2027 Annual Enrollment – SDLC Transition to FSRBC

October 2026

THE SCHOOL DISTRICT OF LEE COUNTY

FSRBC
Better Benefits · Better Retirement
FLORIDA SCHOOL RETIREE BENEFITS CONSORTIUM

Florida School Retiree Benefits Consortium (FSRBC)

What is FSRBC?

Florida School Retiree Benefits Consortium (FSRBC)

Serving 17,000+ retirees across 20 Florida school districts

- Created specifically for retired school employees age 65+
- Offers Medicare medical, dental, and vision plan options
- Provides personalized, no-pressure enrollment support
- Non-profit organization governed by board members who are employees of participating districts

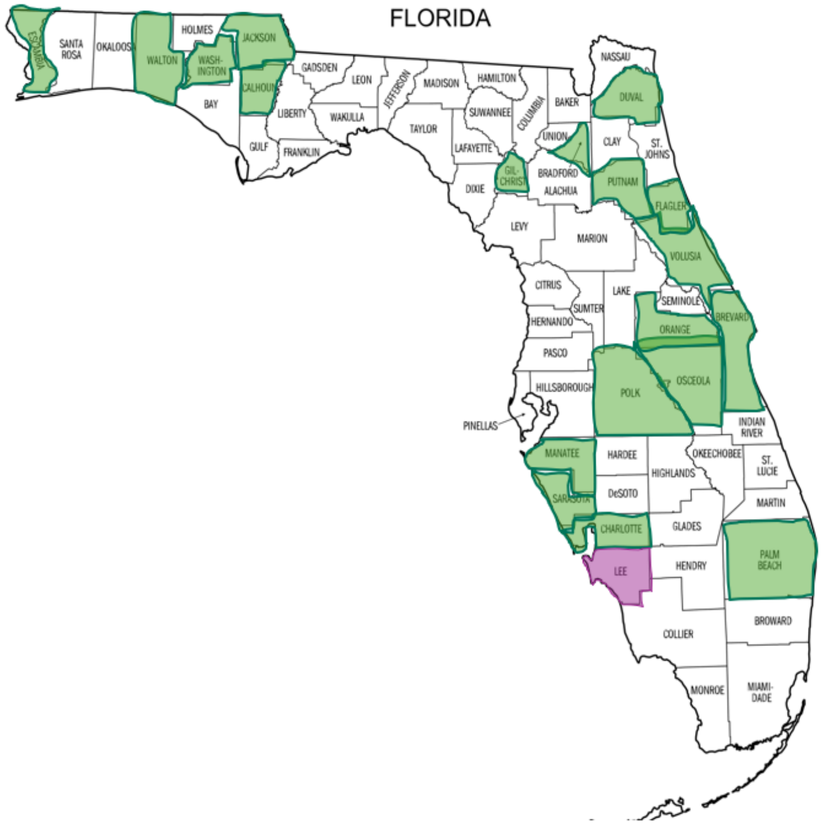
Why Choose FSRBC?

Benefits Designed for Florida School Retirees

- Exclusive Medicare plan options for school retirees
- High-quality coverage at competitive costs
- Experienced Medicare guidance and support
- Convenient premium payments through the Florida Retirement System (FRS)

Our History

- Established to help school retirees access **affordable**, high-quality Medicare coverage
- Founded in 2012 by Florida school district and education association partners
- Program launched in 2015



What is Changing?

Effective January 1, 2027

Retirees and spouses age **65 and older** who are currently enrolled in School District of Lee County medical, dental, and vision plans will have the **option** to transition to coverage through the **Florida School Retiree Benefits Consortium (FSRBC).**

Important to Know

- ✓ FSRBC will offer Medicare Medical, Dental, and Vision plan options
- ✓ There is **no option to remain** on your current School District retiree plan after December 31, 2026
- ✓ You will still receive your Health Insurance Subsidy from FRS – Florida Retirement System

Who Is Affected?

Retirees and spouses age 65+ currently enrolled in:

Medical Plans

- Aetna 9520
- Aetna 7419
- Aetna HDHP

Dental Plans

- Humana Low (D1000)
- Humana Medium (D1500)
- Humana High (D2000)

Vision Plan

- Aetna Vision

You do not need to contact SDLC to cancel your current coverage. SDLC will end that coverage automatically on December 31, 2026. However, to have FSRBC coverage beginning January 1, 2027, you must actively enroll during Annual Enrollment.

Key Takeaway

To continue coverage in 2027, you must enroll in an FSRBC plan during the enrollment period. Coverage will not transfer automatically.

Lee Health

Per the Lee Health Website:

Beginning January 1, 2027, Lee Health hospitals and physicians will be out-of-network for affected *UnitedHealthcare employer-based, individual, and Medicare Advantage plans*.

Lee Health accepts many forms of United States, Canadian and other foreign government insurance. We also **accept Medicare**, Medicaid, Champus, workers' compensation and a variety of commercial insurance plans.

https://www.leehealth.org/unitedhealthcare (10/1/2026)

	FSRBC Medicare Medical Plans				
	Pathway 1			Pathway 2	
Insurance Carrier & Plan Type	**UnitedHealthcare Medicare Advantage**	**Florida Blue Medicare Advantage**	**Humana Medicare Advantage**	**UnitedHealthcare Medicare Supplement**	**Cigna Medicare Supplement**
FSRBC Plan Names	• **UHC Preimer PPO** • **UHC Comprehensive PPO** • **UHC Low PPO**	• **Florida Blue Group PPO** • **Florida Blue Low PPO**	• **Humana Comprehensive PPO**	• **Plan F** • **Plan G** • **Plan N**	• **Plan F** • **Plan G** • **Plan N**
	Accepted at Lee Health as out-of-network provider. You will pay the same copays as in-network under these plans.	Effective September 1, 2024, Lee Physician Group primary care providers do not participate with Blue Cross Blue Shield of Florida Medicare Advantage plans. Please note that Lee Health hospitals or specialists WILL remain in the *Florida Blue Medicare Advantage network*.	Accepted as an in-network provider	Accepted	Accepted

Who Can Enroll in FSRBC Plans?

Medicare Plans

- Medicare-eligible retirees and spouses enrolled in Parts A & B
- Eligible spouses may enroll when they become Medicare-eligible, even if the retiree is not yet eligible
- In Medicare, each person is an individual, there is no benefit to enrolling in the same plan as your spouse

Dental & Vision

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

All SDLC Retirees have the opportunity to enroll in any Medicare Medical, Dental or Vision plans through the FSRBC during Annual Enrollment even if you are not enrolled in that specific plan through the district. Example if you are only enrolled in SDLC vision you can enroll in Medicare Medical and/or dental through the FSRBC.

Medicare

If you are currently on a Medicare Advantage (Part C), Medicare Supplement Plan or Prescription Drug Plan (Part D) you can stay in that plan if you want. There is no requirement to change this is just a new option you have available to you.

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

Provided by the Centers for Medicare & Medicaid Services
Application done through Social Security

Part A
Hospital

$ $0 per month for most people

Part B
Doctors

$ $202.90 monthly premium in 2026 for most people
2027 amount will be available when announced

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 (Part D)

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

How to Choose a Pathway

Questions to Ask Yourself

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

Pathway 1:
Medicare Advantage Plan (MAPD) – Part C

May Be a Better Fit If You:

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

Pathway 2:
Medicare Supplement/Medigap + Standalone Prescription Drug Plan (Part D)

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

Pathway 1

FSRBC Medicare Advantage Prescription Drug (MAPD)

Key Benefits

- Known as Part C
- Includes medical and prescription drug coverage (Part D) in one plan
- Available only to FSRBC retirees and eligible dependents
- Nationwide PPO network with access to providers across the U.S.
- Many members enjoy lower prescription drug costs
- $0 deductible plan options available
- Low annual out-of-pocket limits

Things to Know

- Use one ID card for both medical and pharmacy services
- Spouses can enroll and choose a different plan option
- You can change plans during October Annual Enrollment each year
- No health questions or medical underwriting required
- Works much like a traditional employer-sponsored PPO plan

Includes: SilverSneakers

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 (Mail)	30 day	90 day (Mail)	30 day	90 day (Mail)
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

Accepted at Lee Health as out-of-network provider. You will pay the same copays as in-network under these plans.

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	
Part D Initial Coverage	**30-day supply**	**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**	

Accepted at Lee Health as out-of-network provider. **You will pay more under this plan to use out-of-network providers.**

If you live in any of the below counties you CANNOT enroll in this plan:

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

Additional Benefits/Non-Medicare Covered Services

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

FSRBC Medicare Advantage Prescription Drug (MAPD)

Pathway 1

Florida Blue

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**	

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

Lee Health: Effective September 1, 2024, Lee Physician Group primary care providers do not participate with Blue Cross Blue Shield of Florida Medicare Advantage plans. Please note that Lee Health hospitals or specialists WILL remain in the *Florida Blue Medicare Advantage network.*

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**	

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**

Accepted at Lee Health as in-network provider.

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 (MedSupp/Medigap)

Available through two Carriers

Pathway 2

AARP | Medicare Plans from UnitedHealthcare

- 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
- **Medical Underwriting applies if outside initial or special enrollment period OR you want to change plans**
- **Accepted at Lee Health** (Medicare Supplement Plans not affected by UHC/Lee Health contracting)

UHC Monthly Premiums June 2026 – May 2027
Lee County Rates (nonsmokers)
Based on age at enrollment

Age	Female - Nonsmoker		Male - Nonsmoker		Age	Female - Nonsmoker			Male - Nonsmoker		
	Plan G	Plan N	Plan G	Plan N		Plan F	Plan G	Plan N	Plan F	Plan G	Plan N
65	$266.77	$228.38	$289.93	$248.21	**73**	$425.65	$348.65	$298.48	$462.60	$378.92	$324.39
66	$275.68	$236.01	$299.62	$256.50	**74**	$436.93	$357.89	$306.39	$474.87	$388.96	$332.99
67	$286.58	$245.34	$311.46	$266.64	**75**	$449.02	$367.80	$314.87	$488.01	$399.73	$342.21
68	$297.14	$254.39	$322.94	$276.47	**76**	$459.91	$376.71	$322.50	$499.84	$409.42	$350.50
69	$308.04	$263.71	$334.78	$286.61	**77**	$471.60	$386.29	$332.20	$512.54	$419.82	$359.41
70	$318.27	$272.48	$345.91	$296.13	**78**	$476.03	$389.92	$333.81	$517.36	$423.77	$362.79
71	$328.51	$281.24	$357.03	$305.65	**79**	$476.03	$389.92	$333.81	$517.36	$423.77	$362.79
72	$338.41	$289.72	$367.79	$314.87	**80+**	$520.37	$426.23	$364.90	$565.57	$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.

Plan F is generally available only to individuals who were first eligible for Medicare before January 1, 2020.

Cigna

- Premiums based on age brackets and Location
- **No medical questions**
- If you move monthly premium remains the same
- Can enroll online or via phone, no application process
- **Accepted at Lee Health and NCH**

Florida Monthly Premiums Outside of 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	N/A	$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
For premiums in zip codes 330XX-334XX please email benefits@myfsrbc.com			
Monthly Premiums Outside of Florida (Per Person)			
All Age Brackets	$327.44	$273.84	$261.22

Prescription Drug Plans (PDP)

Pathway 2

Things to know:

💊 Provides prescription drug coverage only

✅ Complements Original Medicare and a Medicare Supplement plan

📋 Group Elite Covers more brand name and specialty medications – *not available outside of the consortium. $0 Deductible!*

❌ Does **not** include medical coverage

✅ Requires enrollment in Medicare Parts A & B

Prescription Drug Benefits (Rx)	GROUP Elite	AARP Rx Preferred	AARP Rx Saver
Deductible	$0	$300 (tiers 3-5)	$700
Part D Initial Coverage – 30-day Retail			
Tier 1	$10	$0	$0
Tier 2	$45	$5	$5
Tier 3	$75	21%	21%
Tier 4	$100	30%	33%
Tier 5		30%	25%
Part D Initial Coverage – 90 Mail Order			
Tier 1	$20	$0	$0
Tier 2	$90	$15	$15
Tier 3	$150	21%	21%
Tier 4	$200	N/A	N/A
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)*	**$166.58**	**$184.10**	**$149.20**

Pathway 1 vs. Pathway 2 Cost Example

	PATHWAY 1 Medicare Advantage Plans with Prescription Drug (MAPD)	PATHWAY 2 Medicare Supplement + Prescription Drug Plan (PDP)
Medicare Part B Premium	$202.90	$202.90
Medical Medicare Premium	$320.10	$350.00
Prescription Drug Plan Premium	Included	$166.58
Estimated Total Monthly Cost	**$523.00**	**$719.48**
Provider Flexibility	Network-based	Any provider that accepts Medicare
Out-of-Pocket Costs	Higher as you use services	Generally lower and more predictable

Illustrative example only. Actual premiums, prescription costs, and total expenses vary by plan and individual utilization.

Who Do I Pay?

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

Pathway 1 vs. Pathway 2

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

Before Choosing Your Plan

Use this checklist to confirm how each plan fits your providers, prescriptions, and expected costs.

Confirm Your Providers

- ☐ Confirm your primary care physician.
- ☐ Confirm specialists.
- ☐ Confirm your preferred hospital and facility.

Review Your Prescriptions

- ☐ Review each prescription on the plan formulary.
- ☐ Confirm the drug tier and applicable pharmacy.

Consider Access and Cost

- ☐ Consider travel or multiple residences.
- ☐ Compare the monthly premium with likely out-of-pocket expenses.

Provider participation and formularies can change. Confirm information with the carrier and provider before enrolling.

Payment Options – FSRBC Medicare Plans

Insurance premiums are due monthly to FSRBC/bswift — payment options include ACH/bank draft, FRS, and check

No PAPER Form Required to setup FRS Pension deductions for FSRBC Medicare Plans. You will set this up during the enrollment process on the phone or electronically.

or

or

	FRS/Pension	ACH/Bank Draft	Check
Payment Timing	Payment deducted on last business day of the month for following month (i.e. 12/31 for January coverage)	Payment deducted on the 5th of the billing month (i.e. 1/5 for January coverage)	Payment posted when check received
Billing Cycle	Payment preference due by 3rd of each month for preference to be reflected for that billing cycle. Billing team sends file to FRS o/a 7th of each month.	Payment preference due by 1st of each month for upcoming billing cycle (i.e. 2/1 for 2/1 coverage).	N/A

Notes regarding Medical Medicare Plan payments:

- Invoices with elections are available online or, if paying by check, retirees will be mailed an invoice.
- Retirees can access billing support through the Customer Service Center at 1-833-686-0983
- Retirees new to the program who want to begin making payments through FRS must attest by completing a form on the enrollment site or via phone through Customer Service.
- To avoid lapse in payment, retirees will be prompted to elect a substitute payment option, if required.
- **The billing system is not live, if you make a payment or change your plan this will not reflect immediately. The monthly invoices are generated by the 5th of each month for the next month. Payment or changes made during the last billing cycle would be reflected once the next month's bill is generated.**

How to Enroll in FSRBC Medicare Plans

Annual Enrollment

- **You must enroll during Annual Enrollment from October 26 through November 13, 2026.**
- **Your current coverage will not transfer automatically.** To have coverage effective January 1, 2027, you must actively enroll during the Annual Enrollment period.

How to Enroll

Option 1: Enroll by Phone

FSRBC Medicare Customer Service Center

1-833-686-0983

Monday through Friday

8:00 a.m. to 8:00 p.m. EST

Please note: There are **no paper enrollment forms.** Enrollment can be completed by phone or online.

Option 2: Enroll Online

www.myfsrbc.bswift.com

- **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.
- 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

Humana Dental and Vision Plans

Dental and Vision Coverage for 2027

This applies to members currently enrolled in:

Dental Plans

- Humana Low (D1000)
- Humana Medium (D1500)
- Humana High (D2000)

Vision Plan

- Aetna Vision

Important: Action Required

- **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.**

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

- 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.**

	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	$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

How to Enroll in FSRBC Dental & Vision

Annual Enrollment

- **You must enroll during Annual Enrollment from October 26 through November 13, 2026.**
- **Your current coverage will not transfer automatically.** To have coverage effective January 1, 2027, you must actively enroll during the Annual Enrollment period.

How to Enroll

Option 1: Enroll by Phone

Humana Enrollment Center
1-877-589-4051
Monday through Friday
8:00 a.m. to 4:00 p.m. EST

Please note: There are **no paper enrollment forms.** Enrollment can be completed by phone or online.

Option 2: Enroll Online

https://slservices.humana.com/enrollmentregistration/slfalogin.aspx

New Users

- Verify your identity using your Social Security Number, date of birth, and ZIP code.
- If your information is not accepted, call **1-877-589-4051** for assistance.

Existing MyHumana Users

- Sign in using your MyHumana User ID and password.

FSRBC Humana Dental and Vision Payment Options

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

FRS/Pension

or

ACH/Bank Draft

or

Check

	FRS/Pension	ACH/Bank Draft	Check
Payment Timing	Payment deducted on last business day of the month for following month (i.e. 12/31 for January coverage)	Payment deducted on the 5th of the billing month (i.e. 1/5 for January coverage)	Payment posted when check received
Billing Cycle	Payment preference due by 3rd of each month for preference to be reflected for that billing cycle. Billing team sends file to FRS o/a 7th of each month.	Payment preference due by 1st of each month for upcoming billing cycle (i.e. 2/1 for 2/1 coverage).	N/A

Notes regarding Dental and Vision Plan payments:

- Premiums can be paid on a monthly, semi-annual, or annual basis.
- Access billing support through Humana's Billing Customer Service Center at 1-877-829-5037
- **Please see next slide for information on setting up your FRS Pension**

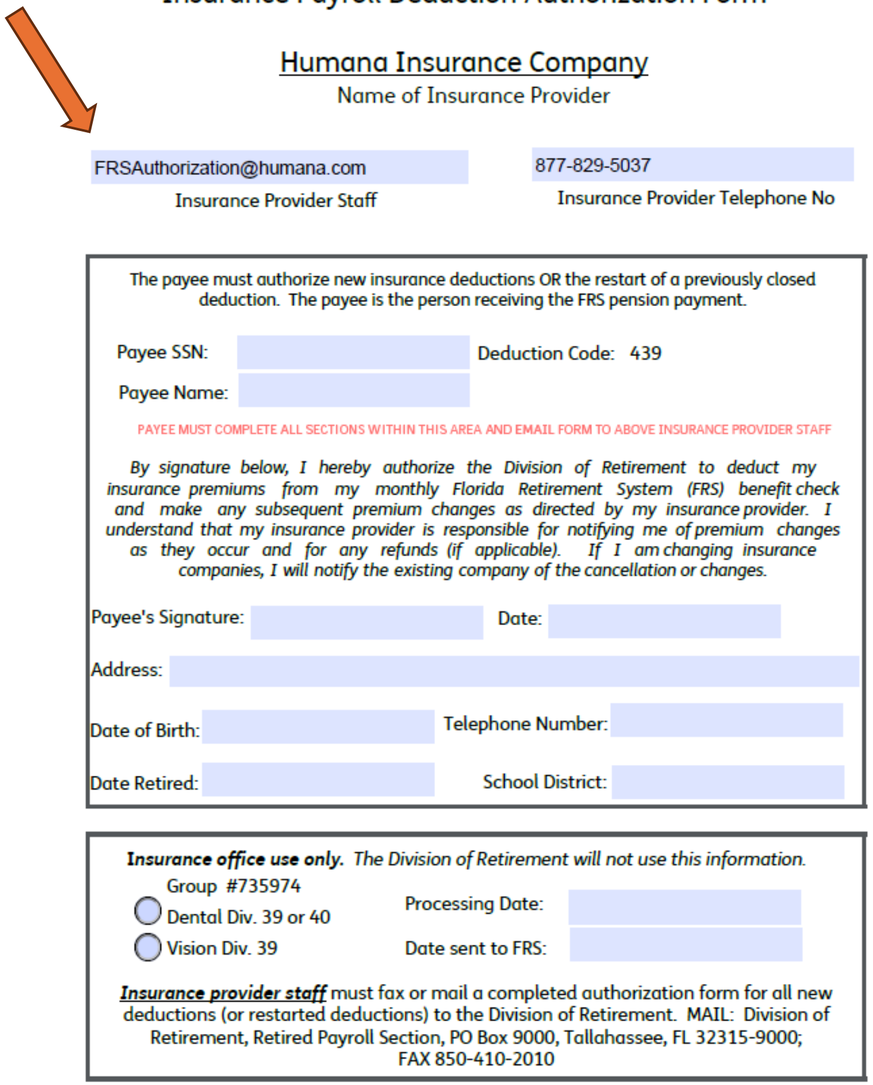
FSRBC Humana Dental and Vision

Setting up FRS Pension Deductions

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.**

Please READ:

- You must first enroll in your dental and/or vision plan before submitting the FRS deduction form.
- Once you complete the form you will need to send to Humana. You can either email it or mail via postal mail – this 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.



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

Next Steps

Next Steps

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

To Enroll Please Call
FSRBC Medicare Medical 1-833-686-0983; 8am-8pm EST
FSRBC Humana Dental and Vision 1-877-589-4051; 8am-4pm EST
Additional Information and Plan Documents visit www.myfsrbc.com
Additional Questions – email benefits@myfsrbc.com

Questions?

FSRBC

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FLORIDA SCHOOL RETIREE BENEFITS CONSORTIUM

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.