Important Changes to your current Medical, Dental and/or Vision Benefits

Dear [Retiree Name]

Beginning **January 1, 2027**, the School District of Lee County (SDLC) will transition its Medicare-eligible retirees and spouses age 65 and older to the **Florida School Retiree Benefits Consortium (FSRBC)**. This change will provide access to Medicare Medical, Dental, and Vision plan options through FSRBC and may result in lower monthly costs for many retirees.

What You Need to Know

- Current SDLC retiree Medical, Dental, and Vision coverage for members age 65+ will end on **December 31, 2026**.
- Medicare-eligible retirees and spouses have the option to enroll in FSRBC coverage for 2027 to continue coverage.
- **Enrollment is required, if you want to maintain coverage, and will not happen automatically.**
- There is **no option to remain on your current SDLC retiree plan.**

Who Is Affected?

Retirees and spouses age 65 and older currently enrolled in:

- Aetna 9520, Aetna 7419, or Aetna HDHP medical plans
- Humana Low (D1000), Medium (D1500), or High (D2000) dental plans
- Aetna Vision plan

Enrollment Dates

- **Annual Enrollment: October 26, 2026 – November 13, 2026**
- To have coverage through FSRBC effective **January 1, 2027**, you must enroll during this period.
- If you do not enroll by **November 13, 2026**, you will lose coverage effective January 1, 2027.

Meetings and Support

FSRBC will offer Annual **Enrollment Meetings** to help retirees understand the transition and will focus primarily on the **FSRBC Medicare plan options available for 2027. We will also:**

- Explain how the enrollment process works (informational only; **enrollment will not take place at the meetings**)
- Review key enrollment dates and requirements
- In-depth review of the FSRBC Medicare Medical plans available to you.
- Include a brief overview of available dental and vision plans

Both **in-person and virtual meeting options** will be available to support retirees throughout the transition.

Important Takeaway

To have coverage through the FSRBC retirees and spouses age 65+ must actively enroll in FSRBC coverage during the October 26 through November 13, 2026, enrollment period to have coverage effective January 1, 2027.

2027 FSRBC Medicare Medical Plans

What to do if you are currently enrolled in:

- **SDLC Aetna Medical Plans: 9520, 7419, or HDHP**

Your current medical coverage through SDLC will end on December 31, 2026, and your automatic deductions with FRS or billing with VOYA will be stopped by the District. If you would like to have medical coverage in 2027, you have the option to enroll in an FSRBC Medicare Medical plan during Annual Enrollment to have coverage beginning January 1, 2027. **Coverage will not transfer automatically.**

Your Next Steps

1. Enroll in Part A and Part B of Original Medicare through Social Security

2. Choose Your Coverage – Learn about the Medicare Plan options you have available to you through FSRBC if you would like to enroll in our plans.

3. Enroll During Annual Enrollment from October 26 through November 13, 2026

How to Enroll:

- **Option 1: By Phone via the FSRBC Medicare Customer Service Center**
  - Call 1-833-686-0983 from 8:00am-8:00pm ET
- **Option 2: Online** Visit www.myfsrbc.bswift.com
  - See page 11 for details on how to login
  - Online enrollment is available for all FSRBC Medicare medical plans except the UnitedHealthcare (UHC) Medicare Supplement and AARP Prescription Drug plans. For assistance enrolling in these plans, please call the Customer Service number above.

IMPORTANT REMINDER

To have dental and/or vision coverage effective **January 1, 2027**, you must enroll during the Annual Enrollment period of **October 26 through November 13, 2026**. **Coverage will not transfer automatically from your current School District plan.**

Payment Options for FSRBC Medicare Medical Plans:

FSRBC Medicare plan premiums are paid directly to FSRBC via our vendor bswift either by:

- ACH/Bank Draft
- Check
- FRS Pension Deduction

You can establish a preferred payment option at the time of enrollment. **No paper form required for FRS deductions for the FSRBC Medicare Medical plans you can request this to be setup online or over the phone during the enrollment process.**

Important Information About FRS Pension Deduction
If you would like your premiums deducted from your Florida Retirement System (FRS) pension, you must attest to this deduction during the enrollment process

Please Note:

- 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 will be reflected once the next month's bill is generated.

Important Medicare Information

To enroll in an FSRBC Medicare medical plan, you must first have Original Medicare Part A and Part B. Original Medicare is offered through the federal government, and Social Security handles Medicare applications.

If you do not already have Part A and Part B, you must enroll before choosing an FSRBC Medicare medical plan. Since your School District of Lee County (SDLC) retiree coverage ends on December 31, 2026, you may qualify for a Special Enrollment Period, depending on your situation.

You can apply online at ssa.gov/medicare or call Social Security at 1-800-772-1213 to schedule a phone or in-person appointment.

If you have had coverage through SDLC (Aetna), Social Security may require a CMS L-564 form to confirm you have been enrolled in employer coverage and confirm your Medicare Parts A and B should start on 1/1/2027. To request this form, contact the SDLC Benefits and Wellness Department at benefits@leeschools.net or call (239) 337-8321.

Medicare Basics – Understanding your Medicare Options

After enrolling in Original Medicare, you will need to choose Pathway 1 or Pathway 2 to ensure you have the most complete coverage and avoid unwanted penalties by delaying enrollment.

Original Medicare Plans

Provided by the federal government

Medicare Part A

Hospital Insurance Covers inpatient hospital care, skilled nursing, hospice, home health care

$0 Monthly Premium for most people

Medicare Part B

Medical Insurance Covers doctor visits, ambulance, equipment, mental health, outpatient drugs, outpatient services

*$202.90 Monthly Premiums for most people in **2026***

Coverage Pathways with FSRBC Plans

Provided by Private Insurance Companies

Pathway 1:

Medicare Advantage Plan (MAPD)

- **Part C –** One Plan (combined with Original Medicare)
- Medical and Prescription Drug 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

Why Additional Coverage?

•Original Medicare (Parts A & B) covers many costs but NOT everything.

•No annual out-of-pocket maximum with Original Medicare Parts A & B.

UnitedHealthcare Group PPO - $0 Premium

Pathway 1

The below 2027 comparison is for illustrative purposes only and shows the amount **you pay** for each service. **This plan is a PPO plan with coverage throughout the United States.** These plans can be used at any provider who accepts Medicare and will bill UnitedHealthcare. These plans have different out of-network benefits.

UnitedHealthcare®

	UHC Group PPO (13944)	
	In-Network	**Out-of-Network**
Calendar Year Deductible (CYD)	$0	$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	$90
Urgent Care Copay	$35	$35
Outpatient Services		
Hospital	20%	40%
Surgery	20%	40%
Diagnostic Radiology	10%	10%
Lab Services	$0	$0
Rx Benefits		
Deductible	$300	$300
Part D Initial Coverage	**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 $2,400. Once you have paid $2,400 at the pharmacy you pay no additional copay/coinsurance for remainder of the calendar year.		
2027 Monthly Retiree Premium *(Paid to FSRBC/bswift)*	**$0.00**	

*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

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UnitedHealthcare National PPO Plans

Pathway 1

UnitedHealthcare®

The 2027 below comparison is for illustrative purposes only and shows the amount **you pay** for each service. Coverage is available throughout the United States. **You will pay the same copays/coinsurance whether you use in-network or out-of-network providers**. These plans can be used at any provider who accepts Medicare and will bill UnitedHealthcare.

	UHC Premier PPO	UHC Comprehensive PPO	UHC Low PPO
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%
Diagnostic Radiology	$20	20%	20%
Lab Services	$0	20%	20%
Rx Benefits			
Deductible	$0	$0	$700

Part D Initial Coverage	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 $2,400. Once you have paid $2,400 at the pharmacy you pay no additional copay/coinsurance for remainder of the calendar year.

2027 Monthly Retiree Premium *(Paid to FSRBC/bswift)*	**$428.58**	**$320.10**	**$158.98**

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

SilverSneakers®

Florida Blue Plans

Pathway 1

The below 2027 comparison is for illustrative purposes only and shows the amount **you pay** for each service. **This plan is a PPO plan with coverage throughout the United States.** These plans can be used at any provider who accepts Medicare and will bill Florida Blue. These plans have different out of-network benefits.

	Florida Blue Low PPO	Florida Blue Group PPO
Calendar Year Deductible (CYD)	$0	$0
Medical Out-of-Pocket Max (OOP)	$5,900	$1,000
Coinsurance	20%	20%
Physician Office Visits		
PCP	$5	$10
Specialist	$45	$30
Hospital Services		
Inpatient	$225/Day for Days 1-7 $0/Day for Days 8+	$150/Day for Days 1-7 $0/Day for Days 8+
ER Copay	$75	$75
Urgent Care Copay	$10	$30
Outpatient Services		
Hospital	$75	$75
Surgery	$150	$150
Diagnostic Radiology (MRI, CT)	$100	$125
Lab Services	$10	$15
Rx Benefits		
Deductible	$295	$0
Part D Initial Coverage		
Tier 1 Copay	$12	$5
Tier 2 Copay	$13	$5
Tier 3 Copay	$40	$35
Tier 4 Copay	$93	$65
Tier 5 Copay/Coinsurance	26%	$110
Out-of-Pocket Maximum for Prescription Drug Coverage is $2,400. Once you have paid $2,400 at the pharmacy you pay no additional copay/coinsurance for remainder of the calendar year.		
2027 Monthly Retiree Premium	**$203.48**	**$405.00**

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

Humana Plan

Pathway 1

Humana.

The below 2027 comparison is for illustrative purposes only and shows the amount **you pay** for each service. This plan is a PPO plan with coverage throughout the United States**. You will pay the same copays/coinsurance whether you use in-network or out-of-network providers**. This plan can be used at any provider who accepts Medicare and will bill Humana.

	Comprehensive PPO
Calendar Year Deductible (CYD)	$0
Medical Out-of-Pocket Max (OOP)	$2,500
Coinsurance	20%
Physician Office Visits	
PCP	$5
Specialist	$15
Hospital Services	
Inpatient	100% after $175 copayment per admission
ER Copay	$65
Urgent Care Copay	$15
Outpatient Services	
Hospital	$50
Surgery	$50
Diagnostic Radiology (MRI, CT)	$50
Lab Services	$0
Rx Benefits	
Deductible	$0
Part D Initial Coverage	
Tier 1 Copay	$5
Tier 2 Copay	$30
Tier 3 Copay	$60
Tier 4 Copay/Coinsurance	33%
Out-of-Pocket Maximum for Prescription Drug Coverage is $2,400. Once you have paid $2,400 at the pharmacy you pay no additional copay/coinsurance for remainder of the calendar year.	
2027 Monthly Retiree Premium	**$468.40**

Additional Benefits

- **Hearing Aids** – Medicare-covered hearing: diagnostic hearing and balance exams $15 copay
- **Vision** – Medicare covered services only - $15 copay
- **Dental** – Medicare covered services only - $15 copay

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Please contact Humana to confirm services covered under these benefits at **1-800-824-8242**

Medicare Supplement plans (MedSupp/Medigap)

AARP Medicare Plans from UnitedHealthcare

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 – if a provider takes Medicare, they accept Medicare Supplement plans
- Other Medicare Supplement plans (such as Plan F) may be available based on your zip code. If you would like pricing or more information, please email benefits@myfsrbc.com.

❌ Does **not** include prescription drug coverage – you will need to enroll in a standalone Part D Prescription Drug Plan (PDP).

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 ($283 in 2026)	❌ Not Covered	❌ Not Covered
Part B excess charges	✅ Covered	❌ Not Covered
Emergency medical care while traveling outside the U.S.	80% Covered	80% Covered

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.

UHC Monthly Premiums June 2026 – May 2027

Lee County Rates (nonsmokers)

Based on age at enrollment

Age	Female - Nonsmoker		Male - Nonsmoker	
	Plan G	Plan N	Plan G	Plan N
65	$266.77	$228.38	$289.93	$248.21
66	$275.68	$236.01	$299.62	$256.50
67	$286.58	$245.34	$311.46	$266.64
68	$297.14	$254.39	$322.94	$276.47
69	$308.04	$263.71	$334.78	$286.61
70	$318.27	$272.48	$345.91	$296.13
71	$328.51	$281.24	$357.03	$305.65
72	$338.41	$289.72	$367.79	$314.87

Age	Female - Nonsmoker		Male - Nonsmoker	
	Plan G	Plan N	Plan G	Plan N
73	$348.65	$298.48	$378.92	$324.39
74	$357.89	$306.39	$388.96	$332.99
75	$367.80	$314.87	$399.73	$342.21
76	$376.71	$322.50	$409.42	$350.50
77	$386.29	$332.20	$419.82	$359.41
78	$389.92	$333.81	$423.77	$362.79
79	$389.92	$333.81	$423.77	$362.79
80	$426.23	$364.90	$463.24	$396.58

These premiums are for new enrollees. ***These are estimates*** based on the Florida Office of Insurance Regulation website and final rates may vary. If you need premiums based on zip codes outside of Lee County you can email benefits@myfsrbc.com for more information.

Medicare Supplement plans (MedSupp/Medigap)

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 based on age brackets
- **No medical questions!**
- No Network – if a provider takes Medicare, they accept Medicare Supplement plans

❌ Does **not** include prescription drug coverage – you will need to enroll in a standalone Part D Prescription Drug Plan (PDP).

Benefit	Plan F	Plan G	Plan N
Hospital Costs	✅ Covered	✅ Covered	✅ Covered
Doctor visits & outpatient services	✅ Covered	✅ Covered	✅ Covered*
First 3 pints of blood each year	✅ Covered	✅ Covered	✅ Covered
Hospice care costs	✅ Covered	✅ Covered	✅ Covered
Skilled nursing facility costs	✅ Covered	✅ Covered	✅ Covered
Medicare Part A hospital deductible	✅ Covered	✅ Covered	✅ Covered
Medicare Part B annual deductible ($283 in 2026)	✅ Covered	❌ Not Covered	❌ Not Covered
Part B excess charges	✅ Covered	✅ Covered	❌ Not Covered
Emergency medical care while traveling outside the U.S.	80% Covered	80% Covered	80% Covered

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.

Cigna Monthly Premiums 2027 January - December
Florida Rates (Except Zip Codes 330XX-334XX)

Age Bracket (Based on age at enrollment)	Plan F – only available if you were 65 prior to 2020	Plan G	Plan N
65-69	$305.11	$274.43	$228.82
70-74	$356.72	$324.33	$275.47
75-79	$401.20	$368.11	$313.93
80+	$449.04	$415.86	$356.34

Please Note: *Monthly Premiums shown are for those in Florida outside of zip codes 330XX-334XX. For premiums outside of Florida or in zip codes 330XX-334XX please email benefits@myfsrbc.com*

UnitedHealthcare Prescription Drug Plan

Pathway 2

Things to know:

💊 Provides prescription drug coverage only (Part D)

✅ Complements Original Medicare (Part A and B) and a Medicare Supplement plan

📋 Group Elite covers more brand name and specialty medications – not available outside of the consortium. **To confirm your medications are covered you can visit ww.myfsrbc.com to view the formulary or email benefits@myfsrbc.com for assistance.**

❌ Does **not** include medical coverage – Typically paired with a Medicare Supplement Plan

✅ Requires enrollment in Medicare Parts A & B

✅ You can change prescription drug plans each year at Annual Enrollment – no health questions

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Prescription Drug Benefits (Rx)	AARP Rx Preferred	AARP Rx Saver	GROUP Elite
Deductible	$0	$700	$0
Part D Initial Coverage – Retail (30 days)			
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 (90 days)			
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 $2,400. Once you have paid $2,400 at the pharmacy you pay no additional copay/coinsurance for remainder of the calendar year.			
2027 Rx Plan Monthly Premium *(Paid to FSRBC/bswift)*	**$119.10***	**$98.70***	**$146.58**

***2026 premiums** – UnitedHealthcare could not provide the 2027 monthly premium prior to printing this document. We'll post on our website once its available www.myfsrbc.com.

How to Enroll in FSRBC Medicare Medical Plan:

Annual Enrollment October 26th – November 13th

Plan	Enroll
Medicare Advantage with Prescription Drug (MAPD) - UHC Group - UHC Low Premium - UHC Comprehensive - UHC Premier - Florida Blue Group - Florida Blue Low - Humana Comprehensive	Phone: 1-833-686-0983 Online: www.myfsrbc.bswift.com
Group Prescription Drug Plans (PDP) - Elite Rx	Phone: 1-833-686-0983 Online: www.myfsrbc.bswift.com
Individual UnitedHealthcare Prescription Drug Plan - AARP Preferred - AARP Saver	Phone: 1-833-686-0983 Call our Medicare Customer Service, they will transfer you directly to UnitedHealthcare to enroll, change or cancel these plans
UnitedHealthcare Medicare Supplement/Medigap	Phone: 1-833-686-0983 Call our Medicare Customer Service, they will transfer you directly to UnitedHealthcare to enroll, change or cancel these plans
Cigna Supplement/Medigap	Phone: 1-833-686-0983 Online: www.myfsrbc.bswift.com

ONLINE

Visit our online portal to:

- Access the billing portal to view statements and update payment preference
- Update view/Change your personal information
- **Add email address**
- View the Medicare plan(s) you are enrolled in through the consortium
- Add a Legal Representative

www.myfsrbc.bswift.com

Visit www.myfsrbc.bswift.com and login:

- **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.
- If your demographic data is not accepted, please call 1-833-686-0983 for assistance.
- Use your phone or tablet's camera to scan the QR code featured here. You'll be directed to the FSBRC enrollment website powered by bswift.

2027 Dental and Vision Coverage

What to do if you are currently enrolled in:

- **Humana Dental through the School District**
- **Aetna Vision through the School District**

Your current coverage through SDLC will end on December 31, 2026, and your automatic deductions with FRS or billing with VOYA will be stopped by the District. If you would like to continue dental and/or vision coverage in 2027, you have the option to enroll in an FSRBC plan during Annual Enrollment to have coverage beginning January 1, 2027. **Coverage will not transfer automatically.**

If you are a retiree age 65 or older enrolled in District Dental or Vision coverage, your spouse and dependents under age 65 will also lose coverage. You will have the option to enroll your spouse or eligible dependents (until age 30) in dental and vision benefits.

Your Next Steps

1. **Review your options -** Explore the FSRBC Humana Dental and Vision plans available. If you have specific questions about plan coverages, please call 1-855-811-0409

2. Choose your coverage - Select the dental and/or vision plan that best meets your needs.

3. Enroll during Annual Enrollment from October 26 through November 13, 2026

How to Enroll:

- **Option 1: By Phone via** Humana Enrollment Center **1-877-589-4051** Monday through Friday 8:00 a.m. to 4:00 p.m. EST
- **Option 2: Online** https://slservices.humana.com/enrollmentregistration/slfalogin.aspx
    - New users can verify their identity using their Social Security Number, date of birth, and ZIP code. If your demographic data is not accepted, please call 877-589-4051.
    - Existing MyHumana users can sign in with their User ID and password.

IMPORTANT REMINDER

To have dental and/or vision coverage effective **January 1, 2027**, you must enroll during the Annual Enrollment period of **October 26 through November 13, 2026**. **Coverage will not transfer automatically from your current School District plan.**

2027 Dental and Vision Coverage

Payment Options for the FSRBC Humana Dental and Vision Plans:

Dental and vision premiums are paid directly to Humana. Premiums may be paid by:

- ACH/Bank Draft
- Check
- FRS Pension Deduction (Form included as last page of this packet)

Humana will send a monthly invoice until your preferred payment method has been established.

Important Information About FRS Pension Deduction
If you would like your premiums deducted from your Florida Retirement System (FRS) pension, you **must complete a new FRS deduction authorization form, included as the last page of this packet.**

Please Note:

- You must first enroll in your dental and/or vision plan before submitting the FRS deduction form.
- **The form has been included as the last page of this letter.**
  - **Once you complete the form you will need to send to Humana. You can either email it or mail via postal mail – this is information is listed on the form.**
- It may take time for FRS deductions to become active.
- Until your deduction is established, you will continue receiving invoices from Humana and must pay those invoices by check or ACH/Bank Draft.
- Once FRS deductions begin, you will no longer receive monthly invoices.

IMPORTANT REMINDER
If you enroll in an FSRBC Humana Dental and/or Vision plan and want the premium to be deducted from your FRS pension account you must complete the form in the last page of this packet and sent to Humana.

2027 FSRBC Humana Dental and Vision Plans

Humana HMO Dental - 2027

- Please see Summary of Services for a complete list of what members pay for all services.
- Only available to Florida Residents and accepted by dentists in the Florida HMO network.
- No out-of-network coverage

	Low HMO	High HMO
Member Cost Share for Benefits		
Preventive Exams	$0	$0
X-Ray bitewings (2 per year)	$0	$0
Emergency Visit	$20	$10
Regular Cleaning (2 per year)	$0	$0
Periodontal Scaling, Root planning	$45-$55 per quadrant	$38-$50 per quadrant
Root Canal	$110-$250	$100-$210
Crowns	$270	$245
Dentures (Complete maxillary)	$375	$325
Dentures (Complete mandibular)	$375	$325
Maxillary partial denture – flexible	$425	$425
Mandibular partial denture – flexible	$425	$425
Removal of impacted tooth	$55-$85	$50-$80
Inlay – porcelain/ceramic	$270 – one surface	$245 – one surface
Onlay – porcelain/ceramic	$270 – one surface	$245 – two surfaces
External Bleaching – per arch	$175	$125
Orthodontics	25% Discount (in-network)	$1,850
Implants	*Not Covered*	*Not Covered*

This is not a complete list of covered services. There are over 300 dental procedure codes listed in the copay schedule. For a complete list please visit www.myfsrbc.com to view the plan summary.

2027 Monthly Premiums		
Retiree Only	$10.53	$17.10
Retiree + 1	$20.85	$33.85
Retiree + Family	$37.07	$60.17

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

Low HMO - HD205 DHMO/Prepaid Network

High HMO - HS195 DHMO/Prepaid Network

2027 FSRBC Humana Dental and Vision Plans

Humana PPO Dental - 2027

- Larger network of providers
- You pay a percentage of what your dentist charges
- Each plan has a different annual maximum – the most Humana will pay for your coverage
- **Please note: Although these plan options have a similar name to the SDLC Humana Dental plans they are DIFFERENT Plans and benefits may vary.**

	Low	Medium	High
Calendar Year Deductible	$50 ($150 family)	$25 ($75 family)	$50 ($150 family)
Calendar Year Annual Maximum *(Benefit Amount Paid by Humana)*	$800	$1,250	$2,000
Plan Benefits			
Preventive Coinsurance (Member Cost) • Oral exams • X-Rays • Cleanings (3 regular or 3 periodontal)	0% after deductible	0%	0%
Basic Coinsurance (Member Cost) • Emergency Care • Basic Extractions • Fillings	30% after deductible	20% after deductible	20% after deductible
Major Coinsurance (Member Cost) • Crowns • Dentures • Endodontics • *Implants covered on the High PPO only*	50% after deductible	50% after deductible	50% after deductible
Out-of-Network Benefits	For out-of-network benefits please review Benefit Plan Summaries by visiting www.myfsrbc.com or call 877-589-5051 for more information		
2027 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
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

2027 FSRBC Humana Dental and Vision Plans

Humana Vision - 2027

Both plans use the Humana Insight Network	Humana Vision Plans	
	LOW In-network* (member cost)	HIGH In-network* (member cost)
Eye Exam	$10	**$5**
Standard Contact Lens Fit & Follow-up	Up to $40	Up to $40
Premium Contact Lens Fit & Follow-up	10% off retail	10% off retail
Standard Plastic Lenses		
Single	$15	$15
Bifocal	$15	$15
Trifocal	$15	$15
Lenticular	$15	$15
Covered Lens Options		
UV Coating	$15	$15
Tint (Solid and Gradient)	$15	$15
Standard Scratch-Resistance	$15	$15
Standard polycarbonate	$40	$40
Anti-reflective Coating	$45 - $68 (varies by tier)	$45 - $68 (varies by tier)
Progressive	$110 - $135 (varies by tier)	$110 - $135 (varies by tier)
Photochromatic / plastic transitions	$75	$75
Polarized	20% off retail	20% off retail
Frame Allowance	$130 allowance (20% off balance over $130)	$130 allowance (20% off balance over $130)
Contact Lenses	$130 allowance (15% off balance over $130)	$130 allowance (15% off balance over $130)
Frequency		
Examination	Once every 12 months	Once every 12 months
Lenses or contact lenses	Once every 12 months	Once every 12 months
Frame	Once every 24 months	**Once every 12 months**
2027 Monthly Premiums		
Retiree Only	$6.24	$7.25
Retiree + 1	$12.48	$14.50
Retiree + Family	$20.33	$23.33

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**

*Out of network benefits available on a reimbursement basis. Please visit www.myfsrbc.com to view plan summaries for reimbursement amounts.

FSRBC Annual Enrollment Meetings

In-Person

These meetings are intended for retirees interested in learning about the **FSRBC Medicare plans available for 2027**. The primary focus will be on the Medicare health plan options offered through FSRBC, including plan benefits, the enrollment process (informational only; enrollment will not occur during the meeting), and key dates to help ensure your coverage is in place for January 1, 2027. While we will briefly review available dental and vision benefits, most of the information will be dedicated to Medicare coverage and enrollment considerations. Both in-person and virtual meeting options will be available

In-Person Meeting Registration Required

Space is limited, so registration is required for all in-person meetings. Each meeting will cover the same information, so you only need to attend **one** meeting. Spouses, Family, and Friends are more than welcome to attend with you. However, there are limited seats so please indicate how many people will be with you when you RSVP.

Meeting Date	Meeting Time	Location
Friday **October 16, 2026** **Please park at North Entrance**	10:00 – 11:00 AM 1:00 – 2:00 PM	**Caloosahatchee Room** 2855 Colonial Blvd, Fort Myers FL **Enter at North Entrance** *Must present valid ID to enter*
Tuesday **October 20, 2026** **Please park at North Entrance**	9:00 – 10:00 AM 11:30 – 12:30 PM 2:30 – 3:30 PM	**Caloosahatchee Room** 2855 Colonial Blvd, Fort Myers FL **Enter at North Entrance** *Must present valid ID to enter*

How to Register/RSVP		
Scan QR Code		Scan QR Code with your smartphone camera and complete the form
Visit the website	https://forms.office.com/r/GnpMABVzDb	Visit the website and complete the form
Call	1-904-469-7817	Leave a voicemail with your full name and desired meeting date and time. Please speak slowly and clearly so we can accurately record your reservation. *Please note you will not receive a call back please put this on your calendar.*

Information about virtual meetings is available on the next page. The Virtual option will cover the same information as the in-person option

FSRBC Annual Enrollment Meetings

Virtual

These meetings are intended for retirees interested in learning about the **FSRBC Medicare plans available for 2027**. The primary focus will be on the Medicare health plan options offered through FSRBC, including plan benefits, the enrollment process (informational only; enrollment will not occur during the meeting), and key dates to help ensure your coverage is in place for January 1, 2027. While we will briefly review available dental and vision benefits, most of the information will be dedicated to Medicare coverage and enrollment considerations. Both in-person and virtual meeting options will be available

The Virtual option will cover the same information as the in-person option. After registration you will receive an email with the login information.

Meeting Date	Meeting Time	Location	Registration Required; please scan QR code to register
Wednesday October 21, 2026	2:00 – 3:00 PM	**Virtual** via Microsoft TEAMS *This will be recorded, if you wish to receive the recording, please register*	https://tinyurl.com/4yvb4bu7
Thursday October 22, 2026	10:00 – 11:00 AM	**Virtual** via Microsoft TEAMS *This will be recorded, if you wish to receive the recording, please register*	https://tinyurl.com/3s72khr3

After you register TEAMS sends an automated email confirming registration – this may go to your spam or junk box. You can also expect to receive a reminder email at least one week prior with the link to join the meeting from castilloa1@duvalschools.org.

How to Join Virtual Meeting—Easy Steps

On a Computer or Laptop:

1. Open the event reminder email which will be sent two hours before the meeting **(check spam/junk)**
2. At the start time, click on the "Join" link – this will open a page in your preferred browser
3. Click "Continue on this browser". This lets you join without installing anything or creating an account.
4. Follow the on-screen instructions to join the webinar.
5. You may choose to listen through your computer speakers or by phone.

On a Smartphone or Tablet:

1.Download the Microsoft Teams App from your device's app store
2. Open the event reminder email which will be sent two hours before the meeting
3. At the start time, click on the "Join" link – this will open the app
4. The app will guide you to join the webinar.

Additional Tips for Ease of Use:

- You do not need a Microsoft Teams account to join – Choose 'Continue on this browser'
- If you get stuck, close your browser/app and reopen the joining link.
- Try to join 5–10 minutes early in case you need extra time.
- All microphones will be automatically muted until the question-and-answer session.

Next Steps

The 2027 Annual Enrollment period will begin on October 26th and end on November 13th

How to Enroll – Please Call: *Please note enrollments can only be made during 10/26-11/13*	
Medicare Medical	1-833-686-0983; 8am-8pm EST
Humana Dental and Vision	1-877-589-4051; 8am-4pm EST
Additional Information and Plan Documents	visit www.myfsrbc.com

The plan documents and formularies will be posted on our website www.myfsrbc.com in October (once the insurance carriers provide the information).

This is an important transition, and we want to help you be ready. The most important step right now is to make sure you are enrolled in Original Medicare Part A and Part B, if you plan to enroll in an FSRBC Medicare medical plan for 2027, because without that step, you will not be able to complete your FSRBC medical enrollment.

Thank you for your attention to this important Annual Enrollment information and for your years of service to the students and families of Lee County.

Frequently asked questions

If I do not enroll in FSRBC for 2027, can I enroll later?
District eligible retirees may enroll directly with FSRBC during future Annual Enrollment periods.

Will my enrollment happen automatically?
No. You must make an active election during Annual Enrollment to have coverage beginning January 1, 2027.

If I am currently enrolled in a Medicare Advantage Plan, Medicare Supplement/Medigap Plan or a Prescription Drug Plan do I need to change to a plan through FSRBC?
No. If you are happy with your current plan no change is required. The FSRBC plans are an option you have if you want to make a change.

FSRBC is currently providing support for these participating Districts:

NEED ADDITIONAL HELP WITH ENROLLMENT?

The FSRBC team will be offering **in-person enrollment assistance sessions** at the District Offices to help retirees enroll in an FSRBC Medicare, Dental, and/or Vision plan.
These sessions are intended for retirees who are currently enrolled in a **School District of Lee County Aetna plan (9520, 7419, or HDHP).**

What to Expect

- Meetings will be held **one-on-one** with an FSRBC representative.
- You'll have the opportunity to ask questions and receive personalized enrollment assistance.
- Because appointment times are limited, we strongly encourage you to attend one of the informational meetings offered in October (see pages 2 and 3) so you arrive prepared to make your enrollment decisions.

Enrollment Assistance Dates

Monday, November 2, 2026 and **Tuesday, November 3, 2026**

Schedule an Appointment

To schedule an enrollment appointment, please call **904-469-7817** and leave a voicemail with:

- Your name
- Your phone number
- A request for an enrollment appointment

One of our representatives will return your call to schedule your appointment.

FLORIDA RETIREMENT SYSTEM
Insurance Payroll Deduction Authorization Form

Humana Insurance Company
Name of Insurance Provider

FRSAuthorization@humana.com
Insurance Provider Staff

877-829-5037
Insurance Provider Telephone No

The payee must authorize new insurance deductions OR the restart of a previously closed deduction. The payee is the person receiving the FRS pension payment.

Payee SSN: _____ Deduction Code: 439

Payee Name: _____

PAYEE MUST COMPLETE ALL SECTIONS WITHIN THIS AREA AND EMAIL FORM TO ABOVE INSURANCE PROVIDER STAFF

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

Payee's Signature: _____ Date: _____

Address: _____

Date of Birth: _____ Telephone Number: _____

Date Retired: _____ School District: _____

Insurance office use only. *The Division of Retirement will not use this information.*

Group #735974

◯ Dental Div. 39 or 40

◯ Vision Div. 39

Processing Date: _____

Date sent to FRS: _____

Insurance provider staff must fax or mail a completed authorization form for all new deductions (or restarted deductions) to the Division of Retirement. MAIL: Division of Retirement, Retired Payroll Section, PO Box 9000, Tallahassee, FL 32315-9000; FAX 850-410-2010