2026

Preparing for Medicare Seminar

Increase your Medicare Literacy

FSRBC
Better Benefits · Better Retirement
FLORIDA SCHOOL RETIREE BENEFITS CONSORTIUM

Florida School Retiree Benefits Consortium (FSRBC)

What is FSRBC?

- Extension of your District's benefits—exclusive to Medicare-eligible retirees (65+)
- Serving 17,000 retirees across 19 Florida School Districts
- Provides: Medicare Medical, Dental, and Vision plans with comprehensive support and no pressure enrollments
- Non-for-profit organization with Duval County Public Schools serving as the host District

Benefits of FSRBC

- **Group Medicare Advantage (PPO) & Rx Drug Plans**
  - PPO plans with Nationwide coverage
  - $0 Medicare Advantage Plan option
  - 100% of Part D drugs covered (vs. 73% on the open market)
  - Lower copays for Brand & Specialty medications
- **Medicare Supplement Plans**
  - Pair with a standalone Prescription Drug Plan for extra protection
- **Dental & Vision Coverage**
  - Through Humana, at group rates
  - Various plan options
- **Concierge-Level Support**
  - Weekly virtual classroom sessions to learn about all things Medicare
  - One-on-one support with dedicated FSRBC staff
  - Annual Enrollment notification and support
- **Flexible Premium Payments**
  - When premiums are deducted by the FSRBC it may lower the taxable portion of your Health Insurance Subsidy (HIS) on IRS Form 1099-R
  - Pay premiums via FRS Pension draft
  - Pay via Check or automatic ACH bank draft

Why Choose FSRBC?

- Exclusive High-Quality plans for Florida school retirees
- Comprehensive, affordable choices
- Experienced support to help navigate Medicare

Our Team

Shannon Shepherd
Executive Director

Alyssa Castillo
Director

Vendor Partners

AON

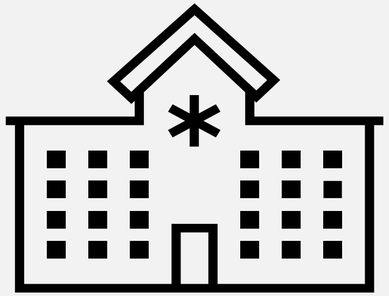
bswift

Medicare Starts Here

Original Medicare

Provided by the Center for Medicare and Medicaid Services
Application done through Social Security

Part A
Hospital



Part B
Doctors

$ $0 per month for most people

$ $202.90 monthly premium in 2026 for most people

Why Do Most People Add Extra Coverage?

Original Medicare Alone

Part A
Hospital

Part B
Doctors

- Hospital Bill
- Surgery
- Specialists

You pay part of the bill

❌ No annual out-of-pocket maximum

Additional Coverage =
Medicare Advantage or Medicare Supplement + Prescription Drug Plan

- ✓ Limits your exposure
- ✓ Helps with medical bills
- ✓ More predictable cost

When to enroll?

Enroll in Part B and Part D timely to avoid lifetime penalties

TURNING 65 *Retiring or already retired*	**Enroll in Original Medicare 3 months before you turn 65**
WORKING PAST 65 *Are over 65 and retiring*	**Enroll in Original Medicare 3 months before you retire** *You will need to submit the CMS form L564 with your application – you can obtain this from your District's benefit or HR department*

STEPS:

1. Go to the **Social Security website** to sign up for Medicare Parts A and B: ssa.gov/medicare
2. After you apply, **Medicare** will mail your **Medicare ID card**. This can take **6–8 weeks**.
3. Enroll in Pathway 1 or Pathway 2

If you keep employer coverage after 65, you can delay Medicare without penalties and enroll when you retire. You may choose to take free Original Medicare Part A earlier as secondary hospital coverage, but you cannot contribute to a Health Savings Account (HSA) while enrolled in Part A.

Who Can Enroll?

Medicare Plans

✅ Medicare-eligible retirees and spouses enrolled in Parts A & B

✅ Eligible spouses may enroll when they become Medicare-eligible, even if the retiree is not yet eligible

📞 If your spouse enrolls before you, call **1-833-686-0983** *(48–72 hour setup time)*

Dental & Vision

✅ Eligible spouses and dependents may enroll when the retiree is enrolled in FSRBC.

Enrollment Requirement:
You must be enrolled in Original Medicare Parts A & B before enrolling in an FSRBC Medicare Medical Plan. Enroll before your district/employer coverage ends to avoid a gap in benefits. Medicare coverage begins the first day of the month after enrollment.
(Example: Enroll May 15 → Coverage starts June 1.)

Medicare Pathways

Original Medicare

Part A
Hospital

Part B
Doctors

Pathway 1:
Medicare Advantage Plan (MAPD)

- **Part C –** One Plan (combined with Original Medicare)
- Medical and Prescription Coverage
- Lower Monthly Cost
- Copays and Coinsurance when used

Pathway 2:
Medicare Supplement/Medigap + Standalone Prescription Drug Plan

- Works with Original Medicare
- Greater freedom to choose providers
- Higher monthly cost
- Less cost when receiving care
- Separate Drug Plan

How to Choose a Pathway

Questions to Ask Yourself

- 💡 How often do I use healthcare services?
- 💡 Do I have preferred doctors or specialists?
- 💡 Do I travel frequently?
- 💡 Am I more concerned about monthly premiums or unexpected medical costs?
- 💡 What prescription medications do I take?

Pathway 1:
Medicare Advantage Plan (MAPD)

May Be a Better Fit If You:

- ✅ Prefer an all-in-one plan (medical + prescription drug coverage)
- ✅ Want lower monthly premiums
- ✅ Are comfortable using a provider network
- ✅ Want predictable annual out-of-pocket protection

Pathway 2:
Medicare Supplement/Medigap + Standalone Prescription Drug Plan

- ✅ Want the freedom to see any provider that accepts Medicare nationwide
- ✅ Travel frequently or live in multiple states during the year
- ✅ Prefer fewer out-of-pocket medical costs when receiving care
- ✅ Don't mind paying a higher monthly premium for added flexibility
- ✅ Want Original Medicare to remain your primary coverage

Pathway 1

FSRBC Medicare Advantage Prescription Drug (MAPD)

Considerations - FSRBC Medicare Advantage (MAPD) Plans

- Exclusive group plans available only through FSRBC
- Combines Medicare Parts A, B, and prescription drug coverage
- Nationwide PPO network with flexibility to use providers across the U.S.
- Enhanced prescription coverage with lower costs for many brand-name and specialty medications

Things to Know

- Use your plan ID card for medical and pharmacy services
- Spouses may enroll and choose their own plan option
- Plans can be changed each year during October Open Enrollment
- No medical underwriting or health questions required to enroll
- These plans function much like an employer-sponsored PPO plan while offering enhanced prescription benefits and nationwide coverage.

Includes: SilverSneakers

FSRBC Medicare Advantage w/ Prescription Drug (MAPD)

Pathway 1
UnitedHealthcare

	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%	
Prescription Drug Coverage						
Deductible	$0		$0		$615	
	30 day	90 day	30 day	90 day	30 day	90 day
Tier 1	$5	$10	$7	$14	$10	$20
Tier 2	$30	$60	$40	$80	$30	$60
Tier 3	$60	$120	$90	$180	$45	$90
Tier 4	$80	$160	$90	$180	$60	$120
Out-of-Pocket Maximum for Prescription Drug Coverage is $2,100. Once you have paid this at the pharmacy you pay nothing						
2026 Monthly Retiree Premium *(Paid to FSRBC/bswift)*	**$392.58**		**$273.10**		**$111.98**	
2026 Original Medicare Part B Monthly Premium* *(Paid to Social Security)*	**$202.90**		**$202.90**		**$202.90**	
Monthly Total	**$545.48**		**$476.00**		**$314.88**	

Additional Benefits/Non-Medicare Covered Services

- **Hearing Aids** – 1 exam per year; $500 allowance for a 3-year period
- **Vision** – 1 exam per year (no materials)
- **Dental** – No benefits

FSRBC Medicare Advantage w/Prescription Drug (MAPD)

Pathway 1

UnitedHealthcare®

	Group PPO Plus (13944)	
	In-Network	**Out-of-Network**
Calendar Year Deductible (CYD)	$0	
Medical Out-of-Pocket Max (OOP)	$4,500	$10,000
Coinsurance	20%	40%
Physician Office Visits		
PCP	$5	$35
Specialist	$30	$55
Hospital Services		
Inpatient	$275/Day for Days 1-6 $0/Day for Days 7+	40%
ER Copay	$90	
Urgent Care Copay	$35	
Outpatient Services		
Hospital	20%	40%
Surgery	20%	40%
Diagnostic Radiology	10%	10%
Lab Services	$0	$0
Prescription Drug Coverage		
Deductible	$300	
	30-day supply retail	**90-day supply mail**
Tier 1	$15	$30
Tier 2	$15	$30
Tier 3	$47	$94
Tier 4	$100	$200
Tier 5	$100	$200
Out-of-Pocket Maximum for Prescription Drug Coverage is $2,100. Once you have paid this at the pharmacy you pay nothing		
2026 Monthly Retiree Premium *(Paid to FSRBC/bswift)*	**$0.00**	
2026 Original Medicare Part B Monthly Premium* *(Paid to Social Security)*	**$202.90**	
Monthly Total	**$202.90**	

*This plan is **NOT** available if you reside in any of the following Florida Counties:*

- *Baker*
- *Bay*
- *Broward*
- *Bradford*
- *Calhoun*
- *Citrus*
- *DeSoto*
- *Dixie*
- *Gilchrist*
- *Gulf*
- *Hamilton*
- *Highlands*
- *Jackson*
- *Lafayette*
- *Levy*
- *Liberty*
- *Madison*
- *Miami-Dade*
- *Monroe*
- *Okaloosa*
- *Okeechobee*
- *Putnam*
- *St. Lucie*
- *Suwannee*
- *Taylor*
- *Union*

Additional Benefits/Non-Medicare Covered Services

- **Hearing Aids** – 1 exam per year; $500 allowance for a 3-year period
- **Vision** – 1 exam per year (no materials)
- **Dental** – No benefits

FSRBC Medicare Advantage Prescription Drug (MAPD)

Pathway 1

Florida Blue

☑ Available ONLY in Polk County

	Florida Blue Group PPO	
	In-Network	Out-of-Network
Calendar Year Deductible (CYD)	$0	$1,000
Medical Out-of-Pocket Max (OOP)	$1,000	$2,000
Coinsurance	20%	20%
Physician Office Visits		
PCP	$10	$10
Specialist	$30	20% after deductible
Hospital Services		
Inpatient	$150/Day for Days 1-7 $0/Day for Days 8+	20% after deductible
ER Copay	$75	$75
Urgent Care Copay	$30	$30
Outpatient Services		
Hospital	$75	20% after deductible
Surgery	$150	20% after deductible
Rx Benefits		
Deductible	$0	
Part D Initial Coverage	**30-day supply retail**	**90 –day supply mail**
Tier 1	$5	$0
Tier 2	$5	$0
Tier 3	$35	$70
Tier 4	$65	$130
	$110	$220
Out of Pocket Maximum for Prescription Drug Coverage is $2,100. Once you have paid this at the pharmacy you pay nothing		
2026 Monthly Retiree Premium *(Paid to FSRBC/bswift)*	**$401.00**	
2026 Original Medicare Part B Monthly Premium* *(Paid to Social Security)*	**$202.90**	
Monthly Total	**$603.90**	

POLK COUNTY PUBLIC SCHOOLS
STUDENTS FIRST

Additional Benefits/Non-Medicare Covered Services

- **Hearing Aids** – 1 exam per year; $350 allowance per ear per year
- **Vision** – 1 exam per year; $250 per year allowance for materials
- **Dental** – $30 copay for specialist non-routine dental care, $0 copay for covered preventative and $0 copay for covered comprehensive services

FSRBC Medicare Advantage Prescription Drug (MAPD)

Pathway 1

aetna®

☑ Available ONLY in Manatee County

	Aetna Basic		Aetna 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 Retail – 30 day	Preferred Network Mail – 90 day	Preferred Network Retail – 30 day	Preferred Network Mail – 90 day
Deductible	$0		$0	
Part D Initial Coverage				
Tier 1	$0	$0	$0	$10
Tier 2	$5	$10	$20	$40
Tier 3	$40	$80	$35	$70
Tier 4	$75	$150	$35	$70
Tier 5	33%	N/A		
Out of Pocket Maximum for Prescription Drug Coverage is $2,100. Once you have paid this at the pharmacy you pay nothing				
2026 Monthly Retiree Premium *(Paid to FSRBC/bswift)*	**$175.07**		**$558.51**	
2026 Original Medicare Part B Monthly Premium* *(Paid to Social Security)*	**$202.90**		**$202.90**	
Monthly Total	**$377.97**		**$761.41**	

Additional Benefits/Non-Medicare Covered Services

- **Hearing Aids** – 1 exam per year; $500 allowance for a 3-year period
- **Vision** – 1 exam per year; $70 reimbursement every 24 months
- **Dental** – Medicare covered dental services 15%

FSRBC Medicare Advantage Prescription Drug (MAPD)

Pathway 1

Humana.

☑ Available ONLY in Sarasota, Palm Beach and Volusia Counties

	Comprehensive PPO	Palm Beach Zero Premium HMO 076-649 Rx 34 (No out-of-network benefits)	Sarasota Zero Premium HMO 076-178 Rx TBD2 (No out-of-network benefits)	Volusia Zero Premium HMO 076-178 Rx TBD1 (No out-of-network benefits)
Calendar Year Deductible (CYD)	$0	$0	$0	$0
Medical Out-of-Pocket Max (OOP)	$2,500	$1,200	$2,400	$2,400
Coinsurance	20%	20%	20%	20%
Physician Office Visits				
PCP	$5	$0	$0	$0
Specialist	$15	$5	$5	$5
Hospital Services				
Inpatient	$175 copayment per visit	$0	$145 per day (days 1-3)	$145 per day (days 1-3)
ER Copay	$65	$110	$150	$150
Urgent Care Copay	$15	$0	$0	$0
Outpatient Services				
Partial Hospitalization	$15	$0	$0	$0
Surgery	$50	$40	$75	$75
Rx Benefits	Palm Beach, Sarasota, Volusia	Palm Beach	Sarasota	Volusia
Deductible	$0	$0	$0	$0
Part D Initial Coverage				
Tier 1	$5	$0	$0	$0
Tier 2	$30	$5	$5	$35
Tier 3	$60	35%	35%	$80
Tier 4	33%	33%	33%	33%
Out of Pocket Maximum for Prescription Drug Coverage is $2,100. Once you have paid this at the pharmacy you pay nothing				
2026 Monthly Retiree Premium *(Paid to FSRBC/bswift)*	**$451.95**	**$0.00**	**$0.00**	**$0.00**
2026 Original Medicare Part B Monthly Premium* *(Paid to Social Security)*	**$202.90**	**$202.90**	**$202.90**	**$202.90**
Monthly Total	**$654.85**	**$202.90**	**$202.90**	**$202.90**

FSRBC Medicare Supplement

Pathway 2

Things to Know:

- Helps pay many costs Original Medicare doesn't cover (copays, deductibles, coinsurance)
- Works alongside Original Medicare (Parts A & B)
- Covers one person only (spouse needs a separate policy)
- Premiums may vary based on age, location, tobacco use, and gender
- Medical Underwriting applies if outside initial or special enrollment period OR you want to change plans
- No Network – as long as provider takes Medicare they accept Medicare Supplement plans

❌ Does **not** include prescription drug coverage

Medicare Supplement/Medigap Plans

Pathway 2

Benefit	Plan G	Plan N
Hospital Costs	✅ Covered	✅ Covered
Doctor visits & outpatient services	✅ Covered	✅ Covered*
First 3 pints of blood each year	✅ Covered	✅ Covered
Hospice care costs	✅ Covered	✅ Covered
Skilled nursing facility costs	✅ Covered	✅ Covered
Medicare Part A hospital deductible	✅ Covered	✅ Covered
Medicare Part B annual deductible	❌ Not Covered	❌ Not Covered
Part B excess charges	✅ Covered	❌ Not Covered
Emergency medical care while traveling outside the U.S.	80% Covered	80% Covered

❌ Does **not** include prescription drug coverage

Key Differences

✅ **Plan G:** Pays Part B excess charges and generally has fewer out-of-pocket costs.

✅ **Plan N:** Lower premium, but you may pay copays for some doctor and ER visits and are responsible for Part B excess charges.

* Plan N copays may apply for certain office and emergency room visits.

Medicare Supplement/Medigap Plans

Pathway 2

UnitedHealthcare (UHC) – Available in All Districts

Monthly Premiums Effective 6/1/2026 – 5/31/2027

65 year old FEMALE, non-smoker

District	Zip	Plan G	Plan N
Brevard	32940	$266.77	$228.38
Calhoun	32424	$251.60	$215.60
Charlotte	33948	$266.77	$228.38
Duval	32207	$273.31	$233.98
Escambia	32505	$266.77	$228.38
Flagler	32110	$251.60	$215.60
Gilchrist	32693	$251.60	$215.60
Jackson	32446	$251.60	$215.60
Manatee	34205	$266.77	$228.38
Orange	32801	$266.77	$228.38
Osceola	34744	$266.77	$228.38
Palm Beach	33406	$339.04	$290.25
Polk	33830	$251.60	$215.60
Putnam	32177	$251.60	$215.60
Sarasota	34231	$266.77	$228.38
Volusia	32721	$251.60	$215.60
Walton	32433	$266.77	$228.38
Washington	32428	$266.77	$228.38

65 year old MALE, non-smoker

District	Zip	Plan G	Plan N
Brevard	32940	$289.93	$248.21
Calhoun	32424	$273.44	$234.10
Charlotte	33948	$289.93	$248.21
Duval	32207	$297.04	$254.30
Escambia	32505	$289.93	$248.21
Flagler	32110	$273.44	$234.10
Gilchrist	32693	$273.44	$234.10
Jackson	32446	$273.44	$234.10
Manatee	34205	$289.93	$248.21
Orange	32801	$289.93	$248.21
Osceola	34744	$289.93	$248.21
Palm Beach	33406	$368.47	$315.45
Polk	33830	$273.44	$234.10
Putnam	32177	$273.44	$234.10
Sarasota	34231	$289.93	$248.21
Volusia	32721	$273.44	$234.10
Walton	32433	$289.93	$248.21
Washington	32428	$289.93	$248.21

Notes for UHC Plan:

- Medical Underwriting applies if outside initial or special enrollment period OR you want to change plans
- If you are older than 65 visit https://www.uhc.com/medicare/shop/medicare-supplement-plans.html#find-a-plan to confirm your monthly premium (~$10+ per month for year older you are)
- UHC will always consider the age you are when you enroll, however you can expect the premiums to increase yearly

Cigna

Only Available to Orange & Osceola Retirees

Monthly Premiums Effective 1/1/2026 – 12/31/2026

2026 Monthly Premiums
Florida Residents living outside the 330XX-334XX zip codes

Age Bracket	Plan G	Plan N	Plan F
Issue Age 65-69	$242.86	$202.50	$270.01
Issue Age 70-74	$287.02	$243.78	$315.68
Issue Age 75-79	$325.76	$278.81	$355.04
Issue Age 80+	$368.01	$315.34	$397.38

Notes for Cigna Plan:

- Medical Underwriting does NOT apply under these plans
- Cigna will always consider the age you are when you enroll, however you can expect the premiums to increase yearly

Prescription Drug Plans (PDP)

Pathway 2

Things to know:

💊 Provides prescription drug coverage only

✅ Complements Original Medicare and a Medicare Supplement plan

📋 Group Elite Covers more brand name and specialty medications – not available outside of the consortium

❌ Does **not** include medical coverage

✅ Requires enrollment in Medicare Parts A & B

Prescription Drug Benefits (Rx)	AARP Rx Preferred	AARP Rx Saver	GROUP Elite
Deductible	$130 (tiers 3-5)	$615	$0
Part D Initial Coverage – Retail			
Tier 1	$5	$2	$10
Tier 2	$10	$8	$45
Tier 3	17%	18%	$75
Tier 4	34%	35%	$100
Tier 5	31%	25%	
Part D Initial Coverage – Mail Order			
Tier 1	$15	$6	$20
Tier 2	$30	$24	$90
Tier 3	17%	18%	$150
Tier 4	N/A	N/A	$200
Tier 5	N/A	N/A	
Out-of-Pocket Maximum for Prescription Drug Coverage is $2,100. Once you have paid this at the pharmacy you pay nothing			
2026 Rx Plan Monthly Premium *(Paid to FSRBC/bswift)*	**$119.10**	**$98.70**	**$146.58**

Pathway 1 vs. Pathway 2 Cost Example

	PATHWAY 1 Medicare Advantage Plans with Prescription Drug (MAPD)	PATHWAY 2 Medicare Supplement + Prescription Drug Plan (PDP)
Medicare Part B Premium	$202.90	$202.90
Health Plan Premium	$273.10	$267.00
Prescription Drug Plan Premium	Included	$146.58
Estimated Drug Copays	$50.00	$50.00
Estimated Total Monthly Cost	**$526.00**	**$666.48**
Provider Flexibility	Network-based	Any provider that accepts Medicare
Out-of-Pocket Costs	Higher as you use services	Generally lower and more predictable

Who Do I Pay?

Payment	**Collected By**
Medicare Part B	Social Security
Health Plan and Prescription Drug Plan Premium	FSRBC / bswift
Drug Copays	Pharmacy

Pathway 1 vs. Pathway 2

	PATHWAY 1 **Medicare Advantage Plans with Prescription Drug (MAPD)**	**PATHWAY 2** **Medicare Supplement + Prescription Drug Plan (PDP)**
How Coverage Works	One plan includes medical and prescription drug coverage.	Original Medicare + a Supplement plan + a separate drug plan.
Prescription Drugs	Included in the plan.	Purchased separately.
Monthly Cost	Usually lower monthly premium.	Usually higher monthly premium.
When You Get Care	You may have copays and coinsurance as you use services.	Generally fewer out-of-pocket medical costs.
Doctor Choice	May require using a provider network.	See any doctor or hospital that accepts Medicare.
Out-of-Pocket Protection	Annual maximum out-of-pocket limit.	No annual out-of-pocket maximum, but fewer cost-sharing expenses.
Coverage While Traveling	Most FSRBC plans offer nationwide coverage.	Nationwide coverage wherever Medicare is accepted.
Changing Plans	Can change plans during Annual Enrollment.	Supplement enrollment may require health questions after your initial enrollment period. Drug plans can be changed annually.

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 and Implants (**High PPO Plan ONLY**).
- Orthodontia: not a covered service. Members may be eligible to receive up to a 20% discount on non-covered services with participating providers; please discuss with providers to determine if discounts are available

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

Visit https://www.humana.com/finder/dental the Humana website and search using the network name below

Humana Dental PPO Plans Network - PPO/Traditional Preferred

	PPO Plans		
	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%
2026 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 DHMO Additional Details:

- High Plan includes up to 2 additional cleanings at $25 - $35 each
- Please see Summary of Services for a complete list of what members pat for all services.

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

Visit https://www.humana.com/finder/dental the Humana website and search using the network name below

Humana Dental HMO Plan Networks

HD205 DHMO/Prepaid Network (Low DHMO Plan)

HS195 DHMO/Prepaid Network (High DHMO Plan)

	HMO Plans	
	Low	High
Calendar Year Deductible	$0	$0
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
Orthodontics	25% Discount (in-network)	$1,850
Monthly Premiums		
Retiree Only	$10.53	$17.10
Retiree + 1	$20.85	$33.85
Retiree + Family	$37.07	$60.17

Humana Vision

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

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

- Visit https://www.humana.com/finder/vision the Humana website and search using the network name Humana Insight Network

Major In-Network Retail Providers:

- In-network providers also include local independent providers.
- Save an average of 80% off retail prices when you use in-network providers
- **EYE REWARDS:** Get a reward voucher to use at Sunglass Hut when you visit in-network eye care professional for your annual exam.

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)
2026 Monthly Premiums		
Retiree Only	$6.24	$7.25
Retiree + 1	$12.48	$14.50
Retiree + Family	$20.33	$23.33

Next Steps and How to Enroll

Next Steps

1. **If you are ready to retire,** please contact the Benefits Department at your District for the next steps and to determine your benefit end date.

2. **Enroll in Original Medicare through Social Security** *(for options to enroll see page 9)*
   - 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. **Attend a FSRBC Virtual Classroom** OR Meet with Alyssa or Shannon one-on-one to review Pathway 1 and Pathway 2 options available to you. We can help you:
   - Check to ensure Medications are covered
   - Check your providers are in-network
   - Do a cost analysis for pathway 1 and pathway 2
   - Learn How to Enroll
   - Discuss payment options

Scan QR Code to Register

4. **Enroll** - once you have your Medicare Card showing Medicare Number with Part A and B effective dates, you are ready to enroll in a Medicare Medical Plan through FSRBC. Choose the option that best fits your needs:
   - Pathway 1: Medicare Advantage with Prescription Drug Coverage
   - Pathway 2: Medicare Supplement Plan + Prescription Drug Plan

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

FSRBC Medicare Advantage Prescription Drug (MAPD)

Pathway 1

How to Enroll

Medicare Advantage can be enrolled via Online through the Self-Service portal or over the phone via our customer service center.

TELEPHONICALLY

1-833-686-0983

Medicare Customer Service Center is available Monday through Friday from 9am-5pm Eastern Time.

ONLINE

Visit www.myfsrbc.bswift.com

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

FSRBC Medicare Supplement and PDP - UnitedHealthcare

Pathway 2

How to Enroll

Medicare Supplement & Prescription Drug Plans through AARP – Saver and Preferred -

Need to be enrolled over the phone via UnitedHealthcare

TELEPHONICALLY

1-833-686-0983

Medicare Customer Service Center is available Monday through Friday from 7am-7pm Eastern Time (during Annual Enrollment)

Step 1: Call the FSRBC Customer Service

- The representative will confirm your information
- Tell them you would like to enroll in Medicare Supplement or AARP Prescription Drug plan. If you want a Group Prescription Drug plan, they can enroll you in that plan at this time.
- They will setup your payment preference
- **Once your account setup is complete, they will soft transfer you to UnitedHealthcare**

Step 2: Complete application over the phone through UnitedHealthcare (this can take 45-60minutes)

- The representative will verify your information, ask you some questions and read you important information.
- They representative will ask you how you would like to pay for these benefits. If you setup your pension in setup, you can choose the statement option with the UHC representative. Let them know you have setup your FRS pension through FSRBC.
- Must be enrolled in AARP to enroll, if you are not UHC will reach out after your enrollment to enroll you in AARP. This is required the first year, but ongoing enrollment is not required. It's free to enroll the first year.

Step 3: Medicare Approval

- UnitedHealthcare will review your application. They will approve or deny and inform you via email or postal mail (depending how you setup you communication preference during your application)
- Your enrollment will be sent back to the FSRBC Customer Service and put into our system.

Step 4: Confirm your Enrollment

- If you would like, at the point you can view your Medicare enrollment in our system by creating an account at www.myfsrbc.bswift.com (see instructions on the right)

Group Prescription Drug Plans – Elite PDP -

can be enrolled via Online through the Self-Service portal or over the phone via our customer service center.

TELEPHONICALLY

1-833-686-0983

Medicare Customer Service Center is available Monday through Friday from 7am-7pm Eastern Time (during Annual Enrollment)

ONLINE

Visit www.myfsrbc.bswift.com

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

FSRBC Medicare Supplement and PDP - HealthSpring

Pathway 2

How to Enroll

Cigna Medicare Supplement and Prescription Drug Plans can be enrolled via Online through the Self-Service portal or over the phone via our customer service center.

TELEPHONICALLY

1-833-686-0983

Medicare Customer Service Center is available Monday through Friday from 9am-5pm Eastern Time.

ONLINE

[Visit www.myfsrbc.bswift.com]

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

Payment Options – FSRBC Medicare Plans

Insurance premiums are due monthly to FSRBC/bswift —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.
- **The billing system is not live, if you make a payment or change your plan this will not reflect immediately. The monthly invoices are generated by the 5th of each of month for the next month. Payment or changes made during the last billing cycle would be reflected once the next month's bill is generated.**

Enrolling in Dental and Vision

Phone

Call Humana at **1 (877) 589-4051**
Enrollers available Monday – Friday from 8:00 am – 8:00 pm EST

Website

Visit https://slservices.humana.com/enrollmentregistration/slfalogin.aspx and enter either login credentials applicable below:

- **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

Click Here to download the enrollment form

- Complete the form
- Send the form to Humana through email at: NFLOpenEnrollment@humana.com

Dental
Humana

Vision
Humana

Payment Options

Insurance premiums are due monthly to 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 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

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 can 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.

Appendix

Income-Related Monthly Adjusted Amount (IRMAA)- 2026

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 2024 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 2025 is all dependent on how much income you earned in 2024.
- The reason why your income from two (2) years prior is paramount in you reaching IRMAA in 2026 is simply because of the process of determining who reaches IRMAA.

Please note:

- If the IRS can not locate a tax return from 2024, they will use the tax-return from 2023.
- If the IRS can not locate a tax return from 2024 or 2023 then the Medicare beneficiary will automatically be put into the highest IRMAA threshold for that year.

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 $109,000	Less than or equal to $218,000	$0.00	$202.90	$0.00
Greater than $109,000 and less than or equal to $137,000	Greater than $218,000 and less than or equal to $274,000	$81.20	$284.10	Premium +$14.50
Greater than $137,000 and less than or equal to $171,000	Greater than $274,000 and less than or equal to $342,000	$202.90	$405.90	Premium +$37.50
Greater than $171,000 and less than or equal to $205,000	Greater than $342,000 and less than or equal to $410,000	$324.60	$527.50	Premium +$60.40
Greater than $205,000 and less than $500,000	Greater than $410,000 and less than $750,000	$446.30	$649.20	Premium +$83.30
Greater than or equal to $500,000	Greater than or equal to $750,000	$487.00	$689.90	Premium +$91.00

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 a late enrollment penalty.

Part A late enrollment penalty

- Some people B but buy Part A because they don't qualify for premium-free Part A.
- If you must 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 for life 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 for life (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 must pay a penalty and what your premium will be.

Part D Penalty Calculation (2026)

Formula: 1% of the national base beneficiary premium ($38.99 in 2026) × number of uncovered months, rounded to the nearest $0.10.
Cost Per Month Late: Approximately **$0.39** per month of delay ($38.99 × 1% = $0.3899, rounded to $0.39 in 2026).

Examples:

- **12-month delay:** 12 × $0.39 = ~$4.70/month penalty.
- **24-month delay:** 24 × $0.39 = ~$9.40/month penalty.

Total Monthly Cost: Your $400 premium + the penalty amount.

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

- **Health Insurance Subsidy (HIS)** –The Health Insurance Subsidy (HIS) is a monthly payment that helps Florida Retirement System (FRS) members, or their beneficiaries pay for health insurance:

- **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. Years in DROP do not count toward years of service.**

- **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

- FRS will mail you a form that must be completed and sent back before you receive these dollars. Some Districts may include this in your retirement paperwork.