FSRBC

Better Benefits · Better Retirement

FLORIDA SCHOOL RETIREE BENEFITS CONSORTIUM

www.myfsrbc.com

INITIAL ENROLLMENT GUIDE

For the 2027 Plan Year

For Retirees of participating School Districts

In this guide you will find valuable information about the **Medical, Dental and Vision** Retiree plans you have available to you through your District.

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WELCOME TO YOUR FSRBC INITIAL ENROLLMENT GUIDE

What is the Florida School Retiree Benefits Consortium (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 the FSRBC

- **Group Medicare Advantage (PPO) & Rx Drug Plan**
  - PPO plans with Nationwide coverage
  - $0 Medicare Advantage Plan option
  - Lower copays for Brand & Specialty medications
  - More Covered 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

Who is eligible for FSRBC?

Medicare Medical Plans: 65 or older Medicare-eligible **retirees** & **spouses** that are enrolled in Medicare Parts A and B.

- If your spouse is older, they can enroll in an FSRBC place once they are enrolled in Original Medicare, even if you are not yet 65 or retired.
- If your spouse is younger than you, they can enroll in an FSRBC plan once they are enrolled in Original Medicare
- *If your spouse is eligible to enroll but you are not eligible yet, please call our Customer Service at 1-833-686-0983 as our team will need to ensure your spouse's account is setup. Please note this could take 48-72 hours to setup.*

Dental and Vision plans: If a **retiree** is enrolled in FSRBC, their **spouse** or eligible **dependents** may enroll in dental and vision benefits

2027 Original Medicare Overview

Original Medicare Overview

- Medicare is a Federal health insurance program for people age 65 or older or under age 65 with certain disabilities, or individuals of any age who have End Stage Renal Disease (ESRD).
- Although the Centers for Medicare & Medicaid Services (CMS) is the agency in charge of the Medicare program, Social Security processes your application for Original Medicare (Part A and Part B).
- Parts A and B make up what is known as "Original Medicare" and does not cover all medical costs, so you are responsible for Part A and/or Part B cost sharing, which includes premiums, deductibles, coinsurances and prescription drug costs. (provided by the federal government)

Medicare Part A	Medicare Part B
Covers: Inpatient Hospital Care, Skilled Nursing Facility Care, Home Health and Hospice	**Covers:** Doctor Visits, Ambulance, Durable Medical, Outpatient Service, Limited Outpatient Prescription Drugs
Hospital (Inpatient) - 2026 • **No monthly premium for most people** • $1,736 deductible • Days 1–60: $0 coinsurance • Days 61–90: $434 coinsurance per day. • Days 91 and beyond: $868 coinsurance per each "lifetime reserve day" after day 90 for each benefit period (up to 60 days over your lifetime). • Each day after lifetime reserve days: All costs.	**Medical Cost - 2026** • **Monthly Premium*:** $202.90 (Paid directly to social security) • Deductible: $283 per calendar year • Cost sharing: 20% of the Medicare-approved amount for most services
Medicare-Certified Skilled Nursing Facility • Days 1–20: $0 coinsurance per day. • Days 21–100: Up to $217 per day. • Days 101 and beyond: All costs.	**Outpatient Mental Health** • 20% of the Medicare-approved amount for most outpatient mental health services
Home health care • $0 copayment for Medicare-approved home health care services	**Preventive Services** • $0 copay for the Medicare-approved list of preventive services
Blood • Entire cost for first three pints of blood	**Blood** • Entire cost for first three pints of blood as an outpatient, then 20% of the Medicare-approved amount for additional pints
Notes: • Part A can act as a secondary payer even if you are still actively employed with employer group medical benefits. • If you are enrolled in Part A you cannot contribute to a Health Savings Account (HSA). • If you worked 40 quarters of Medicare-credited employment, you are automatically entitled to Part A.	**Notes:** • You should enroll in Medicare Part B as soon as you are eligible if you are not actively working, have no other coverage, or are enrolled in a Retiree health plan or COBRA. • *High-Income earners may pay more (applies to incomes over $109,000 in 2026).

Two Pathways of Medicare

A key decision you have to make when you start Medicare is how you want to get your coverage. There are two different pathways, Original Medicare Parts A and B with a Medicare Supplement (Medigap) and a standalone Prescription Drug Plan (Part D) or a Medicare Advantage with Prescription Drug Plan (MAPD – Part C).

Parts A and B make up what is known as "Original Medicare" and does not cover all medical costs, so you are responsible for Part A and/or Part B cost sharing, which includes premiums, deductibles, coinsurances and prescription drug costs. *(provided by the federal government)*

Part C refers to Medicare Advantage Plans *(provided by private insurance companies)*

Part D refers to Prescription Drug Plans *(provided by private insurance companies)*

Pathway 1
Medicare Advantage with Prescription Drugs (MAPD)

Part C = A + B + D

- Combines Parts A and B (Original Medicare) into one comprehensive with which includes prescription drug cover (Part D).
- Functions similarly to District Medical plans.
- Managed by private insurance companies
- Covers both Medical and Prescription Drugs
- Networks are either PPO or HMO

Pathway 2
Medicare Supplement + Prescription Drug Coverage

Part A
Hospital

Part B
Medical

Medicare Supplement/Medigap - *Medical Only Coverage*

- Helps cover some or all of the out-of-pocket costs that Original Medicare does not cover

Standalone Prescription Drug Plan (PDP) – *Rx Only Coverage*

- Covers most out-of-pocket prescription drug expenses

Enrolling in Medicare

Timing is key when enrolling in Medicare, so it's important to plan ahead. The right time to enroll depends on your unique Medicare journey. Review the information below to help you enroll on time and avoid costly lifetime Medicare penalties

Enrollment Period	When it happens – To avoid Medicare Penalties	What You Need to Do	What happens next
Initial Enrollment Period (IEP) is your first chance to sign up for Medicare, when you are turning 65.	It lasts for **7 months** — it starts **3 months before** you turn 65, includes **your birthday month**, and ends **3 months after** you turn 65.	If you are: - Turning 65 and retiring - Turning 65 and already retired* Go to the **Social Security website** to sign up for Medicare Parts A and B: ssa.gov/medicare	After you apply, **Medicare** will mail your **Medicare ID card**. This can take **6–8 weeks**. Your **Medicare coverage** usually starts the **month after you sign up**.
Special Enrollment Period (SEP) is for people covered under an employer health plan and are over 65 and retiring.	It lasts for **6 months** — it starts **3 months before** you retire, includes the month you retire, and ends **2 months after** you retire	If you are: - Are over 65 and retiring Go to the **Social Security website** to sign up for Medicare Parts A and B: ssa.gov/medicare You will need to submit the CMS form L564 with your application, which has a section your District must complete.	After you apply, **Medicare** will mail your **Medicare ID card**. This can take **6–8 weeks**. Your **Medicare coverage** usually starts the **month after you sign up**.

Enroll in a Medicare Advantage Plan (with Prescription Drug) OR Medicare Supplement + Drug Plan:

- **Once you have your Medicare ID Card, you can choose one of these plans**
- These plans will start the month after you sign up (enrollments are always prospective)
- To avoid a lapse of coverage you want to enroll in one of these plans prior to your District Coverage ending.

*If you already get **Social Security** before turning 65, you don't need to sign up. You will **automatically** get your Medicare card in the mail before your 65th birthday.

FSRBC Medicare Medical & Prescription Drug Coverage Options

Choosing a FSRBC Medicare Plan

If you are a new retiree and are currently enrolled in your employer's plan, below is an example to show how the typical services covered by your employer's plan may compare to the FSRBC Medicare plans. These could vary depending on plan type and carrier. Please refer to specific plan documents to review covered benefits.

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

Plan Highlights:

- **Medicare Advantage Including Prescription Drug (Part C, MAPD)**
  - Similar to a traditional employer PPO or HMO Plan
  - Wide range of plan costs to fit your budget
  - Prescription Drug benefits included
- **Prescription Drug (Part D, PDP)**
  - Provides coverage solely for Prescription Drugs
  - Can enroll in a PDP with Original Medicare or in conjunction with a Medicare Supplement plan
- **Medicare Supplement (MedSupp, Medigap)**
  - Additional medical coverage to supplement Medicare Parts A and B
  - Prescription drug benefits NOT included, highly recommended to also enroll in a Prescription Drug Plan

Medicare Advantage Prescription Drug Plans (MAPD)

Considerations - FSRBC Medicare Advantage (MAPD) Plans

- Exclusive group plans available only through FSRBC
- **Combines Medicare Parts A, B, and prescription drug coverage (Covers Medical and Drugs)**
- 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.

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

	Districts Eligible	Carrier	Plan Names	2027 Retiree Premium
MAPD	All Districts	United Healthcare	UHC Group PPO	$0.00
			UHC Low PPO	$158.98
			UHC Comprehensive PPO	$320.10
			UHC Premier PPO	$428.58
		Florida Blue	Florida Blue Low PPO	$203.48
			Florida Blue Group PPO	$405.00
		Humana	Humana HMO	$0.00
			Humana Comprehensive PPO	$468.40
	Manatee Retirees Only	Aetna	Aetna Basic PPO	$205.07
			Aetna Enhanced PPO	$588.51

The benefits comparisons included in this booklet are for illustrative purposes only and shows the amount you pay for each service. Please note the benefits charts provide an overview of benefits. For additional details about your benefits please refer to the individual plan document provided by the carrier. If any discrepancy exists between this guide and the official documents, the official documents will prevail.

To look up additional plan details, visit https://myfsrbc.com/medicare-medical-plans/#plans

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.

	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	20%	40%
Lab Services	$0	$0
Rx Benefits		
Deductible	$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**	

*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

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	$0	$20	$25
Specialist	$30	$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	$80	$65	$65
Urgent Care Copay	$40	$35	$35
Outpatient Services			
Hospital	$100	20%	20%
Surgery	$100	20%	20%
Diagnostic Radiology	$30	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	$0	$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

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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**

Aetna Plans

☑ Available to Manatee County

The below comparison is for illustrative purposes only and shows the amount **you pay** for each service.

- Group National PPO plans, 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 Aetna.

Click Here to find Aetna in-network Providers Here

•Enter Zip Code
•Choose: Employer or group-sponsored retiree plan
•Under the Medicare Advantage with Prescription Drug Plans choose:
•Aetna Medicare Plan (PPO) with Extended Service Area (ESA)

	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 $2,400. Once you have paid $2,400 at the pharmacy you pay no additional copay/coinsurance for remainder of the calendar year.				
Tier 1 -5	$0		$0	
2026 Monthly Retiree Premium *(Paid to FSRBC/bswift)*	**$205.07**		**$588.51**	

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Medicare Advantage with Prescription Drugs (MAPD) **Enrollment**

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

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

TELEPHONICALLY

1-833-686-0983

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

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.

SAMPLE Monthly Premiums June 1, 2026 – May 31, 2027	65-year-old non-smoking FEMALE		65-year-old non-smoking MALE	
District	**Plan G**	**Plan N**	**Plan G**	**Plan N**
Brevard, Charlotte, Escambia, Manatee, Orange, Osceola, Sarasota, Washington, Walton	$266.77	$228.38	$289.93	$248.21
Calhoun, Flagler, Gilchrist, Jackson, Polk, Putnam, Volusia	$251.60	$215.60	$273.44	$234.10
Duval	$273.31	$233.98	$297.04	$254.30
Palm Beach	$339.04	$290.25	$368.47	$315.45

To Enroll call our Medicare Customer Service, they will transfer you directly to Unitedhealthcare to enroll, change or cancel these plans. Phone: 1-833-686-0983

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 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.

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

	Monthly Premium – Plan F		Monthly Premium – Plan G		Monthly Premium – Plan N	
Age Bracket*	**Outside** Zip Codes 330XX-334XX	**Inside** Zip Codes 330XX-334XX	**Outside** Zip Codes 330XX-334XX	**Inside** Zip Codes 330XX-334XX	**Outside** Zip Codes 330XX-334XX	**Inside** Zip Codes 330XX-334XX
Issue Age 65-69	$305.11	$392.18	$274.43	$352.74	$228.82	$294.12
Issue Age 70-74	$356.72	$458.51	$324.33	$416.88	$275.47	$354.08
Issue Age 75-79	$401.20	$515.68	$368.11	$473.15	$313.93	$403.51
Issue Age 80+	$449.04	$577.18	$415.86	$534.52	$356.34	$458.02

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

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	$300 (Tiers 3-5)	$700	$0
Part D Initial Coverage – Retail (30 days)			
Tier 1	$0	$0	$10
Tier 2	$5	$5	$45
Tier 3	22%	21%	$75
Tier 4	30%	33%	$100
Tier 5	30%	25%	
Part D Initial Coverage – Mail Order (100 days)			
Tier 1	$0	$0	$20
Tier 2	$0	$15	$90
Tier 3	22%	21%	$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)*	**$184.10**	**$149.20**	**$166.58**

HealthSpring Medicare Supplement **Enrollment**

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

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

TELEPHONICALLY

1-833-686-0983

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

How to Enroll Summary: Medicare Plans

Enroll in an FSRBC Plan

Plan	Enroll
Medicare Advantage with Prescription Drug (MAPD) - UHC Group - UHC Low Premium - UHC Comprehensive - UHC Premier - Florida Blue Group - Humana Comprehensive - Humana HMO - Aetna Basic - Aetna Enhanced	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 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 Medicare 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

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.
- **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.

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.

Billing Options and Details for Medicare Plans

FRS/Pension

Payment Timing: Payment deducted on last business day of the month for following month (i.e. 12/31 for January coverage)

Billing Cycle: Payment preference due by 3rd of each month for preference to be reflected for that billing cycle. Billing team sends file to FRS on/around 7th of each month.

Set Up: Retirees enrolling in FSRBC benefits for the first time must attest by completing the FRS form on the enrollment site or by phone through Customer Service.

If you have any technical issues or questions, please call our Medicare Customer Service Center at 1 (833) 686-0983. Representatives are available Monday through Friday from 9am-5pm Eastern Time.

ACH/Bank Draft

Payment Timing: Payment deducted on the 5th of the month for the billing month (i.e. 1/5 for January coverage)

Billing Cycle: Payment preference due by 1st of each month for upcoming billing cycle (i.e. 2/1 for 2/1 coverage).

Set Up: Complete the setup online through the enrollment portal by entering the required information or through by calling customer service

If you have any technical issues or questions, please call our Medicare Customer Service Center at 1 (833) 686-0983. Representatives are available Monday through Friday from 9am-5pm Eastern Time.

Check

Payment Timing: Payment is posted when check is received by BSwift

Set Up: No set up needed. Billing statements are sent monthly by Bswift and due on the first of the month. Each month's invoiced premiums are due at the first of that billing month.

Payment Notes:

- You can view a statement with your elections online or, if paying by check, you will be mailed an invoice.
- While going through the Bswift enrollment site, you will be prompted to elect a substitute payment option. Doing so will help ensure you do not experience a lapse in coverage due to non-payment.

Confirm your Medications are Covered

CONFIRM YOUR PRESCRIPTION DRUG COVERAGE

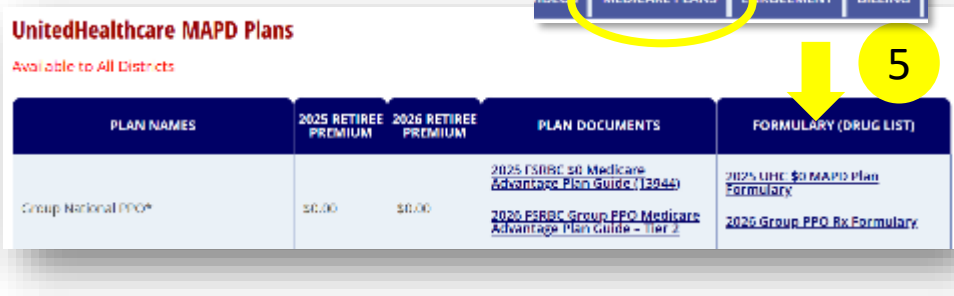
If you are enrolled in or are consider enrolling in an FSRBC plan with Prescription Drug coverage, here is how you can confirm your prescription drugs are covered on the plan's Formulary.

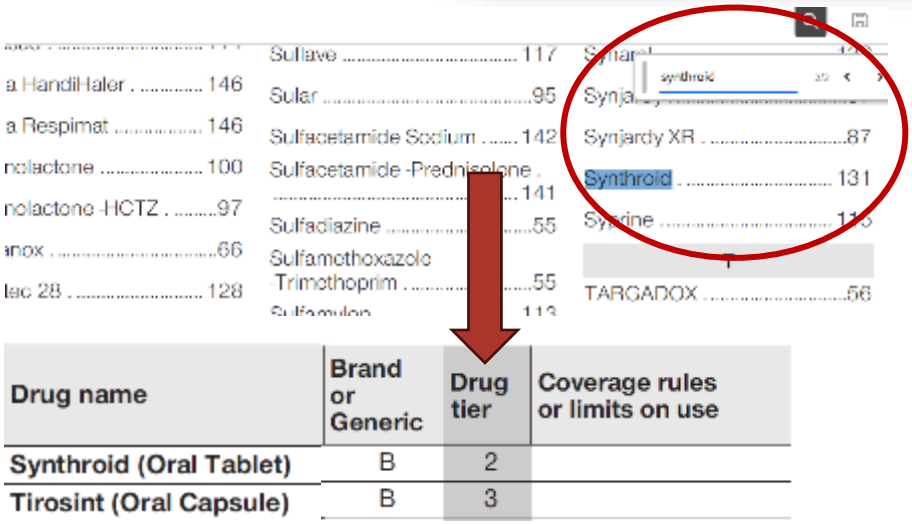
What is a Formulary?

A Formulary is a list of prescription drugs covered by a prescription drug plan or another insurance plan offering prescription drug benefits. Also called a drug list.

Finding Your Plan's Formulary:

1. Visit our website at www.myfsrbc.com
2. Choose the tab labeled "Medicare/Medical" in the dark blue header
3. Then select the "Medicare Plans" tab in the light blue section of tabs
4. Scroll down to find the plan you are either enrolled in, or that plan(s) you want to look at enrolling in
5. Click the link under the "Formulary" column





Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Synthroid (Oral Tablet)	B	2	
Tirosint (Oral Capsule)	B	3	

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 the document
3. Once open, use the search feature to look up your drug (be sure to check your spelling)
4. Go to the page listed, here you will see the **tier** of the drug
5. If the drug is not listed, it is not covered

What is a Drug Tier?

A Formulary is organized into Drug Tiers. These tiers have different copays or coinsurances assigned to them that you'll see when you look at the different plan designs.

Tier Definitions:

Tier 1	Preferred Generic	Most generic drugs
Tier 2	Preferred Brand	Many common brand name drugs, called preferred brands, and some higher-cost generic drugs
Tier 3	Non-Preferred	Non-preferred generic and non-preferred brand name drugs
Tier 4 and 5	Specialty	Unique and/or very high-cost brand and generic drugs

If you are enrolled in a plan outside of FSRBC, you'll need to reach out to your carrier or representative to obtain a copy of your active formulary. Finding the drug in your formulary should be similar to what we have included above.

HOW TO COMPARE DRUG COVERAGE EXAMPLE
Medicare Advantage w/ Prescription Drug (MAPD)

Notes on Comparing Drug Tiers:

- Drug tiers can vary based on plan, which can impact your cost – know which drug tier your prescription drugs fall into.
- Premier, Comprehensive and Low National are GROUP plans with a richer formulary
- We suggest you request a printout, from your pharmacy, of your last year's prescriptions showing the total cost, the cost the insurance covered and your cost. This will help you with determining your potential cost out of pocket cost.
- This chart is for example purposes only, please confirm drug tiers and cost with current plan documents.

On this page we've created an example comparing 4 of the UnitedHealthcare MAPD plans. On the next page there is a PDP example, and the following page contains a blank version of this table that you can use to input the drugs you take and the plans you want to compare. This example assumes that this member takes each of the drugs listed below on a regular monthly basis.

		UnitedHealthcare Medicare Advantage Plans							
		Premier PPO		Comprehensive PPO		Low PPO		Group PPO $0	
Plan's Pharmacy Deductible		None		None		$590		None	
	Retail Cost of Drug (**estimate** per GoodRx website)	Tier	Monthly Cost (Based on Tier)	Tier	Monthly Cost (Based on Tier)	Tier	Monthly Cost (Based on Tier)	Tier	Monthly Cost (Based on Tier)
Eliquis	$620	2	$30	2	$40	2	$30	3	$47
Lexapro	$480	3	$60	3	$90	3	$45	*Not Covered	$480
Lipitor	$1,700	3	$60	3	$90	3	$45	*Not Covered	$1,700
Metformin	$25	1	$5	1	$7	1	$10	1	$15
Nexium	$345	2	$30	2	$40	2	$30	3	$47
Novolog	$396	3	$60	3	$90	3	$45	*Not Covered	$396
Synthroid	$190	2	$30	2	$40	2	$30	3	$47
Ozempic	$1,150	2	$30	2	$40	2	$30	3	$47
Xarelto	$650	2	$30	2	$40	2	$30	3	$47
Zoloft	$500	3	$60	3	$90	3	$45	*Not Covered	$500
Monthly Copay/Coinsurance Total Paid to Pharmacy		$395.00		$567.00		$340.00		$3,326.00	
Plan's Monthly Premium		$428.58		$320.10		$158.98		$0.00	

*If a drug is not covered on the formulary (indicated either by the words "not covered" or by the omission of that drug name appearing in the formulary list for that plan) the member would be responsible for paying the full retail price of that drug. The member could also talk to their doctor about changing their medications to a similar drug that is covered.

HOW TO COMPARE DRUG COVEAGE EXAMPLE
Prescription Drug Plan (PDP)

Notes on Comparing Drug Tiers:

- Drug tiers can vary based on plan, which can impact your cost – know which drug tier your prescription drugs fall into.
- Premier and Comprehensive are Group plans and have a richer formulary
- We suggest you request a printout, from your pharmacy, of your last year's prescriptions showing the total cost, the cost the insurance covered and your cost. This will help you with determining your potential cost out of pocket cost.
- This chart is for example purposes only, please confirm drug tiers and cost with current plan documents.

On this page we've created an example comparing 3 of the UnitedHealthcare PDP plans. On the next pages there is a blank version of this table that you can use to input the drugs you take and the plans you want to compare.

		UnitedHealthcare PDP Plans					
		Elite PDP		AARP Saver Plan		AARP Preferred Plan	
Plan's Pharmacy Deductible		None		$615		None	
	Retail Cost of Drug (estimate per GoodRx website)	Tier	Monthly Cost (Based on Tier)	Tier	Monthly Cost (Based on Tier)	Tier	Monthly Cost (Based on Tier)
Eliquis	$620	2	$45	3	21% - $112	3	21% - $105
Lexapro	$480	3	$75	*Not Covered	$480	*Not Covered	$480
Lipitor	$1,700	3	$75	*Not Covered	$1,700	*Not Covered	$1,700
Metformin	$25	1	$10	1	$2	1	$5
Nexium	$345	2	$45	*Not Covered	$345	*Not Covered	$345
Novolog	$396	3	$75	*Not Covered	$396	*Not Covered	$396
Synthroid	$190	2	$45	3	21% - $34	3	21% - $32
Ozempic	$1,150	2	$45	*Not Covered	$1,150	3	21% - $196
Xarelto	$650	2	$45	3	21% - $117	3	21% - 111
Zoloft	$500	3	$75	*Not Covered	$500	*Not Covered	$500
Monthly Copay/Coinsurance Total Paid to Pharmacy		$535.00		$4,836.00		$3,870.00	
Plan's Monthly Premium		$166.58		$149.20		$184.10	

*If a drug is not covered on the formulary (indicated either by the words "not covered" or by the omission of that drug name appearing in the formulary list for that plan) the member would be responsible for paying the full retail price of that drug. The member could also talk to their doctor about changing their medications to a similar drug that is covered.

YOUR PRESCRIPTION DRUG WORKSHEET

You can use this page to look at your different drug costs across a few plans. When you ask your pharmacist for the list of your drugs, you can also ask them to include the "Retail Cost" of each drug. If they do not provide you can look at Good Rx for an estimate.

		Your Personal Plan Compare					
		Plan #1		Plan #2		Plan #3	
Plan's Pharmacy Deductible							
Your Drugs	Retail Cost of Drug (estimate per GoodRx website)	Tier	Monthly Cost (Based on Tier)	Tier	Monthly Cost (Based on Tier)	Tier	Monthly Cost (Based on Tier)
Monthly Copay/Coinsurance Total Paid to Pharmacy							
Plan's Monthly Premium							

FSRBC Dental & Vision Coverage Options

The benefits comparisons included in this booklet are for illustrative purposes only and shows the amount you pay for each service. Please note the benefits charts provide an overview of benefits. For additional details about your benefits please refer to the individual plan document provided by the carrier. If any discrepancy exists between this guide and the official documents, the official documents will prevail.

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

	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.

Billing and Enrollment: Dental & Vision Plans

ONLINE

https://myfsrbc.com/dental-and-vision-plans/#enrollment

Click on the link under the "To enroll online" section or use your phone or tablet's camera to scan the QR code featured here.

You'll be directed to the Humana website.

Non-Registered Users: will securely authenticate your enrollment with your SSN, date of birth, and zip code.

Registered User: if already enrolled with Humana and previously registered at MyHumana.com, you can login with your user ID and password.

TELEPHONICALLY

1 (877) 589-4051

Dental and Vision NEW Enrollment customer service phone line

Please mention you are part of the Florida School Retiree Benefits Consortium when you speak with a Humana representative

PAPER FORM

https://myfsrbc.com/dental-and-vision-plans/#enrollment

Click on the link under the "To enroll online" section or use your phone or tablet's camera to scan the QR code featured here. You can also request a paper from be mailed to you by calling the Humana number above.

Once the form is completed, send it to Humana via email or via postal mail:

Email: NFLOpenEnrollment@humana.com

Postal Mail: 14260 West Newberry Road #183
Newberry, FL 32669

Billing Options and Details for Dental and Vision Plans

FRS/Pension

Payment Timing: Payment deducted on last business day of the month for following month (i.e. 12/31 for January coverage)

Billing Cycle: Payment preference due by 3rd of each month for preference to be reflected for that billing cycle. Billing team sends file to FRS on/around 7th of each month.

Set Up: On the FSRBC website (https://myfsrbc.com/dental-and-vision-plans/#billing), click on the link under the "FSRBC Dental and Vision Plan Billing and Payment" section or use your phone or tablet's camera to scan the QR code featured here.

Once the form is completed, send it directly to Humana via email or via postal mail:

Email: FRSauthorization@humana.com

Postal Mail: Billing 8th Floor
101 E Main Street
Louisville, KY 40202

ACH/Bank Draft

Payment Timing: Payment deducted on the 5th of the month for the billing month (i.e. 1/5 for January coverage)

Billing Cycle: Payment preference due by 1st of each month for upcoming billing cycle (i.e. 2/1 for 2/1 coverage).

Set Up: Call Humana to establish ACH/Bank Draft at 1 (877) 829-5037 or follow the instructions included on your monthly statement for benefits. Humana customer service is available to assist Monday through Friday from 8am – 4pm Eastern Time.

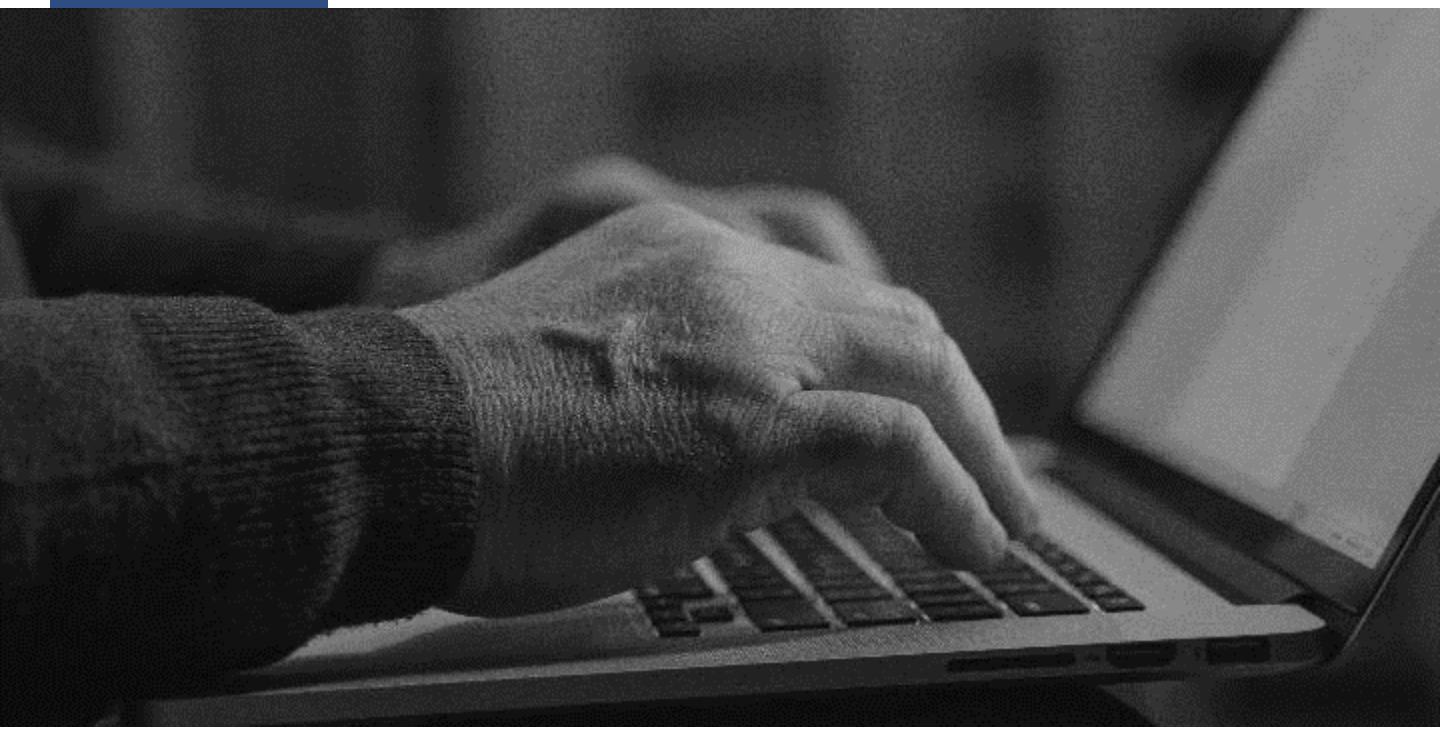
Check

Payment Timing: Payment is posted when check is received by Humana

Set Up: No set up needed. Billing statements are sent monthly by Humana and due on the first of the month. Each month's invoiced premiums are due at the first of that billing month.

If enrolled in a Humana Dental or Vision plan please contact Humana directly if you need to make updates to your contact information (address, phone # or emails). When calling Humana please be sure to have your member ID number available, which can be found on your Humana ID card. Additionally, when calling please state you are calling from the Florida School Retiree Benefits Consortium.

Contact Information and Educational Sessions



YOUR FSRBC CONTACT LIST

Additional Contact Details

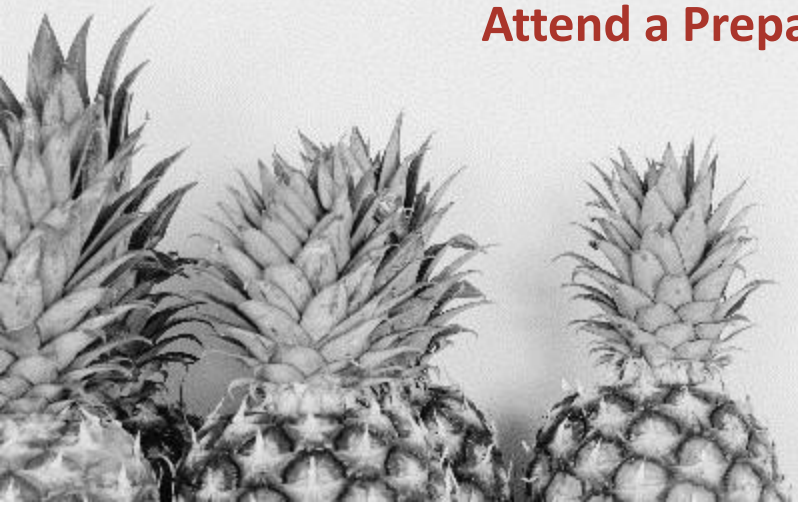
1-833-686-0983 (TTY 711) Monday –Friday 9am – 5pm ET https://myfsrbc.bswift.com	**Medicare Medical Customer Service Center** Medicare Medical Initial Enrollment Medicare Medical Plan Changes Medicare Medical Plan Terminations Medicare Medical Billing Questions & Payment Preference
www.myFSRBC.com benefits@myFSRBC.com	**FSRBC Contact and Website** Website contains additional information on FSRBC plans including free recorded webinars, plan documents and additional carrier contact details

Humana Dental & Vision Contact Details

When calling, please be sure to have your member ID number available (can be found on your Humana ID card) and state you are calling from **Florida School Retiree Benefits Consortium**.

1-877-589-4051	**Dental & Vision Initial Enrollment** **Dental & Vision Plan Changes** **Dental & Vision Add/Drop Dependent** **Dental & Vision Plan Terminations**	
1-877—829-5037	Dental & Vision Billing Questions Dental & Vision FRS Authorization Form Dental & Vision Change Payment Preference	
1-800-233-4013	Dental Claims Dental Benefits Dental Provider Search	Dental Name or Address Change Dental DHMO Provider Change Vision Name or Address Change
1-877-398-2980	Vision Benefits Vision Claims	

Additional Questions – Email us at benefits@myfsrbc.com



Attend a Preparing for Medicare Webinar

Sign up at www.myfsrbc.com or use your phone or tablet's camera to scan this QR code:

FSRBC
Better Benefits · Better Retirement
FLORIDA SCHOOL RETIREE BENEFITS CONSORTIUM
www.myfsrbc.com

Thank you to our participating Districts!

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Brevard Public Schools
The School District of Lee County
Calhoun County School District
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OCPS
The School District of Osceola County, FL
The School District Palm Beach County
Polk County Public Schools
Students First
Putnam County School District
Shaping the Future
Sarasota County Schools
Volusia County Schools
Walton County School District
Washington County School District