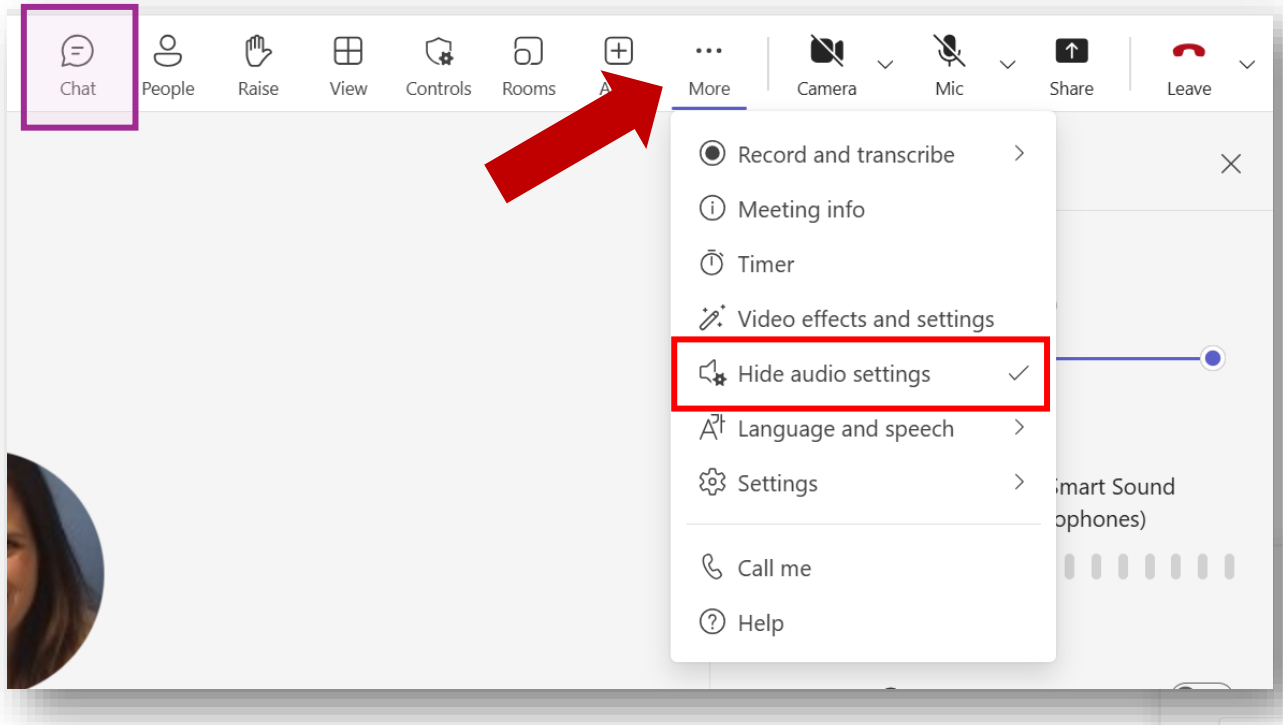
2027 FSRBC Annual Enrollment Webinar

If you are satisfied with your current coverage, NO ACTION is required—your plan will automatically continue into 2027.

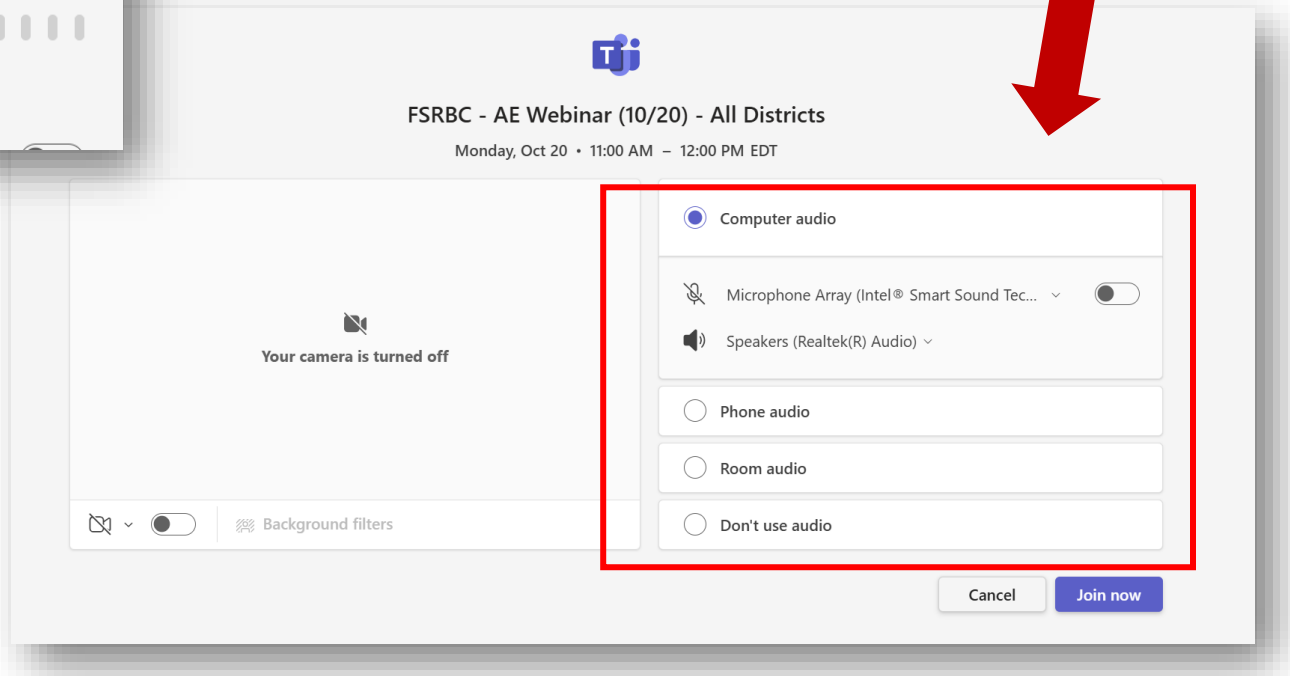
FSRBC
Better Benefits · Better Retirement
FLORIDA SCHOOL RETIREE BENEFITS CONSORTIUM

Microsoft Teams Features – You need to know



<u>If you cannot hear me:</u>

1. Check Speakers
2. Click “More” on the top bar – choose audio settings.
    1. Select the correct speak
3. Logout and back in – On the screen below, you can choose “Computer Audio” or “Phone Call”
    1. You can call in via phone to hear and “Join No” via computer to see the presentation



2027 Highlights

FSRBC 2027 Annual Enrollment

Starts: October 26th
Ends: November 13th

Highlights and Key Changes

More plan choices for retirees in all participating districts!

- **Florida Blue -** Two Medicare Advantage (MAPD) plan options now available to all retirees
- **Humana** - One Medicare Advantage (MAPD) plan now available to all retirees
- **Cigna Medicare Supplement Plans -** Available to all retirees with no health questions required during Annual Enrollment
- **Great News!** Dental and Vision monthly premiums will remain the same for 2027!
- **2027** Monthly premium rate changes for most Medicare Medical Plans.

Your Current Plan:
If you are satisfied with your current coverage, NO ACTION is required—your plan will automatically continue into 2027.

Considering a Change?
If you would like to review or change your plan, you may do so during the Annual Enrollment period for an effective date of January 1, 2027. We encourage you to attend one of our Annual Enrollment webinars to learn more about the options available to you.

Annual Enrollment House Keeping - FAQs

How do I know what plan I am on now? - Look at your plan ID card or call the FSRBC Customer Service at 1-833-686-0983; follow the prompts accordingly (there are different prompts for Humana Dental and Vision).

Have you moved recently? – Contact us to change your address!

- Medicare Medical Customer Service (Bswift): 1-833-686-0983
- Humana Dental and Vision 1-800-233-4013

Need to add or update your legal representative? – Contact us!

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

Will my providers be covered in 2027? – We suggest calling your provider to confirm they will continue to accept your plan in 2027. Providers could currently be in contract renewals with insurance companies so it's best to ask them.

Will my prescription drugs be covered in 2027? – If a prescription drug was going to be removed from the plan's covered drugs, the insurance carrier would inform you via a mailed letter. You can also call the number on the back of your id card to confirm if there are changes to your plan's drug coverage.

- You can Confirm your prescription drugs are covered by looking in the formulary.
- What is a formulary: A list of prescription drugs covered by a prescription drug plan or another insurance plan offering prescription drug benefits. Also called a drug list.
- Visit our website www.myfsrbc.com under the Medicare Medical Tab for all plan formularies

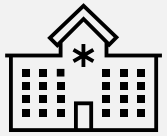
The ABC's of Medicare

Medicare Part	What It Covers	Easy Way to Remember	Additional Information
Part A	Hospital stays, skilled nursing, hospice, home health care	**A = Admission** to the hospital	• Covers hospital and medical services • Administered by Federal Government (CMS/Social Security)
Part B	Doctor visits, outpatient care, preventive services, medical equipment	**B = Basic Medical Care**	
Part C	Medicare Advantage - Combines Parts A & B + additional medical and prescription drug coverage (part D)	**C = Choice** of an all-in-one plan	• Alternative to Original Medicare • Often includes prescription drug coverage and extra benefits • Administered by Private Insurance Companies
Part D	Prescription drug coverage	**D = Drugs**	• Helps pay for prescription medications • Stand alone plan usually paired with Medicare Supplement • Administered by Private Insurance Companies

Medicare Supplement (Medigap) plans – Separate plan administered by private insurance companies. These work alongside Original Medicare to provide medical coverage.

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

Options and Considerations when Changing Plans:

Current Plan	Change Options During Annual Enrollment
Medicare Advantage with Prescription Drug (MAPD)	*You may:* ✅ Switch to another Medicare Advantage plan ✅ Change to a Medicare Supplement plan plus a Prescription Drug Plan – medical underwriting may be required ✅ Beginning in 2027, enroll in the new Cigna Medicare Supplement plan with **no health questions**
Medicare Supplement (Medigap)	*You may:* ✅ Switch to a different Medicare Supplement plan – medical underwriting may be required ✅ Change to a Medicare Advantage plan ✅ Beginning in 2027, enroll in the new Cigna Medicare Supplement plan with **no health questions required**
Standalone Prescription Drug Plan	*You may:* ✅ Switch to another Prescription Drug Plan ✅ Enroll in a Medicare Advantage plan that includes prescription drug coverage

If switching plans:

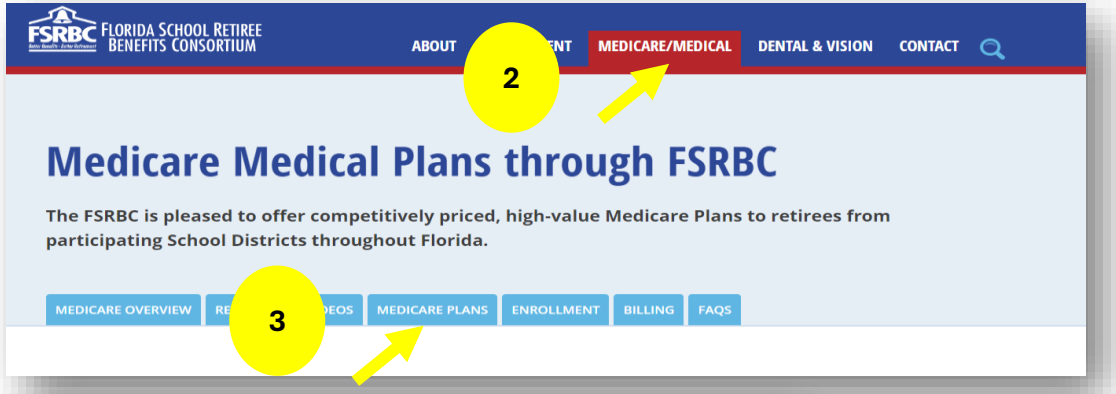
- Confirm your provider(s) accept your new plan as an in-network provider. We suggest calling your provider to confirm they will continue to accept your plan in 2027. Providers could currently be in contract renewals with insurance companies so it's best to ask them
- Confirm your prescriptions are covered under your new plan and what tier, so you know what the copay paid at the pharmacy will be. See the next slide to learn how to check each plan's drug list

Confirm your Prescription Drugs are Covered

- Confirm your prescription drugs are covered by looking in the formulary.
- **What is a formulary**: A list of prescription drugs covered by a prescription drug plan or another insurance plan offering prescription drug benefits. Also called a drug list.

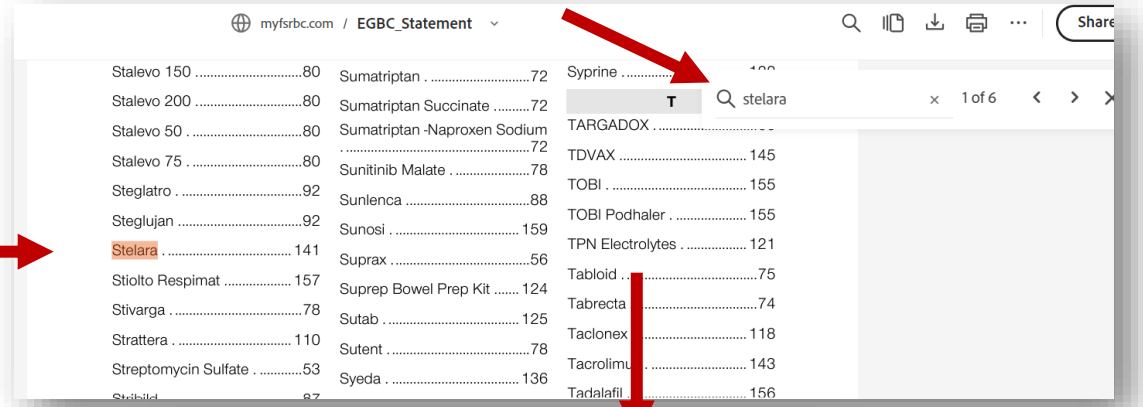
Where can I find the FSRBC plan formularies?

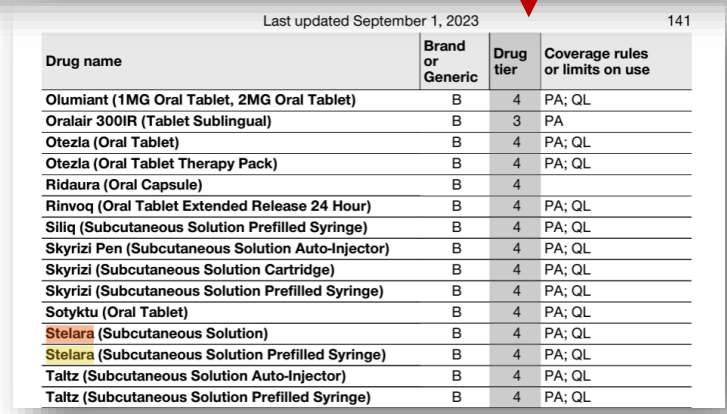
1. Visit our website at www.myfsrbc.com
2. Choose “Medicare/Medical” at the top
3. Then select “Medicare Plans” tab
4. Scroll down to find the plan you want
5. Click the link under the “formulary” Column



How do I find my drug in the formulary?

1. Click the link for the plan you want
2. The document will open or you may be required to download
3. Once open use the search feature to lookup your drug
4. Go to page listed, here you will see the tier of the drug
5. If the drug is not found it is not covered





Pathway 1 – Medicare Advantage with Prescription Drug Plans (MAPD)

2027 Medicare Advantage with Prescription Drug (MAPD)

Medicare Advantage (Part C) Overview

- Combines Medicare Parts A and B into one comprehensive plan.
- Functions like an employer HMO or PPO plan, providing full medical coverage.
- Members use their MAPD insurance card instead of the Medicare "red, white, and blue" card.

FSRBC Medicare Advantage with Prescription Drug Plans (MAPD)

- Considered group plans and not available outside of the FSRBC
- PPO Plans with Nationwide coverage.
- Includes **prescription drug coverage (MAPD)** with enhanced benefits:

Key benefits

- 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.

FSRBC Medicare Advantage with Prescription Drug Plans (MAPD) Plan Options:

	Districts Eligible	Carrier	Plan Names	2026 Monthly Premium	2027 Monthly Premium	Difference
MAPD	All Districts	United Healthcare	UHC Group PPO	$0.00	$0.00	$0
			UHC Low PPO	$111.98	$158.98	+$47.00
			UHC Comprehensive PPO	$273.10	$320.10	+$47.00
			UHC Premier PPO	$392.58	$428.58	+$36.00
		Florida Blue	Florida Blue Low PPO	$199.48	$203.48	+$4.00
			Florida Blue Group PPO	$401.00	$405.00	+$4.00
		Humana	Humana Comprehensive PPO	$451.95	$468.40	+$16.45
	Manatee Retirees ONLY	Aetna	Basic PPO	$175.07	$205.07	+$30.00
			Enhanced PPO	$558.51	$588.51	+$30.00

FSRBC Medicare Advantage w/Prescription Drug (MAPD)

Pathway 1

UnitedHealthcare®

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.

	UHC Group PPO	
	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	20%	10%
Lab Services	$0	$0
Rx Benefits		
Deductible	$700	$700
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**	
2026 Monthly Retiree Premium	**$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

FSRBC Medicare Advantage w/ Prescription Drug (MAPD)

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%	
Prescription Drug Coverage						
Deductible	$0		$0		$700	
	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**	
2026 Monthly Retiree Premium	**$392.58**		**$273.10**		**$111.98**	

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

FSRBC Medicare Advantage Prescription Drug (MAPD)

UnitedHealthcare®

Value-Added Services – FREE with any UHC MAPD plan

Program	Description
HouseCalls (Virtual & In-person)	Offers access to an annual 45-60 minute in-home health and wellness visit by an advanced practice clinician.
Healthy at Home	$0 copay for the following benefits for up to 30 days after each inpatient and SNF discharge: · 28 home-delivered meals from Mom's Meals when referred by a UnitedHealthcare Engagement Specialist. For questions regarding home-delivered meals call · 12 one-way trips to medically related appointments and the pharmacy with ModivCare when referred by a UnitedHealthcare Engagement Specialist. · 6 hours of in-home personal care services through CareLinx—a professional caregiver can help with preparing meals, companionship, medication reminders, and more. No referral required. Call or go online to receive non-medical in-home care services. Call Customer Service to request a referral for each discharge.
UHC Hearing	Through UnitedHealthcare Hearing, the plan pays a $500 allowance for hearing aids (combined for both ears) every 3 years. Hearing aid coverage under this plan is only available through UnitedHealthcare Hearing.
Renew Rewards	Members can receive merchant gift cards for completing an annual wellness visit, accepting a HouseCall or completing certain eligible health care screenings.
SilverSneakers	SilverSneakers is always a favorite added benefit on our plans. Your SilverSneakers membership gets you a gym membership to thousands of fitness locations across the country at no cost to you. If you prefer or enjoy exercise at home, you will have access to SilverSneakers On-Demand, SilverSneakers LIVE, and SilverSneakers GO fitness app for live virtual classes and workshops. If there is not a SilverSneakers facility within 15 miles of your home, you can request an in-home kit be sent to you.
Virtual Doctor Visits	Live video chat with a doctor through computer, tablet, or smartphone at any time.
Dental	Medicare-covered services only
Vision	Annual routine eye exam refraction ($30 copay applies)

FSRBC Medicare Advantage Prescription Drug (MAPD)

Pathway 1

Florida Blue

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 Group PPO		Florida Blue Low PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Deductible (CYD)	$0	$1,000	$0	$0
Medical Out-of-Pocket Max (OOP)	$1,000	$2,000	$5,900	$8,950
Coinsurance	20%	20%	20%	40%
Physician Office Visits				
PCP	$10	$10	$5	$5
Specialist	$30	20% after deductible	$45	40%
Hospital Services				
Inpatient	$150/Day for Days 1-7	20% after deductible	$225/day for days 1-7	$200 per day, days 1-27
ER Copay	$75		$75	
Urgent Care Copay	$30		$10	
Outpatient Services				
Hospital	$75	20% after deductible	$75	40%
Surgery	$150	20% after deductible	$150	40%
Rx Benefits				
Deductible	$0		$295	
Part D Initial Coverage	**30-day supply retail**	**90 –day supply mail**	**30-day supply retail**	**90 –day supply mail**
Tier 1	$5	$0	$12	$36
Tier 2	$5	$0	$13	$39
Tier 3	$35	$70	$40	$120
Tier 4	$65	$130	$93	$279
Tier 5	$110	$220	26%	26%
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)*	**$405.00**		**$203.48**	
2026 Monthly Retiree Premium	**$401.00**		**$199.48**	

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

NEW PLANS! Now Available to All Retirees in 2027

MAPD

Florida Blue

Value-Added Services – FREE with any Florida Blue MAPD plan

Program	Description
Hearing Services	• $0 copay for ONE routine hearing exam per year • Medicare-covered services only • $30 copay for specialist exams to diagnose and treat hearing and balance issues
Dental Services	$0 copay for covered preventive and comprehensive dental services for In Network providers

Vision Services	▪ Medicare-covered services only – In Network
	  ▪ $30 copay for specialist to diagnose and treat eye diseases and conditions
	  ▪ $0 copay for glaucoma screening (once per year for members at high risk of glaucoma)
	  ▪ $0 copay for one diabetic retinal exam per year
	  ▪ $0 copay for one pair of eyeglasses or contact lenses after each cataract surgery
	▪ $0 copay for annual routine eye exam for In Network providers
	▪ $0 copay for lenses, frames or contacts. Member responsible for any amount in excess of annual maximum plan benefit allowance
	▪ Annual $250 allowance towards the purchase of lenses, frames, or contact lenses for In Network providers

HealthyBlue Rewards	Redeem gift card rewards for completing and reporting preventive care and screenings
SilverSneakers Fitness Program	▪ Gym membership and classes available at fitness locations across the country, including national chains and local gyms. ▪ Access to exercise equipment and other amenities, classes for all levels and abilities, social events, and more. ▪ Gym membership and classes available at 16,000+ fitness locations across the country, including national chains and local gyms

FSRBC Medicare Advantage Prescription Drug (MAPD)

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.

	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	$175 copayment per visit	
ER Copay	$65	
Urgent Care Copay	$15	
Outpatient Services		
Partial Hospitalization	$15	
Surgery	$50	
Rx Benefits		
Deductible	$0	
Part D Initial Coverage	30-day supply	90-day supply (Mail)
Tier 1	$5	$0
Tier 2	$30	$60
Tier 3	$60	$120
Tier 4	33%	Not available
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)*	**$468.40**	
2026 Monthly Retiree Premium	**$451.95**	

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

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

NEW PLAN!
Now Available to All Retirees in 2027

MAPD
Humana®

Value-Added Services – FREE with any Humana MAPD plan

Program	Description
Dental	**PPO** – Medicare-covered services only ($15 copay applies)
Hearing	**PPO** - Medicare-covered services only ($15 copay applies)
Vision	**PPO** - Medicare-covered services only ($15 copay applies)
SilverSneakers	Free gym membership program with access to an extensive network of gyms and fitness locations as well as a variety of fitness classes.
Go365	Earn rewards to redeem for gift cards by completing healthy activities like walking, getting certain preventive screenings, or volunteering.
Personal Health Coaching	Interact via email or online chat with a certified health coach to develop a personalized plan to help with weight management, nutrition, exercise, back care, and more.
Smoking Cessation	Similar to health coaching program, but specifically for quitting smoking. Establish a goal and receive guidance and resources from your coach throughout the year.
Well Dine Meal Program	Those who have had an overnight inpatient stay at skilled nursing facility/hospital are eligible to receive up to 28 meals delivered to your door upon discharge.

FSRBC Medicare Advantage Prescription Drug (MAPD)

Pathway 1

aetna®

☑ Available ONLY in Manatee County

	Aetna Basic PPO		Aetna Enhanced PPO	
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 $2,400. Once you have paid this at the pharmacy you pay nothing				
2027 Monthly Retiree Premium *(Paid to FSRBC/bswift)*	**$205.07**		**$588.51**	
2026 Monthly Retiree Premium	**$175.07**		**$558.51**	

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%

MAPD

aetna®

Value-Added Services – FREE with any Aetna MAPD plan

Program	Description
SilverSneakers	Gives you access to gym memberships and home workout kits. So you can meet your exercise goals at home or in the gym.
Resources For Living	You have access to our program that helps you find resources in your community. Our team can help you find services that include: •Help finding contractors to do some work around the house •Assistance researching short- or long-term housing •Community transportation •Learning about activities at your local senior center
Smoking Cessation Supplies	$0 unlimited visits every year
Teladoc	Allows you to speak to a licensed doctor by web, phone or mobile app 24/7 — usually within 15 minutes.
Minute Clinic Virtual Care	Allows you to speak with a licensed provider, 7 days a week.

Pathway 2 - Prescription Drug Plans (PDP)

2027 Prescription Drug Plans

Pathway 2

Monthly Premium Changes Summary

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

	Districts Eligible	Carrier	Plan Names	2026 Monthly Premium	2027 Monthly Premium	Difference
PDP	All Districts	United Healthcare	UHC Elite PDP	$146.58	$166.58	+$20.00
			UHC AARP Saver (FL rate)	$98.70	$149.20	+$50.50
			UHC AARP Preferred (FL rate)	$119.10	$184.10	+65.00
	Manatee, Orange, Osceola	HealthSpring (previously Cigna)	Basic Rx PDP	$206.41	$225.45	+$19.04
			High Rx PDP	$328.46	$348.83	+$20.37

As a reminder, you have the opportunity to change Prescription Drug plans each year during the Annual Enrollment Period without medical underwriting (health questions).

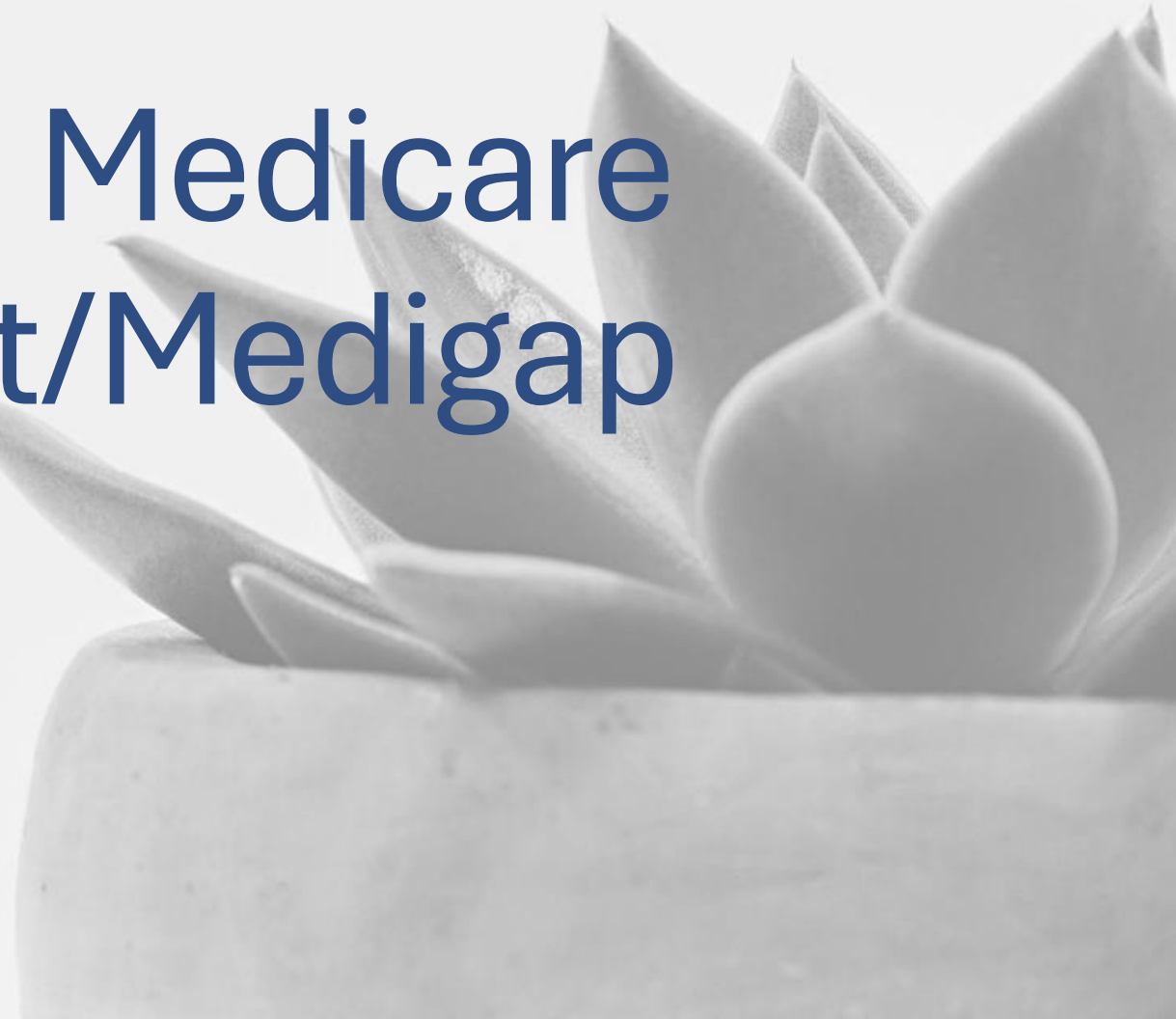
2027 Prescription Drug Plans

Pathway 2

Plan Comparison

	UnitedHealthcare			HealthSpring *Only Available to Retirees of Orange, Osceola and Manatee Counties*	
Plan	**UHC Elite Plan** *ONLY Available to FSRBC Members*	**UHC AARP Saver**	**UHC AARP Preferred**	**Basic Rx**	**High Rx**
Deductible	$0	$700	$0 Tier 1 and Tier 2 $300 Tier 3, Tier 4, Tier 5	$0	$0
Retail Tier 1 Tier 2 Tier 3 Tier 4 Tier 5	**30-day supply** $10 $45 $75 $100	**30-day supply** $0 $5 21% 33% 25%	**30-day supply** $0 $5 22% 30% 30%	**30-day supply** $20 $45 50% ($150 max) 33% ($250 max)	**30-day supply** $7 $30 $60 $75
Mail Order Tier 1 Tier 2 Tier 3 Tier 4 Tier 5	**90-day supply** $20 $90 $150 $200	**100-day supply** $15 $30 21% Not Available Not Available	**100-day supply** $15 $30 22% Not Available Not Available	**90-day supply** $60 $135 50% ($450 max) Not Available	**90-day supply** $21 $90 $180 Not Available
Catastrophic Phase	**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 Premium	**$166.58**	**$149.20**	**$184.10**	**$225.45**	**$348.83**
2026 Monthly Premium	**$146.58**	**$98.70**	**$119.10**	**$206.41**	**$328.46**

Pathway 2 - Medicare Supplement/Medigap



Medicare Supplement plans (MedSupp/Medigap)

Pathway 2

What You Need to Know

- Helps pay some out-of-pocket costs that Original Medicare doesn't cover
- Works with Original Medicare (Parts A & B)
- No provider network. You can see any doctor who accepts Medicare.
- Covers one person only. Spouses need separate policies.
- Standardized plans offer the same benefits regardless of the insurance company.
- Other plan options may be available based on where you live.

❌ **Prescription drugs are not included.** You must enroll in a separate Medicare 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.

Medicare Supplement Plans

NOW AVAILABLE to ALL DISTRICTS – NO MEDICAL QUESTIONS!!!

Pathway 2

Plan F	2026 Monthly Premiums – Plan F		2027 Monthly Premiums – Plan F	
Age Bracket*	**Outside** Zip Codes 330XX-334XX	**Inside** Zip Codes 330XX-334XX	**Outside** Zip Codes 330XX-334XX	**Inside** Zip Codes 330XX-334XX
Issue Age 65-69	$270.01	$347.06	$305.11	$392.18
Issue Age 70-74	$315.68	$405.76	$356.72	$458.51
Issue Age 75-79	$355.04	$456.36	$401.20	$515.68
Issue Age 80+	$397.38	$510.78	$449.04	$577.18

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

Plan G	2026 Monthly Premiums – Plan G		2027 Monthly Premiums – Plan G	
Age Bracket*	**Outside** Zip Codes 330XX-334XX	**Inside** Zip Codes 330XX-334XX	**Outside** Zip Codes 330XX-334XX	**Inside** Zip Codes 330XX-334XX
Issue Age 65-69	$242.86	$312.16	$274.43	$352.74
Issue Age 70-74	$287.02	$368.92	$324.33	$416.88
Issue Age 75-79	$325.76	$418.71	$368.11	$473.15
Issue Age 80+	$368.01	$473.03	$415.86	$534.52

Plan N	2026 Monthly Premiums – Plan N		2027 Monthly Premiums – Plan N	
Age Bracket*	**Outside** Zip Codes 330XX-334XX	**Inside** Zip Codes 330XX-334XX	**Outside** Zip Codes 330XX-334XX	**Inside** Zip Codes 330XX-334XX
Issue Age 65-69	$202.50	$260.28	$228.82	$294.12
Issue Age 70-74	$243.78	$313.35	$275.47	$354.08
Issue Age 75-79	$278.81	$357.09	$313.93	$403.51
Issue Age 80+	$315.34	$405.33	$356.34	$458.02

NEW PLANS! Now Available to All Retirees in 2027

*Please Note: you will retain the age bracket you first enrolled with Cigna

Medicare Supplement plans (MedSupp/Medigap)

AARP | Medicare Plans from UnitedHealthcare

Pathway 2

- **UHC AARP Medicare Supplement monthly premiums change every June 1st**
- Letters sent directly from UHC in April to provide you your new monthly premium
- Premiums may vary based on age, location, tobacco use, and gender
- If you move your monthly premium would change based on new zip code
- Must complete application via phone with UHC
  - To complete a new application, call our customer service at 1-833-686-0983 and they will transfer you to a UnitedHealthcare representative for assistance
- **Medical Underwriting applies if outside initial or special enrollment period OR you want to change plans**

How to determine current monthly premium:

- Call the FSRBC Medicare Customer Service at 1-833-686-0983
- Call UnitedHealthcare Medicare Supplement Customer Service at 1-800-392-7537

Humana Dental and Vision Plans

Retirees of Duval County Public Schools – Please note you are not eligible to enroll in the FSRBC dental and vision plans. Please visit https://dcps.duvalschools.org/o/humanresources/page/employee-benefits to learn more about the plans available to you.

Humana HMO Dental - 2027

Humana DHMO Additional Details:

- Please see Summary of Services for a complete list of what members pay for all services.
- Only available to Florida Residents
- No out-of-network coverage

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)

	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

Humana PPO Dental - 2027

	PPO Plans		
	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	Deductible - $100 ($300 family) Humana pays in-network fee schedule up to annual maximum	Deductible - $50 ($150 family) Humana pays in-network fee schedule up to annual maximum	Deductible - $50 ($150 family) Humana pays 80th% of UCR
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

To view information on out-of-network benefits you can view Plan Summaries on our website www.myfsrbc.com

Humana Vision

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.

	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		
Tint (Solid and Gradient)	$15	$15
Standard Scratch-Resistance	$15	$15
Standard polycarbonate	$15	$15
Anti-reflective Coating	$40	$40
Progressive	$45 - $68 (varies by tier)	$45 - $68 (varies by tier)
Photochromatic / plastic	$110 - $135 (varies by tier)	$110 - $135 (varies by tier)
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

Contact Information

Annual Enrollment Changes

Annual Enrollment Changes – Please call phone numbers below: *Changes include – Enroll in a new plan, cancel current plan, change current plan* *Please note changes can only be made during 10/26-11/13*
Medicare Medical 1-833-686-0983; 8am-8pm EST *(Annual Enrollment Hours)*
Humana Dental and Vision 1-877-589-4051; 8am-4pm EST
Additional Information visit www.myfsrbc.com
Email FSRBC benefits@myfsrbc.com

Please note that benefits available vary by District. For a complete list of carrier contact information, please visit our website at www.myFSRBC.com/contact.

Questions?

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PUBLIC SCHOOLS

CHARLOTTE COUNTY
PUBLIC SCHOOLS
1921

Brevard
Public
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BENEFITS CONSORTIUM

THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FL
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FLORIDA

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ESCAMBIA COUNTY PUBLIC SCHOOLS

OCPS

SCHOOL DISTRICT OF
MANATEE COUNTY, FLORIDA

SCHOOL BOARD OF
JACKSON COUNTY FLORIDA

THE SCHOOL DISTRICT
PALM BEACH COUNTY

WALTON COUNTY
SCHOOL DISTRICT

THE SCHOOL DISTRICT
OF LEE COUNTY

CALHOUN COUNTY
SCHOOL DISTRICT

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Disclaimer:
This presentation is intended to provide a high-level overview of the retirement and Medicare enrollment process and is for informational purposes only. Benefit descriptions, plan features, coverage details, eligibility requirements, and other plan provisions are subject to the official plan documents, policies, certificates of coverage, and contracts issued by the applicable insurance carriers. In the event of any discrepancy between this presentation and the official plan documents, the official plan documents will govern.
Premium rates and costs shown in this presentation are estimates intended for planning purposes and are believed to be accurate at the time of publication. Actual rates in effect at the time of enrollment, as approved and provided by the insurance carrier, will apply. While every effort has been made to ensure the accuracy of the information presented, FSRBC cannot guarantee that all information is free from error or that plan and rate information will not change.
We encourage you to conduct your own research and carefully review official plan materials before making enrollment decisions to determine the coverage that best meets your individual needs. For questions regarding retirement eligibility, retirement procedures, or district-specific retirement requirements, please contact your District directly.