- **Special Enrollment Period (SEP)** for people covered under an employer group health plan. If you're 65 or older and covered under a group health plan, either from your own or your spouse's current employment, you may sign up for Medicare Part B during your SEP. This means that you may delay enrolling in Medicare Part B without having to wait for a GEP (General Enrollment Period – January 1 through March 31) and paying the penalty for late enrollment.

NOTE: COBRA and retiree health coverage don't count as current employer coverage.

Initial Enrollment Period (IEP) – **Turning 65 and Retiring**



<p>Enroll in Original Medicare Parts A and B</p>	<p>Enroll through Social Security</p> <p>When you're first eligible for Medicare (turning 65), you have a <u>7-month Initial Enrollment Period</u> to sign up for Part A and Part B.</p> <ul style="list-style-type: none"> • Begins 3 months before the month you turn 65 • Includes the month you turn 65 • Ends 3 months after the month you turn 65
<p>Enroll in a Medicare Advantage or Medicare Supplement Plan (MediGap) and Prescription Drug Plan</p>	<p>Enroll through FSRBC once you have received your Medicare card with Medicare # and Part A/B Effective Date.</p> <p>Confirm when your District coverage ends, so you do not have a lapse in coverage.</p>

Initial Enrollment Period (IEP) – **Turning 65 and already retired**



<p>Enroll in Original Medicare Parts A and B</p>	<p>Enroll through Social Security</p> <p>When you’re first eligible for Medicare (turning 65), you have a <u>7-month Initial Enrollment Period</u> to sign up for Part A and Part B.</p> <ul style="list-style-type: none"> • Begins 3 months before the month you turn 65 • Includes the month you turn 65 • Ends 3 months after the month you turn 65 <p>Note: If you are receiving social security, you will automatically be enrolled in Medicare once you are 65.</p>
<p>Enroll in a Medicare Advantage or Medicare Supplement Plan (MediGap) and Prescription Drug Plan</p>	<p>Enroll through FSRBC once you have received your Medicare card with Medicare # and Part A/B Effective Date.</p> <p>Confirm when your District coverage ends, so you do not have a lapse in coverage.</p>

Initial Enrollment Period (IEP) – **Turning 65 and continuing to work**



<p>Enroll in Original Medicare Part A</p>	<p>Enroll through Social Security</p> <p>When you're first eligible for Medicare (turning 65), you have a <u>7-month Initial Enrollment Period</u> to sign up for Part A.</p> <p>Note: If you are contributing to a Health Savings Account (HSA) and begin Part A coverage, you will no longer be eligible to contribute to this account</p>
<p>Enrolling Original Medicare Part B</p>	<p>Do not apply until ready for retirement, at which time you will qualify for a Special Enrollment Period (SEP).</p>
<p>Health Plan Coverage</p>	<p>District's group health plan will be your primary coverage and Part A will provide secondary coverage.</p> <p>Medicare Advantage or Supplement plan is not needed due to being enrolled in your District's group health plan.</p>

Special Enrollment Period (SEP) – **Over 65 and retiring**

	<u>NOT enrolled in Part A or B</u>	<u>Enrolled in Part A but NOT Part B</u>
Enroll in Original Medicare Part A		Already enrolled in Part A
Enrolling Original Medicare Part B	<p>Enroll through Social Security</p> <p>When you retire (65+ years old), you have a <u>6-month Enrollment Period</u> to sign up for Part A and Part B.</p> <ul style="list-style-type: none"> • Begins 3 months before your retirement date • Includes the month you retire • Ends 2 months after you retirement date 	<p>Enroll through Social Security</p> <p>When you retire (65+ years old), you have a <u>6-month Enrollment Period</u> to sign up for Part A and Part B.</p> <ul style="list-style-type: none"> • Begins 3 months before your retirement date • Includes the month you retire • Ends 2 months after your retirement date
Enroll in a Medicare Advantage or Medicare Supplement Plan (MediGap)	<p>Enroll through FSRBC once you have received your Medicare card with Medicare # and Part A/B Effective Date.</p> <p>Confirm when your District coverage ends, so you do not have a lapse in coverage.</p>	

Signing up for Part B during the Special Enrollment Period You can do 1 of the following:

1. Go to “ Apply Online for Medicare Part B During a Special Enrollment Period” and complete CMS-40B and CMS-L564. Then, upload your evidence of Group Health Plan or Large Group Health Plan.
2. Fax your CMS-40B and employer-signed CMS-L564 forms to your local Social Security office.
3. Mail your CMS-40B and employer-signed CMS-L564 to your local Social Security office.

CMS forms Completed by District for Part B Begin Date



- What you need to complete in order to enroll in Part B
- Some Districts use the CMS-40B and some use the CMS-L564, please confirm which form is needed for your District.
- The District will need to completed one of these forms and then **you need** to submit to Medicare in order for you Medicare Part B to start once your District plan ends.

CMS-40B

Application for Enrollment in Medicare Part B (Medical Insurance)

- **Who can use this application?** – People who have part A but not Part B
- When do you use this application - If you refused Part B during your IEP because you had group health plan (GHP) coverage through your or your spouse’s current employment. You may sign up during your 8-month Special Enrollment Period (SEP).

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Form Approved
OMB No. 0938-1230
Expires: 04/24

APPLICATION FOR ENROLLMENT IN MEDICARE PART B (MEDICAL INSURANCE)

1. Your Medicare Number

2. Do you wish to sign up for Medicare Part B (Medical Insurance)? YES

3. Your Name (Last Name, First Name, Middle Name)

4. Mailing Address (Number and Street, P.O. Box, or Route)

5. City State Zip Code

6. Phone Number (including area code)
() -

7. Written Signature (DO NOT PRINT) SIGN HERE

8. Date Signed

IF THIS APPLICATION HAS BEEN SIGNED BY MARK (X), A WITNESS WHO KNOWS THE APPLICANT MUST SUPPLY THE INFORMATION REQUESTED BELOW.

9. Signature of Witness

10. Date Signed

11. Address of Witness

12. Remarks

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1230. The time required to complete this information is estimated to average 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, Attn: PRA Reports Clearance Officer, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

CMS-40B (05/21) 2

CMS-L564

WHAT IS THE PURPOSE OF THIS FORM?

In order to apply for Medicare in a Special Enrollment Period, you must have or had group health plan coverage within the last 8 months through your or your spouse’s current employment. People with disabilities must have large group health plan coverage based on your, your spouse’s or a family member’s current employment. This form is used for proof of group health care coverage based on current employment. This information is needed to process your Medicare enrollment application. The employer that provides the group health plan coverage completes the information about your health care coverage and dates of employment

WHAT DO I DO WITH THE FORM?

Fill out Section A and take the form to your employer. Ask your employer to fill out Section B. You need to get the completed form from your employer and include it with your Application for Enrollment in Medicare (CMS-40B). Then you send both together to your local Social Security office. Find your local office here: www.ssa.gov.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Form Approved
OMB No. 0938-0787

REQUEST FOR EMPLOYMENT INFORMATION

SECTION A: To be completed by individual signing up for Medicare Part B (Medical Insurance)

1. Employer's Name

2. Date

3. Employer's Address

City State Zip Code

4. Applicant's Name

5. Applicant's Social Security Number

6. Employee's Name

7. Employee's Social Security Number

SECTION B: To be completed by Employers

For Employer Group Health Plans ONLY:

1. Is (or was) the applicant covered under an employer group health plan? Yes No

2. If yes, give the date the applicant's coverage began. (mm/yyyy)

3. Has the coverage ended? Yes No

4. If yes, give the date the coverage ended. (mm/yyyy)

5. When did the employee work for your company?
From: (mm/yyyy) To: (mm/yyyy) Still Employed: (mm/yyyy)

6. If you're a large group health plan and the applicant is disabled, please list the timeframe (all months) that your group health plan was primary payer.
From: (mm/yyyy) To: (mm/yyyy)

For Hours Bank Arrangements ONLY:

1. Is (or was) the applicant covered under an Hours Bank Arrangement? Yes No

2. Does the applicant have hours remaining in reserve? Yes No

3. Date reserve hours ended or will be used? (mm/yyyy)

All Employers:
Signature of Company Official Date Signed

Title of Company Official Phone Number

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information is 0938-0787. The time required to complete this information collection is estimated to average 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, MD 21244-1850.

Form CMS L564R297 (09/23) 2

- NOTE: When completing the CMS-L564:
- State, “I want Part B coverage to begin (MM/YY)” in the remarks section of the CMS-40B form or online application.
 - If your employer is unable to complete Section B, please complete that portion as best as you can on behalf of your employer without your employer’s signature. Then, submit 1 of the following forms of secondary evidence:
 - Income tax returns that show health insurance premiums paid.
 - W-2s reflecting pre-tax medical contributions.
 - Pay stubs that reflect health insurance premium deductions.
 - Health insurance cards with a policy effective date.
 - Explanations of benefits paid by the group health plan or large group health plan.
 - Statements or receipts that reflect payment of health insurance premiums.

Health Insurance Subsidy – **FRS (Florida Retirement System)**



- **Health Insurance Subsidy (HIS)** – Effective July 1, 2023, the employer of each member of the FRS shall contribute 2% of compensation each pay period to HIS. Employers will also increase the HIS payment for FRS Pension Plan and FRS Investment Plan members based on a calculated amount. The HIS benefit calculation will be based on \$7.50 per year of creditable service with a maximum monthly benefit of \$225 and a minimum of \$45.
- **Please contact FRS (Florida Retirement System)** to confirm your eligibility and amount. FRS can assist you in ensuring you begin receiving the subsidy once you retire.

We're here to help. By calling the MyFRS Financial Guidance Line toll-free at **1-866-446-9377 (TRS 711)**, and selecting the correct option, you'll have access to experts who can answer all your questions about retirement planning, the FRS retirement plans, and managing your finances. This free service to all FRS members is a one-point source that will conveniently route you to the right source for information, including:

- Option 1 - Plan choice information and financial guidance from expert, unbiased financial planners at [EY](#)
- Option 2 - Help using and understanding [Alight Solutions'](#) Choice Service and [GuidedChoice's](#) Advisor Service, and MyFRS.com login assistance
- **Option 3** - Details about the FRS Pension Plan from experienced counselors at the [Division of Retirement](#)
- Option 4 - Information about conducting FRS Investment Plan transactions from [Alight Solutions](#), the Investment Plan Administrator

Original Medicare Overview



What is Medicare?

- **Medicare is a Federal health insurance program for people age 65 or older** or under age 65 with certain disabilities, or individuals of any age who have End Stage Renal Disease (ESRD).
- **Although the Centers for Medicare & Medicaid Services (CMS) is the agency in charge of the Medicare program, Social Security processes your application for Original Medicare (Part A and Part B).**
- It is made up of Parts A, B, C and D.
 - Parts A and B make up what is known as “Original Medicare” and does not cover all medical costs, so you are responsible for Part A and/or Part B cost sharing, which includes premiums, deductibles, coinsurances and prescription drug costs.
 - Part C refers to Medicare Advantage Plans.
 - Part D refers to Prescription Drug Plans.
- **Who is eligible?**
 - You qualify for full Medicare benefits at age 65 or older if:
 - **You are a U.S. citizen** or a permanent legal resident who has lived in the United States for at least five years; and
 - **You or your spouse has worked** long enough to be eligible for Social Security or railroad retirement benefits — usually having earned 40 credits from about 10 years of work — even if you are not yet receiving these benefits; or
 - **You or your spouse is a government employee** or retiree who has not paid into Social Security but has paid Medicare payroll taxes while working.
 - You qualify for full Medicare benefits under age 65 if:
 - You have been entitled to Social Security disability benefits for at least 24 months (that need not be consecutive), or
 - You receive a disability pension from the Railroad Retirement Board and meet certain conditions, or
 - You have Lou Gehrig's disease, also known as amyotrophic lateral sclerosis, which qualifies you immediately; or
 - You have permanent kidney failure requiring regular dialysis or a kidney transplant, also known as End Stage Renal Disease (ESRD) — and you or your spouse has paid Social Security taxes for a specified length of time depending on your age.

To find out if you are eligible and your expected premium, go the [Medicare.gov eligibility tool](#).

Part A – Hospital Insurance

Part A covers:

- Inpatient care in a hospital
- Skilled nursing facility care
- Inpatient care in a skilled nursing facility (not custodial or long-term care)
- Hospice care
- Home health care

Find out if Medicare covers what you need:

- Talk to your doctor or other health care provider and find out if Medicare will cover the services or supplies you need
- Visit <https://www.medicare.gov/coverage> to search covered services and supplies

When should I enroll?

Everyone should enroll in Medicare Part A as soon as you are eligible.

- **Part A can act as a secondary payer even if you are still actively employed with employer group medical benefits.**
- If you are enrolled in Part A you cannot contribute to a Health Savings Account (HSA).
- If you worked 40 quarters of Medicare-credited employment, you are automatically entitled to Part A. Most people are entitled to Part A without any monthly premium.
- In many cases, beneficiaries with less than 40 quarters of Medicare-credited employment may purchase Part A for a monthly premium. This premium amount will vary depending on the number of quarters of Medicare-credited employment you have. Contact the Social Security Administration for details.
- Visit <https://www.ssa.gov/benefits/medicare/> for more information

Please Note: In order to be eligible to enroll in FSRBC Medicare plans, you must already be enrolled in both Part A and Part B.

Part B – Medical Insurance

Part B covers medically necessary services and preventative services such as:

- Doctor visits
- Ambulance services
- Durable medical equipment (DME)
- Mental health services
- Partial hospitalization
- Second opinions before surgery
- Limited outpatient prescription drugs

Find out if Medicare covers what you need:

- Talk to your doctor or other health care provider and find out if Medicare will cover the services or supplies you need
- Visit <https://www.medicare.gov/coverage> to search covered services and supplies

When should I enroll in Medicare Part B?

- **You should enroll in Medicare Part B as soon as you are eligible if you are not actively working, have no other coverage, or are enrolled in a Retiree health plan or COBRA.**
- These types of coverage do not count as current employer coverage and you may be charged a Part B late-enrollment penalty if you do not enroll when you are first eligible. If a penalty is imposed by Medicare, you must continue to pay this penalty as long as you have Medicare Part B.
- If you are still actively working, you may delay enrolling in Part B without penalty, until you leave the active-employee commercial group health plan.
- **Part B has a monthly premium that is paid directly to Social Security.** Many Medicare beneficiaries elect to have the Part B premium deducted directly from their monthly Social Security check. The 2024 monthly standard Part B premium is \$174.70. High-Income earners may pay more (applies to incomes over \$103,000 in 2024).
- Visit <https://www.ssa.gov/benefits/medicare/> for more information

Please Note: In order to be eligible to enroll in FSRBC Medicare plans, you must already be enrolled in both Part A and Part B.

Income-Related Monthly Adjusted Amount (IRMAA)



Income-Related Monthly Adjusted Amount (IRMAA)

What is income for IRMAA?

- The income that counts towards IRMAA is your modified adjusted gross income of MAGI.
- Social Security defines MAGI as your “Adjusted gross income (AGI) plus any tax-exempt interest you may have or everything on lines 2a and 11 of the 2022 IRS tax form 1040.”

To determine your Part B Premium, they will look at your income from the prior two (2) years.

But will you reach IRMAA 2024?

- The answer to whether you will reach IRMAA in 2024 is all dependent on how much income you earned in 2022.
- The reason why your income from two (2) years prior is paramount in you reaching IRMAA in 2024 is simply because of the process of determining who actually reaches IRMAA.

Please note:

- If the IRS can not locate a tax return from 2022, they will use the tax-return from 2021.
- If the IRS can not locate a tax return from 2022 or 2021 then the Medicare beneficiary will automatically be put into the highest IRMAA threshold for that year.

<https://www.cms.gov/newsroom/fact-sheets/2024-medicare-parts-b-premiums-and-deductibles>

Full Part B Coverage				Part D
Beneficiaries who file individual tax returns with modified adjusted gross income:	Beneficiaries who file joint tax returns with modified adjusted gross income:	Income-Related Monthly Adjustment Amount	Total Monthly Premium Amount	Income-related monthly adjustment amount
Less than or equal to \$103,000	Less than or equal to \$206,000	\$0.00	\$174.70	\$0.00
Greater than \$103,000 and less than or equal to \$129,000	Greater than \$206,000 and less than or equal to \$258,000	\$69.90	\$244.60	\$12.90
Greater than \$129,000 and less than or equal to \$161,000	Greater than \$258,000 and less than or equal to \$322,000	\$174.70	\$349.40	\$33.30
Greater than \$161,000 and less than or equal to \$193,000	Greater than \$322,000 and less than or equal to \$386,000	\$279.50	\$454.20	\$53.80
Greater than \$193,000 and less than \$500,000	Greater than \$386,000 and less than \$750,000	\$384.30	\$559.00	\$74.20
Greater than or equal to \$500,000	Greater than or equal to \$750,000	\$419.30	\$594.00	\$81.00

Original Medicare Cost



Retirees must be enrolled in Original Medicare Parts A and B to be eligible for the FSRBC Medicare plans.

Medicare Part A	Medicare Part B
<p>Covers: Inpatient Hospital Care, Skilled Nursing Facility Care, Home Health and Hospice</p>	<p>Covers: Doctor Visits, Ambulance, Durable Medical, Outpatient Service, Limited Outpatient Prescription Drugs</p>
<p>Hospital (Inpatient)</p> <ul style="list-style-type: none"> • No monthly premium for most people • \$1,632 deductible • Days 1–60: \$0 coinsurance • Days 61–90: \$408 coinsurance per day. • Days 91 and beyond: \$816 coinsurance per each "lifetime reserve day" after day 90 for each benefit period (up to 60 days over your lifetime). • Each day after lifetime reserve days: All costs. 	<p>General</p> <ul style="list-style-type: none"> • Monthly Premium*: \$174.70 (Paid directly to social security) • Deductible: \$240 per calendar year • Cost sharing: 20% of the Medicare-approved amount for most services
<p>Medicare-Certified Skilled Nursing Facility</p> <ul style="list-style-type: none"> • Days 1–20: \$0 coinsurance per day. • Days 21–100: Up to \$204 coinsurance per day. • Days 101 and beyond: All costs. 	<p>Outpatient Mental Health</p> <ul style="list-style-type: none"> • 20% of the Medicare-approved amount for most outpatient mental health services
<p>Home health care</p> <ul style="list-style-type: none"> • \$0 copayment for Medicare-approved home health care services 	<p>Preventive Services</p> <ul style="list-style-type: none"> • \$0 copay for the Medicare-approved list of preventive services
<p>Blood</p> <ul style="list-style-type: none"> • Entire cost for first three pints of blood 	<p>Blood</p> <ul style="list-style-type: none"> • Entire cost for first three pints of blood as an outpatient, then 20% of the Medicare-approved amount for additional pints
<p>Notes: Part A can act as a secondary payer even if you are still <u>actively employed</u> with employer group medical benefits.</p>	<p>Notes: You should enroll in Medicare Part B as soon as you are eligible if you are not actively working, have no other coverage, or are enrolled in a Retiree health plan or COBRA.</p>

*Please Note: Monthly Premiums may vary based on income and increase when incomes are over \$103,000. Please visit Medicare.gov for additional coverage information

What services are **NOT** covered by Original Medicare?

- Long-Term Care (also called custodial care)
- Most dental care
- Eye exams related to prescribing glasses
- Dentures
- Cosmetic surgery
- Acupuncture
- Hearing aids and exams for fitting them
- Routine foot care
- **Prescription Drug Coverage**

[If you need services Medicare doesn't cover, you'll have to pay for them yourself unless you have other insurance or a Medicare health plan that covers them.](#)

Medicare Penalties

It's important to sign up for Medicare coverage during your Initial Enrollment Period, unless you have other coverage that's similar in value to Medicare (like from an employer). If you don't, you may have to pay an extra amount, called a late enrollment penalty.

Part A late enrollment penalty

- Some people have to buy Part A because they don't qualify for premium-free Part A.
- If you have to buy Part A, and you don't buy it when you're first eligible for Medicare, your monthly premium may go up 10%.
- You'll have to pay the penalty for **twice the number of years** you didn't sign up.

Part B late enrollment penalty

- Generally, you won't have to pay a Part B penalty if you qualify for a Special Enrollment Period. Learn more about Special Enrollment Periods.
- You'll pay an **extra 10% for each year** you could have signed up for Part B, but didn't.
- You may also pay a higher premium depending on your income.

Part D late enrollment penalty

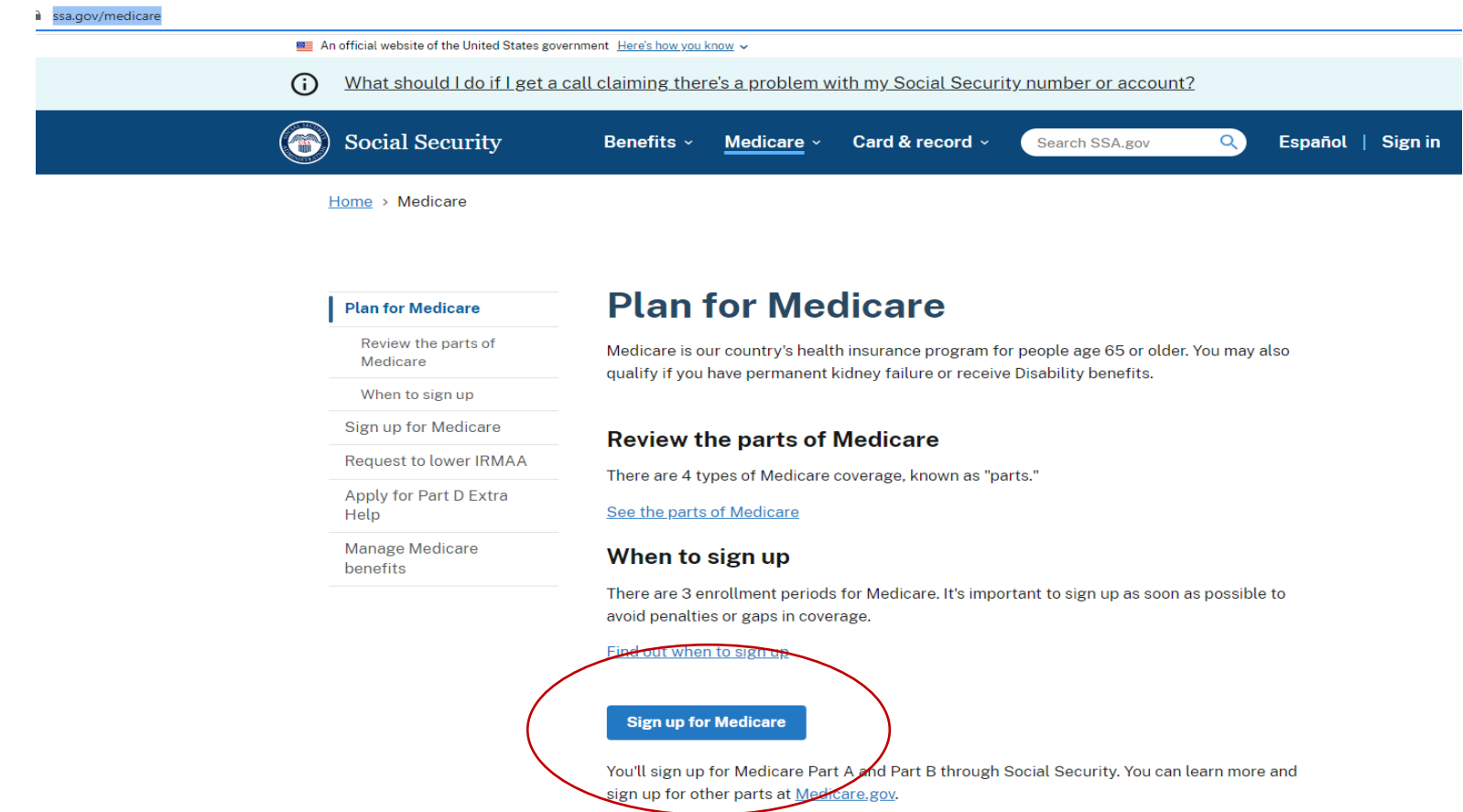
- Generally, you won't have to pay a Part D penalty if:
 - You have creditable drug coverage (coverage that's similar in value to Part D) OR
 - You qualify for Extra Help
- You'll **pay an extra 1% for each month** (that's 12% a year) if you:
 - Don't join a Medicare drug plan when you first get Medicare.
 - Go 63 days or more without creditable drug coverage).
- You may also pay a higher premium depending on your income.
- After you join a Medicare drug plan, the plan will tell you if you have to pay a penalty and what your premium will be.

How to Apply for Original Medicare

There are 3 ways to apply for Medicare if you are not automatically enrolled. To be automatically enrolled, you must be already be receiving your social security payments.

1 Enroll online, go to <https://www.ssa.gov/medicare>.

- Create an account (username and password), if you have not already created your social security account, or sign in.
- There will be a separate process to sign up for Medicare Parts A and B.
- If you are currently working, you do not need to apply for Part B until you actually retire.
- Medicare Part A does not have a premium like Part B and is effective the first of the month of your 65th birthday, so everyone should sign up when first eligible.



2 Enroll in person at your local Social Security Administration office. If you do not want to apply online, visit your local Social Security Administration office.

3 Enroll over the phone with the Social Security Administration/Medicare office at 1-800-633-4227. You can submit your application over the phone with a representative. Please note, there could be an extremely long hold times.

IMPORTANT: Once application is submitted it may take several weeks to receive your Medicare card in the mail. It is very important that you apply for Medicare timely, so it does not delay you being able to enroll in a Medicare Supplement or Medicare Advantage Plan. **YOU MUST BE ENROLLED IN BOTH MEDICARE PARTS A AND PART B TO ENROLL IN A MEDICARE PLAN** through FSRBC

FSRBC Medicare Plans Overview



How do the FSRBC Plans work with Original Medicare?

Original Medicare Plans

Provided by the federal government

Part A **Medicare Part A Hospital Insurance** Covers inpatient hospital care, skilled nursing facility, hospice, lab tests, surgery and home health care.

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.

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.

Option 1:

Choose a Medicare Advantage Plan

MAPD **Medicare Advantage Including Prescription Drug (MAPD)**
Known as Part C
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.

Option 2:

Add the below to Original Medicare Plans A and B

MED SUPP **Medicare Supplement**
Known as Medigap
Helps cover some or all of the out-of-pocket costs that Original Medicare does not cover

+


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

Original Medicare Compared to FSRBC Medicare Plans

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.

There are 5 components and 4 Parts to Medicare, which each provide different coverage levels:

- 1. Part A – Original Medicare (Hospital coverage)**
- 2. Part B – Original Medicare (Medical coverage)**
- 3. Part C – Medicare Advantage/Medicare Advantage Prescription Drug (MAPD)**
- 4. Part D – Prescription Drug Plans (PDP)**
- 5. Medicare Supplement/Medigap plans**

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

Medicare Basics: Medicare Advantage Prescription Drug (MAPD)



- **Medicare Advantage** plans combine Parts A and B (Original Medicare) into one comprehensive plan (Part C)
- All FSRBC Advantage plans include prescription drug coverage (MAPD)
 - Drug tiers can vary based on plan, which can impact cost – know which drug tier prescription drugs fall into (more details on the next page)
- Medicare Advantage plans function similarly to an employer HMO or PPO plan
 - Like with an employer plan, the MAPD plan provides you with comprehensive coverage. When you present your insurance card, you’ll show them your MAPD card instead of your Medicare “red, white, and blue” card
 - Spouses can be covered under the Retiree’s account selecting their own separate plan
 - Policies are provided by private insurance companies

FSRBC 2024 MAPD Plans

Districts Eligible	Carrier	Plan Names	2024 Retiree Premium
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 PPO	\$116.66
		Enhanced PPO	\$462.01

Medicare Advantage - UHC

These plans offer out-of-network benefits, and the copays and coinsurance are the same amount. **These plans can be used at any provider who accepts Medicare and will bill UnitedHealthcare.**

Check the plan documents and prescription drug formulary by [clicking here](#).

Please note monthly premium does not include Original Medicare Part B premium paid to Social Security

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.



	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

Prescription Drugs: Know Your Tier!

Drug tiers can vary based on plan, which can impact your cost – know which drug tier your prescription drugs fall into!

IMPORTANT TIP:

We suggest you request a printout, from your pharmacy, of your last year’s prescriptions showing the total cost, the cost the insurance covered and your cost. This will help you with determining your potential cost out of pocket cost.

	FSRBC Medicare Advantage Plans			
	UnitedHealthcare Premier National PPO (13900)	UnitedHealthcare Comprehensive National PPO (13946)	UnitedHealthcare Low National PPO (13937)	UnitedHealthcare Group PPO (13944)*
Flomax	3	3	3	Substitute (2-3)
Albuterol Sulfate	1	1	1	3
Amlodipine-Olmesartan	1	1	1	2
Azor	3	3	3	Substitute 2
Dexamethasone	1	1	1	2
Dexilant	3	3	3	Substitute (2-5)
Digoxin	1	1	1	4
Dupixent	4	4	4	Substitute (5)
Eliquis	2	2	2	3
Hydroxychloroquine	1	1	1	2
Ivermectin	1	1	1	2
Levothyroxine	1	1	1	1
Lexapro	3	3	3	Substitute (1-5)
Linzess	2	2	2	3
Lipitor	3	3	3	Substitute (2-3)
Lisinopril	1	1	1	1
Metformin	1	1	1	1
Metoprolol	1	1	1	2
Nexium	2	2	2	3
Novolog	3	3	3	Substitute (1-5)
Omeprazole	1	1	1	2
Ozempic	2	2	2	3
Pravastatin	1	1	1	1
Rybelsus	2	2	2	3
Synthroid	2	2	2	3
Tremfya	4	4	4	5
Xarelto	2	2	2	3
Zoloft	3	3	3	Substitute (1-5)

*Sample drug list, examples as of February 2022. Tiers can change year to year.

Medicare Advantage - UHC

This plan is offered Nationally but only available for those who reside in the service area. In Florida, this plan is offered in all counties except: Baker, Broward, Bradford, Calhoun, Citrus, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Liberty, Madison, Miami-Dade, Monroe, Okaloosa, St. Lucie, Suwannee, Taylor and Union

***This plan also includes out-of-network benefits that differ from in-network benefits. Cost maybe higher for out-of-network benefits. Providers must be contracted with UnitedHealthcare to be considered in-network. Please refer to plan documents for additional details.**

Please note monthly premium does not include Original Medicare Part B premium paid to Social Security

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.

	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

Medicare Basics: Medicare Supplement/Medigap and Prescription Drug Plans



Medicare Supplement plans (MedSupp/Medigap) offer more complete medical coverage and help pay some of the health care costs that Original Medicare doesn't cover, like copayments, coinsurance and deductibles.

- Sits on top of Original Medicare
- Prescription Drugs are not covered
- Retirees must have Medicare Part A and B to enroll in a MedSupp plan
- Policies only cover one person. Retirees and spouses would have to buy separate policies.
- Policies are provided by private insurance companies
- Policies are individually rated (*Age, Gender, Zip, Health Status (smoker/nonsmoker)*)

Prescription Drug Plans (PDP) are a separate plan that provide additional drug coverage.

- “Donut hole” refers to coverage gap that occurs after member and plan have paid a certain amount on prescription drugs
- Medical coverage is not included in a Prescription Drug Plan
- Retirees must have Medicare Part A and B to enroll in a Prescription Drug Plan

FSRBC 2024 MedSupp Plans

Districts Eligible	Carrier	Plan Names	2024 Retiree Premium	
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		

FSRBC 2024 PDP Plans

Districts Eligible	Carrier	Plan Names	2024 Retiree Premium	
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

FSRBC Medicare Supplement/Medigap Plans: United Healthcare



Below is a high-level overview of Medicare Supplement Plans.
It is important to note that all Medicare Supplement plans are individually rated.

Benefit	A	G	N
Part A coinsurance and hospital costs up to an additional 365 days after Medicare benefits are used up	Yes	Yes	Yes
Part B coinsurance or copayment	Yes	Yes	Yes
Blood (first 3 pints)	Yes	Yes	Yes
Part A hospice care coinsurance or copayment	Yes	Yes	Yes
Skilled nursing facility care coinsurance	No	Yes	Yes
Part A deductible	No	Yes	Yes
Part B deductible	No	No	No
Part B excess charge	No	Yes	No
Foreign travel exchange (up to plan limits)	No	80%	80%

Enrollment – UnitedHealthcare requires Retirees to contact them directly to enroll in a Medicare Supplement Plan. When they call the FSRBC Customer Service they transfer the Retiree directly to UnitedHealthcare. Contact FSRBC’s UnitedHealthcare customer service for additional information by calling (877) 776-1466

Disenrollment – If at anytime a Retiree chooses to disenroll from a Medicare Supplement plan they MUST contact the carrier directly to disenroll.

Medicare Supplement & PDP - UHC

Medicare Supplement Plans (Medical Only) Offered:
A, F, G and N

Please Note: Plan F no longer accepting new enrollments from those with Medicare effective date later than 1/1/20. Plan G is most similar.

Monthly Premiums are based on Age, Gender, Smoking/Non-Smoking status and zip code.

- Medical Questions will not be required during your initial enrollment period
- If you enroll in a MedSupp plan, disenroll and wish to re-enroll you will be subject to Medical Underwriting and could be denied. Your monthly premium will also be based on your increased age.



Please note total premium does not include Original Medicare Part B premium paid to Social Security

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 Monthly 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	\$545	\$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 Monthly Premium	\$103.50	\$80.60	\$125.58	\$310.94

Total Combined (Plan G + Rx Plan) Example Monthly Premium	\$295.05	\$272.15	\$317.13	\$502.50
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Prescription Drugs: Know Your Tier!

Drug tiers can vary based on plan, which can impact your cost – know which drug tier your prescription drugs fall into!

IMPORTANT TIP:

We suggest you request a printout, from your pharmacy, of your last year's prescriptions showing the total cost, the cost the insurance covered and your cost. This will help you with determining your potential cost out of pocket cost.

Drug	FSRBC Prescription Drug Plans			
	AARP Rx Saver Plus	AARP Rx Preferred	Comprehensive Rx	Premier Rx
Tamsulosin (Flomax)	2	2	1	
Albuterol Sulfate	2	2	1 (Generic) / 3 (Brand)	
Amlodipine-Olmesartan	Not Covered	3	1	
Azor	Not Covered	Not Covered	3	
Dexamethasone	2	2	1	
Dexilant	Not Covered	4	3	
Digoxin	4	4	1	
Dupixent	5	5	4	
Eliquis	3	3	2	
Hydroxychloroquine	2	2	1	
Ivermectin	3	3	1	
Levothyroxine	1	1	1	
Lexapro	Not Covered	Not Covered	3	
Linzess	3	3	2	
Lipitor	Not Covered	Not Covered	3	
Lisinopril	1	1	1	
Metformin	1	1	1	
Metoprolol Succinate	2	1	1	
Nexium	Not Covered	Generic Only - 3	2	
Novolog	Not Covered	Not Covered	3	
Omeprazole	2	2	1	
Ozempic	Not Covered	3	2	
Pravastatin	2	1	1	
Rybelsus	Not Covered	3	2	
Synthroid	3	3	2	
Tremfya	Not Covered	Not Covered	4	
Xarelto	3	3	2	
Zoloft	Not Covered	Not Covered	3	

*Sample drug list, examples as of March 2023. Tiers can change year to year.

2024 Prescription Drug Phases



- Deductible may apply based upon the plan you are enrolled in.
- Phase limits are set each year by the Center for Medicare Services. The limits listed are applicable to 2024.
- Items that count towards the coverage gap out-of-pocket expenses: Yearly deductible, coinsurance and copayments. The discount you get on brand-name drugs in the coverage gap ([Click Here](#) for example). What you pay in the coverage gap
- Starting January 1, 2024, once your out-of-pocket spending reaches \$8,000 (including certain payments made by other people or entities, including Medicare’s Extra Help program, on your behalf), you’ll automatically get “catastrophic coverage.” This means you won’t have to pay a copayment or coinsurance for covered Part D drugs for the rest of the calendar year.

Humana Dental and Vision Plans



Humana Dental

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
 - Implants (**High PPO Plan ONLY**).

Humana DHMO Additional Details:

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



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

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 Vision

The Vision network includes these major retailers Target, Walmart, Sam’s Club, Lens Crafters, and Pearl Vision.



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

Enrollment and Assistance



Enrollment Assistance

It is recommended to start looking at your options at least 90 days before 65th birthday



Attend a Virtual Education Session

Sessions hosted every Tuesday and Thursday. Sign up at www.myfsrbc.com



Get Assistance on the Phone

Medical: 1-833-686-0983

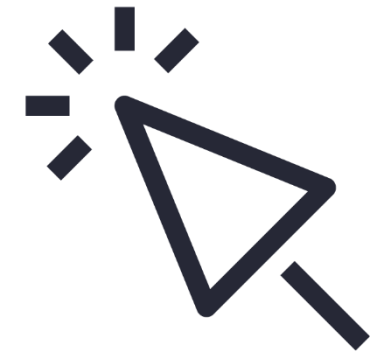
Dental & Vision:

- NEW Enrollment Hotline: 1-877-589-4051
- Currently Enrolled Members Call:
 - Dental Customer Service: 1-800-233-4013
 - Vision Customer Service: 1-877-398-2980
 - Billing Questions: 1-877-829-5037
- Notes:
 - When you call Humana, state that you are with **Florida School Retiree Benefits Consortium** so that they are able to best assist you
 - If you need to update your contact information with Humana, you must call their customer service department



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.



Visit FSRBC on the Web

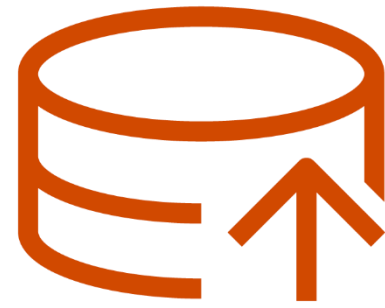
www.myfsrbc.com

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.

Payment Options

Insurance premiums are due monthly to FSRBC or Humana (depending on the plan) —payment options include ACH/bank draft, FRS, and check



or



or



FRS/Pension

ACH/Bank Draft

Check

Payment Timing	Payment deducted on last business day of the month for following month (i.e. 12/31 for January coverage)	Payment deducted on the 5th of the billing month (i.e. 1/5 for January coverage)	Payment posted when check received
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 o/a 7th of each month.	Payment preference due by 1st of each month for upcoming billing cycle (i.e. 2/1 for 2/1 coverage).	N/A

Notes regarding Medical Medicare Plan payments:

- Invoices with elections are available online or, if paying by check, retirees will be mailed an invoice.
- Retirees can access billing support through the Customer Service Center at 1-833-686-0983
- Retirees new to the program who want to begin making payments through FRS must attest by completing a form on the enrollment site or via phone through Customer Service.
- To avoid lapse in payment, retirees will be prompted to elect a substitute payment option, if required.

Notes regarding Dental and Vision Plan payments:

- Premiums can be paid on a monthly, semi-annual, or annual basis.
- If Retiree want to make payments through FRS, they must complete the FRS deduction form, available online.
- Access billing support through Humana's Billing Customer Service Center at 1-877-829-5037

Enrolling in Benefits



Medicare Medical



Dental

Humana



Vision

Humana

Phone	Call the FSRBC Medicare Customer Service Enrollment Center 1 (833) 686-0983 Monday – Friday from 9:00am – 5:00pm EST	Call Humana at 1 (877) 589-4051 Enrollers available Monday – Friday from 8:00 am – 8:00 pm EST
Website	<p>Visit www.myfsrbc.bswift.com enter either login with your credentials or choose “First time visiting, register now”</p> <ul style="list-style-type: none"> • Non-Registered Users will select “First time visiting, register now” and enter you Name, Zip Code and Date of Birth. You will then be promoted to enter a username and password. • Registered Users (if you have previously logged into the Bswift system) you can login with your user ID and password. 	<p>Visit https://slservices.humana.com/enrollmentregistration/slfallogin.aspx and enter either login credentials applicable below:</p> <ul style="list-style-type: none"> • 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
Enrollment Form	N/A	<p>Click Here to download the enrollment form</p> <ul style="list-style-type: none"> • Complete the form • Send the form to Humana through email at: NFLOpenEnrollment@humana.com

Additional Information

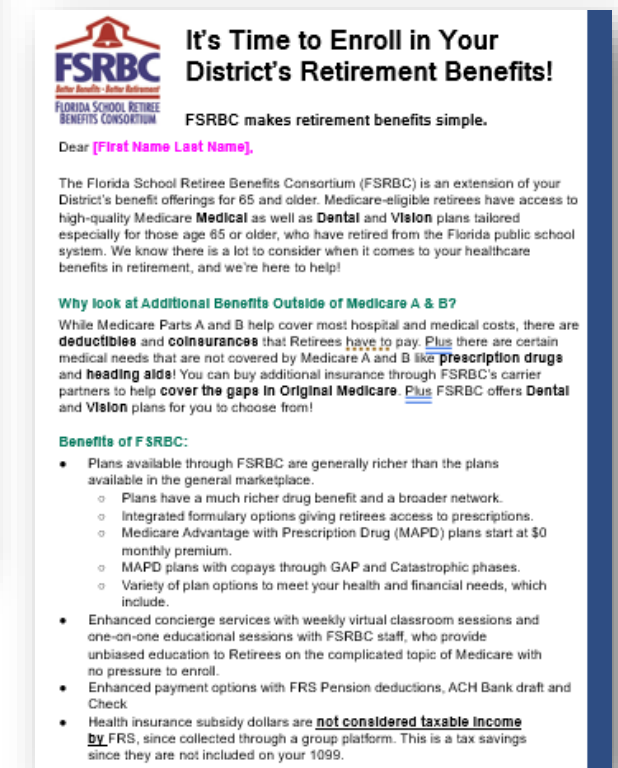
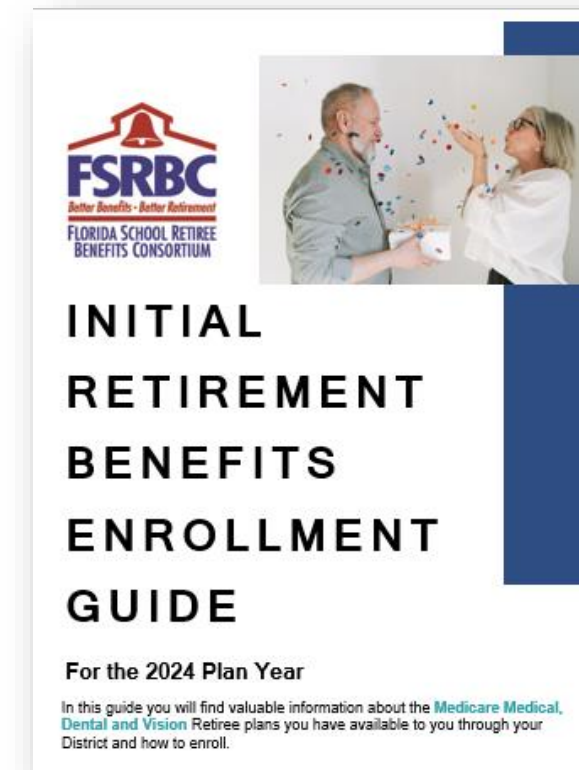


FSRBC Mail Communications



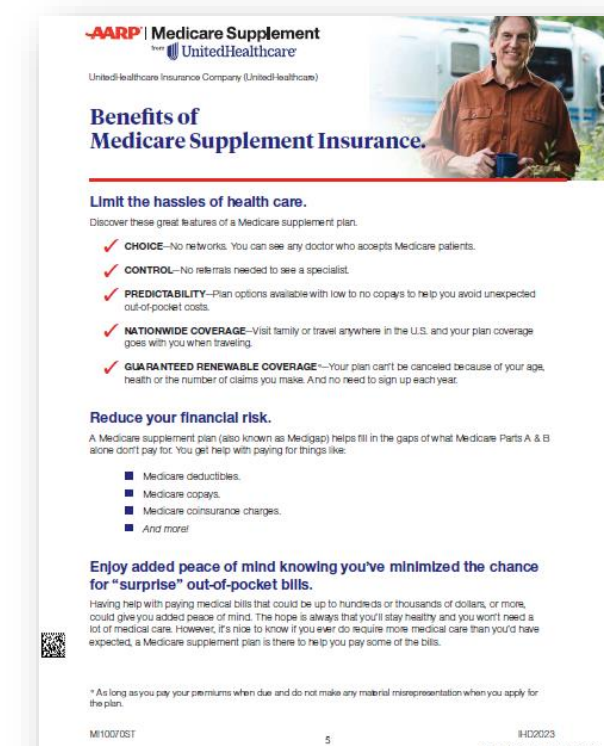
Aging in to 65 (already retired) - Six months prior to 65th birthday, Retirees will receive two (2) packets:

1. FSRBC Initial Enrollment Guide and Letter
2. UnitedHealthcare (UHC) Supplement packet
 - Application with personalized information included, which is needed for enrollment in a Medicare Supplement Plan.
 - Representative will confirm receipt at time of enrollment. Enrollment will be delayed if you do not have the packet.
 - If retirees are not AARP members, the representative will complete that AARP enrollment and United Healthcare will pay the premium for one year. Supplement Plan coverage will be maintained there after even with no AARP membership.



Just Retired 65 and over – Once retirement date is received from District the below packets will be mailed out. This take several weeks based on the timing of when the files are sent to FSRBC and then printed/mailed.

1. FSRBC Initial Enrollment Guide and Letter
2. UnitedHealthcare (UHC) Supplement packet
 - Application with personalized information included, which is needed for enrollment in a Medicare Supplement Plan.
 - Representative will confirm receipt at time of enrollment. Enrollment will be delayed if you do not have the packet.
 - If retirees are not AARP members, the representative will complete that AARP enrollment and United Healthcare will pay the premium for one year. Supplement Plan coverage will be maintained there after even with no AARP membership.



Remember, the FSRBC offers Educational Webinars which offers more information about enrolling in Medicare Parts A & B, explaining what Medicare pays for and how Medicare Supplement, Advantage and Prescription Plans work with Original Medicare. Go to myfsrbc.com to sign up for one of these sessions.

Question	Answer
When I am applying for Medicare will my District benefits end automatically when my Medicare benefits start?	No, you will need to confirm when your District benefits end and have your Medicare coverage start at that time to ensure there is no lapse in coverage.
When is the best time to apply for Part B?	When you are 65 or older and retiring.
If I am contributing to a Health Savings Account (HSA) should I apply for part A?	You cannot contribute to a HSA if you are enrolled in Part A.
If I am enrolled in a Medical Flexible Savings Account (FSA) and I retire can I continue to use those funds?	Typically, you can submit for reimbursement as long as the expense was incurred before you retired. Check with your District’s plan rules so you don’t leave any money when you retire.
How to receive Health Insurance Subsidy (HIS)? – Investment Plan	<ul style="list-style-type: none"> • Complete required HIS form from FRS. • Your form can’t be completed until you take a distribution, all forms have an area to be completed by the District. See your District for more details. • FRS mails the first payment as a check, with instructions for Direct deposit. • You must be enrolled in a medical benefit to receive the HIS dollars.
How to receive Health Insurance Subsidy (HIS)? – Pension Plan	<ul style="list-style-type: none"> • Complete required HIS form from FRS, provided by FRS through the mail. • All forms have an area to be completed by the District. See your HR/Benefit Office at your District for more details. • HIS dollars will be added to your pension check. • You must be enrolled in a medical benefit to receive the HIS dollars.
I have completed and submitted my Medicare application but have not received my card or heard back?	Follow up with Social Security to ensure they have received your application within a month. If you have applied online, you can check the status of the application.

Question	Answer
What if I have Tricare?	<p>If you have TRICARE (insurance for active-duty, military retirees, and their families), your health benefits can change or end when you become eligible for Medicare. This applies for any reason, regardless of age or place of residence. If you're retired from the military or are a military retiree's family member, you must enroll in Part A and Part B once you become eligible to keep TRICARE coverage. You can find a military health benefits adviser at milconnect.dmdc.osd.mil or call the Defense Manpower Data Center, toll-free at 1-800-538-9552 (TTY 1-866-363-2883), before you decide whether to enroll in Medicare Part B.</p> <p>IMPORTANT: If you have VA coverage and don't enroll in Part B when you're first eligible, you may have to pay a late enrollment penalty. This penalty applies for as long as you have Part B coverage. Also, you may have to wait to enroll, which will delay this coverage.</p>

Ready to Retire? - Next Steps



- 1 If you are ready to retire, please contact your benefits or retirement department

- 2 Enroll in Original Medicare
 - If already enrolled in Part A, you must enroll in Part B
 - If you haven't enrolled in Part A and Part B, complete your application for Medicare.
 - Must be enrolled in Part A and Part B to enroll in a Medicare Medical Plan

- 3 Once you have your Medicare Card showing Medicare Number with Part A and B effective dates, you are ready to enroll in a Medicare Plan.

- 4 Attend one of FSRBC webinars for more information about Medicare medical plans offered through FSRBC. We offer these on Tuesday's and Thursday's. Visit myfsrbc.com to sign up.

- 5 If you have more questions, email benefits@myfsrbc.com

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:



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.



Get Assistance and Enroll on the Phone

New Enrollees:

Medicare Medical Customer Service (bswift): 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:

Medicare Medical Customer Service (bswift): 1-833-686-0983

Dental & Vision:

1-800-233-4013	1-877-398-2980	1-877-829-5037	1-877-598-4051
Dental Claims	Vision Claims	Dental Billing Questions	Initial Enrollment
Dental Benefits	Vision Benefits	Vision Billing Questions	Coverage Changes
Dental Provider Search		FRS Authorization Form	Plan Changes
Dental Name or Address Change		Change Payment Preference	Add/Drop Dependent
Dental DHMO Provider Change			Plan Terminations
Vision Name or Address Change			

Questions?



Please note, this presentation was put together as a high-level informational overview of the retirement process, as it relates to Medicare. We recommend you complete additional research on your own to determine the plan that best fits your needs or for specific rules. For additional questions about the actual retirement process please reach out to your District.