



Dear State of Florida Retiree:

Congratulations on your retirement! As a new **Pension Plan** retiree, you should be aware of State Group Insurance benefit options available to you. Please read each section carefully.

Section A: Summary of options for continued coverage

- **Health**—continue coverage through retiree coverage options, or the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) for up to 18 months
- **Basic life**—choose either the \$2,500 or the \$10,000 benefit (optional life is not available)
- **Dental and vision**—continue coverage through COBRA for up to 18 months
- **Other supplemental plans**—upon retirement, your State Group Insurance supplemental coverage will end. However, you can contact your insurance company about converting your policy or buying an individual plan.
- **Health Savings Account (HSA)**— State contributions end upon your retirement. Contact Chard Snyder to discuss options for managing your HSA and continuing to use your HSA funds to pay for eligible medical expenses.
- **Healthcare and Limited Purpose Flexible Spending Account (FSA)**— If you are enrolled in a healthcare or limited purpose flexible spending account (FSA) and your account is underspent (meaning you have contributed more to your account than the amount of claims reimbursed), you can continue your benefit under COBRA. To avoid forfeiting your money, complete and submit the 'FSA Options When Employment Ends' form, located at myBenefits.MyFlorida.com in the Forms section. This form gives you the option of paying the balance of your account on a pretax basis from your sick or annual leave payout, or you can enroll in COBRA and pay a monthly premium for the remainder of the year in which you retire. When you make the election, you will have until December 31 to incur claims and until the tax filing date of the following year to file claims.
- **Dependent Care Flexible Spending Account (FSA)**—ends with your last employee payroll deduction, but you can file claims incurred before your termination date, through the tax filing date of the following plan year.

Section B: Information you should receive in the mail

If you are enrolled in a State Group Insurance plan at the time you terminate employment for reason of your retirement, then you should receive two packets by mail:

1. **COBRA rights information packet (if you are enrolled in health, dental, or vision):**

- **Health:** Federal law (COBRA) provides that insured employees and their covered dependent(s) may continue employer group health coverage for up to 18 months from the date employment ends or until they become covered under another group plan, whichever is first. Take note of enrollment deadlines in the COBRA package.

NOTE: If you plan to continue your health coverage as a retiree, you do not need to enroll in a COBRA health plan.

- **Supplemental dental and vision:** The enrollment forms in your COBRA information packet have information about your current state group dental and/or vision plans (if any). You may continue your dental and/or vision plans under COBRA for up to 18 months. Your dependents, if applicable, are not eligible for dental and/or vision coverage under Health Insurance Portability and Accountability Act (HIPAA).

NOTE: State Group Insurance does not offer dental or vision plans for retirees. You **MUST** enroll in COBRA to continue these plans.

2. Retiree enrollment packet (enclosed with this letter, applies if you are enrolled in health and/or life):

- **Your personalized benefits statement** shows your current State Group Insurance coverage. Please carefully review this statement and the important messages.

Section C: When coverage ends

1. Your employee State Group Insurance plans automatically end the last day of the month following your termination date; for example, if your termination date is June 7, your coverage ends July 31.

- If your last pay warrant will not cover the remaining employee premium balance, please submit a check, money order or cashier's check made payable to Division of State Group Insurance to the People First Service Center at P.O. Box 5437, Tallahassee, FL 32314-5437.

NOTE: Include your People First ID Number on your payment.

2. Flexible spending accounts automatically end the day of your last payroll. Only expenses incurred before your last payroll deduction or the end of the plan year (whichever date is earliest) are eligible for reimbursement. You must file claims for reimbursement by the tax filing date of the following plan year. Any funds remaining after all eligible expenses are reimbursed will be forfeited. You have the option to continue your healthcare or limited purpose FSA for the remainder of the plan year in which you retire, see below.

3. Retiree health, life, and COBRA dental, vision and FSA automatically cancel if you do not send a payment by the last day of the coverage month. If your coverage cancels for any reason, you will not be allowed to join the State Group Insurance health and/or life plans at a later date, as a retiree or COBRA participant.

Section D: To continue your coverage if you currently have insurance benefits

• **Make informed choices:**

- **Health:** Upon retirement, if you were enrolled in employee coverage, you will automatically be moved into your current health plan's retiree coverage.
- **Life:** Upon retirement, if you were enrolled in employee basic life, you will automatically be enrolled into \$2,500 retiree life insurance coverage, unless you make an active change within 60 calendar days from your last day worked.
- Review your enclosed benefits statement to see your coverage options and the monthly premium for each option. Upon retirement, you can change from family to individual coverage, you can change health plans, and if eligible, you can enroll into a Medicare Advantage &

Prescription Drug (MA-PD) plan. You and your dependents (if any) must be enrolled in Medicare Parts A & B to be eligible for MA-PD plan enrollment.

- **New Retiree Health and Life Insurance Election Form:** Use this form to change your health plan, increase your life insurance, or end your coverage. You must make changes to your retiree coverage within 60 calendar days of your last day of work. You must also send the appropriate (see below for details) retiree premium payments to remain covered.

NOTE: You may make any changes to plans you are enrolled in during the annual Open Enrollment period or if you experience a Qualifying Status Change event.

- Contact the insurance carriers directly to convert your supplemental pretax policies or to buy an individual plan. Visit myBenefits.MyFlorida.com for contact information.
- If you and your spouse are both State of Florida retirees with no eligible dependents, consider changing your level of health coverage from family to two individual policies. This may be cheaper than the family plan.
- When your spouse is a State of Florida employee:
 - **Health insurance:** If you are listed as a dependent under your spouse's health plan, do nothing. If your spouse is listed as your dependent, you should both call People First to have your spouse enroll in employee coverage and add you as a dependent. If you maintain continuous coverage under the State Group Insurance Program, you will be able to enroll in retiree health insurance later when your spouse retires or ends state employment.
 - **Life insurance:** Your spouse should enroll in spouse life coverage. This coverage provides a higher benefit at a lower monthly premium than retiree life insurance. If you maintain continuous coverage under the State Group Insurance Program, you will be able to enroll in retiree life insurance later when your spouse retires or ends state employment.

- **Complete the New Retiree Health and Life Insurance Election Form to change coverage as a retiree.**

You can also access our fillable form on the Forms page of the myBenefits.MyFlorida.com website. For online document submission, log into your People First account at PeopleFirst.MyFlorida.com, select the 'Submit' icon in the top right corner and follow the steps to upload the completed form to the People First Service Center. Or, print and mail the form to the People First Service Center, P.O. Box 6830, Tallahassee, FL, 32314.

- **Pay the required premium payments for each month of coverage. You have three options:**

- **Deductions from your pension benefit.** Your benefit must be sufficient to cover the premium(s). Have your health and/or life premium(s) deducted on a post-tax basis each month from your Florida Retirement System (FRS) monthly pension benefit (COBRA premiums must be paid by personal check, money order or cashier's check).
 - Visit FRS.FL.GOV or call the Division of Retirement at 844-377-7687 to find out when your monthly pension payment will begin; Tallahassee residents call 850-488-4742 or TDD# 800-955-8771.
 - Then call People First at 866-663-4735, to set up the deduction. You must send payments to People First until your deductions start.

Call People First if you are a retiree under an optional retirement plan or if your FRS monthly pension payment, including the Health Insurance Subsidy, will not cover your monthly health and life insurance premium deductions. Be sure your mailing address is correct, and People First will send you payment coupons.

- Automatic Online Bill Pay System. If your financial institution participates in automatic online bill pay services, you can have your premiums submitted directly from your account to People First each month. Automatic payments will ensure your payment is submitted timely. Contact your financial institution to set up automatic payments.

NOTE: If you set up Online Bill Pay, check for premium increases each Open Enrollment. It is your responsibility to notify your financial institution of any charges.

- Mail a personal check, money order, or cashier's check payable to Division of State Group Insurance. Write your People First ID number on your payment and send it to:

People First Service Center
PO Box 5437
Tallahassee, FL 32314-5437

You can pay up to one year in advance. Submit payment by the 10th of the month for the next month's coverage. For example, payments for July coverage are due to People First by June 10th.

NOTE: If your payment is not received by the end of the coverage month, your coverage will be canceled.

If mailing, always allow 7-10 days for your payment to be received. **Do not** send your payment by certified mail or express mail as this will cause a delay in processing your payment.

- **Submit your application for the Health Insurance Subsidy (HIS).** The health insurance subsidy is an employee benefit of the FRS. (Investment Plan members are eligible for the HIS benefit only if they meet certain requirements.) Retirees who carry qualified health insurance receive a monthly supplemental payment based on years of service. If you are an FRS pension plan retiree, the Division of Retirement's Payroll Section will send the HIS-1 form to you in your retiree packet. If you are continuing your State Group Insurance health plan as a retiree or if you are a covered dependent under your spouse's State Group Insurance health plan, complete the HIS-1 form and upload online at PeopleFirst.MyFlorida.com or mail it to:

People First Service Center
PO Box 6830
Tallahassee, FL 32314

People First will process this form to certify to FRS that you have State Group Insurance health coverage and return it to the Division of Retirement. If your retiree health insurance coverage will be through a private vendor or Medicare, follow the instructions for submission on the HIS-1 form. People First can only certify State Group Insurance health coverage. Go to DMS.MyFlorida.com/Retirement to learn more.

- **If you are enrolled in a healthcare or limited purpose flexible spending account (FSA) and your account is underspent (meaning you have contributed more to your account than the amount of claims reimbursed), you can continue your benefit under COBRA.** To avoid forfeiting your money, complete and submit the 'FSA Options When Employment Ends' form, located at myBenefits.MyFlorida.com in the Forms section. This form gives you the option of paying the balance of your account on a pretax basis from your sick or annual leave payout, or you can enroll in COBRA and pay a monthly premium for the remainder of the year in which you retire. When you make the election, you will have until December 31 to incur claims and until the tax filing date of the following year to file claims.

Section E: Medicare

For specific information about Medicare, including eligibility and coverage, visit [medicare.gov](https://www.medicare.gov) or call 800-Medicare (800-633-4227). TTY users can call 877-486-2048.

NOTE: If you are enrolled in Medicare, you can change your health plan any time during the year, not just during Open Enrollment.

1. General Medicare information:

- **Part A** is hospitalization coverage generally free to eligible Medicare beneficiaries.
- **Part B** is medical coverage that requires a monthly premium. This premium is deducted from your Social Security check or paid by personal check.

NOTE: Contact the Social Security Administration to find out if you need to apply or if your enrollment will be automatic.

- **Part C** (Medicare Advantage Plan) is a type of Medicare health plan offered by a private company that contracts with Medicare to provide you with all your Part A and Part B benefits, and often includes prescription drug coverage. You must be enrolled in Medicare Part B and you may also be required to send a monthly premium to the insurance company. The State Group Insurance Program offers Medicare Advantage & Prescription Drug plans for retirees (see below for details).
- **Part D** is prescription drug coverage that may require a monthly premium. This premium is taken from your Social Security check or paid by personal check. If you remain in a State Group Insurance health plan, your plan includes prescription drug coverage that is approved by Medicare as creditable coverage.
- **Medicare Supplement (Medigap) Plans** are sold by private companies and can help pay some of the health care costs Medicare doesn't cover, like copayments, coinsurance, and deductibles. Some Medigap policies also offer coverage for services that Medicare doesn't cover.
 - You may purchase Part C, Part D, or Medigap plans on the private market. If you choose to do so, you should cancel your State Group Insurance health plan. Remember, if you cancel your State Group Insurance plan, **you cannot enroll at a later time.**

NOTE: Remember, the Medicare Advantage & Prescription Drug (MA-PD) plans offered through the State Group Insurance Program, are classified as Medicare Part C.

2. How your State Group Insurance health plan works when you are eligible for Medicare (either upon retirement or after retiring):

- **Enrolling in Medicare:** Once you are eligible for Medicare Parts A & B due to age (65) or disability and are no longer working, you should contact the Social Security Administration (SSA) about your Medicare benefits. Enrollment in Medicare is time sensitive and you may be subject to substantial financial penalties if you fail to meet federal deadlines. Contact your local SSA office three months before your 65th birthday. For more information, call 800-MEDICARE (800-633-4227), TTY users call 877-486-2048; or visit [Medicare.gov](https://www.Medicare.gov).
- **Retirement is a Qualifying Status Change (QSC) Event to Change Health Plans**
Your Medicare Enrollment is a QSC Event to Change Health Plans: Once you are enrolled in Medicare, and if you choose to continue to participate in the State Group Insurance Program, you are eligible to change your health plan election to a Medicare Advantage & Prescription Drug (MA-PD) plan. This QSC happens the month the enrollee or dependent turns 65 years old. See more MA-PD plan information below.
- **How Florida Blue, Aetna, AvMed, and UnitedHealthcare (traditional retiree coverage) coordinate benefits with Medicare:** When Medicare Part A or Part B pays, your State Group Insurance health plan pays secondary. When Medicare does not pay, your State Group Insurance health plan pays primary for covered benefits and services (like when you were an employee). Florida Blue administers the nationwide PPO secondary plan; Aetna, AvMed, and UnitedHealthcare administer the HMO secondary plans in their respective service areas.
 - **If you fail to enroll in Medicare Part B:** You will have significant out-of-pocket expenses for Part B eligible services because you will be required to pay the portion (approximately 80 percent) that Medicare would have paid. If you choose to continue your State Group Insurance health coverage when you're eligible for Medicare, elect your Medicare Part B coverage. Although Medicare does not require you to purchase Part B, generally it is in your best interest to do so. This coverage provision also applies to Medicare eligible dependents on your plan.
- **Creditable Coverage for Medicare Part D:** For prescription drug coverage, your State Group Insurance health plan pays primary for most prescription drugs (except those covered by Medicare Part B). Covered medications, copays and the network remain the same as when you were an employee unless enrolled in Capital Health Plan (CHP) or change to an MA-PD plan. If you are enrolled in the State Group Insurance secondary health coverage, do **not** enroll in a separate Medicare Part D plan. The state's prescription drug coverage is, on average, expected to pay out as much as or more than the standard Medicare prescription drug coverage pays and is considered creditable coverage.

NOTE: See Medicare Part D Notice on page 11.

- **Medicare Advantage & Prescription Drug (MA-PD) Plan:** MA-PD plans combine the benefits of Medicare and prescription drug coverage into a single plan and offer other valuable benefits such as vision, hearing, dental, and wellness benefits.
 - Capital Health Plan (CHP) MA-PD
 - Humana MA-PD
 - UnitedHealthcare MA-PD

An MA-PD plan is a Medicare Advantage plan that includes Part A (hospitalization coverage), Part B (medical coverage), and Part D (prescription drug coverage). You keep your Medicare Parts A & B and you will continue to pay your Medicare Part B premium.

MA-PD plans offer:

- lower monthly premiums;
- defined out-of-pocket costs for preventative care, specialist visits, and home health services;
- expanded benefits for routine vision, hearing, and dental services; and
- access to fitness programs and caregiver support.

Enrollment in a new MA-PD plan is available year-round. If you enroll in an MA-PD plan during Open Enrollment, your effective date of coverage is Jan. 1, 2021. Please see the service area map on the following page, and links to the available MA-PD plans that provide coverage in specific service areas. To see premium rates for 2021, see the MA-PD Premium Rate Table on the mybenefits.myflorida.com/health page.

The State Group Insurance Program offers retirees qualified Medicare Advantage & Prescription Drug (MA-PD) plans. If you participate in family coverage, all family members must be enrolled in Medicare Parts A & B. You will be required to submit a copy of your and your dependents' Medicare cards to People First before you can enroll in an MA-PD plan. You can either upload a copy of the Medicare card(s) in People First or mail it to the People First Service Center. If you choose to enroll in a plan, you will **not** leave the State Group Insurance Program.

- Review the enclosed benefit statement to see what plans you are eligible for or visit the MA-PD plan page on the myBenefits.MyFlorida.com website.
- For information about coverage area, provider listings, or to request coverage information for specific conditions, contact each plan directly via the web or by phone:
 - **HMO:** Capital Health Plan – 1-877-392-1532 (Monday – Friday from 7:00 a.m. – 7:00 p.m. ET)
 - This MA-PD plan is different from the Retiree Advantage Plan referenced below.
 - **HMO:** Humana – 1-800-555-7997 (Monday – Friday from 8 a.m. to 9 p.m. ET)
 - **PPO:** UnitedHealthcare – 1-877-352-7794 (Monday – Sunday, 8:00 a.m. – 8:00 p.m. local time)
- If you are Medicare enrolled, you can change your health plan to an MA-PD plan at any time outside of Open Enrollment. For example, Standard to MA-PD or MA-PD to Standard.
 - To enroll in one of the MA-PD plans, please complete the 'New Retiree Enrollment' form and submit it at any point during the year. You can find the 'New Retiree Enrollment' form on the Forms page of the myBenefits.MyFlorida.com website or fill out the form provided in this packet.
- **Medicare (Retiree) Advantage Plan:** Capital Health Plan (CHP) offers this plan to state retirees in their respective HMO service area. To become a member, you must be enrolled in Medicare Parts A & B, complete the CHP application, send a copy of your Medicare card to the People First Service Center, and receive approval before your retiree health coverage becomes effective. Medicare Advantage Plans do not allow retroactive enrollment, and claims can only be paid if you are approved for the plan. Medical and prescription drug coverage are included. If you are enrolled in CHP as an employee and upon retirement you are Medicare eligible, you will be automatically enrolled in this plan. This plan is different than the CHP MA-PD plan, and you

can enroll in an MA-PD plan at any time during the year.

- **Enrolling in State Group Insurance Medicare secondary coverage or a Medicare Advantage Plan:** The State offers three Medicare coverage tiers when you or a dependent is Medicare eligible. These are traditional retiree coverage tiers and do not include the Medicare Advantage plans.
 - Medicare I: a single policy for you
 - Medicare II: a family policy for you and your eligible dependents, and at least one is eligible for Medicare
 - Medicare III: a family policy for you and one dependent, and you are both Medicare eligible

3. **How your State Group Insurance health plan works when you are not eligible for Medicare:** If you have not worked enough quarters to be eligible for Medicare at age 65, call the Social Security Administration and request an ineligibility letter. Please send a copy of that letter immediately to People First to ensure your health insurance coverage continues without interruption. Submit copies of Medicare documentation with your People First ID number by uploading online in People First, or mail to:

People First Service Center
P.O. Box 6830
Tallahassee, FL 32314

Section F: Shared Savings Program

1. The State of Florida offers a Shared Savings Program to reward you for making informed decisions about your healthcare. The Shared Savings Program is a voluntary program that is available to you and your dependents who are enrolled in a State Group Insurance health plan. The purpose of the Shared Savings Program is to reduce healthcare costs and reward you for making informed and cost-effective decisions about your healthcare.

You can earn rewards through one or both of the following new benefits:

- “Shop” for eligible healthcare services on the transparency website, [found on the mybenefits.myflorida.com/health/shared_savings_program_page](https://mybenefits.myflorida.com/health/shared_savings_program_page), or mobile app. The website will identify certain healthcare services that are available for a reward. Rewards are earned after you “shop” for a rewardable healthcare service on the website, receive the service, and the claim has been paid.
- Need a Surgery? Look into our “bundled” healthcare service, [at mybenefits.myflorida.com/health/shared_savings_program/surgeryplus](https://mybenefits.myflorida.com/health/shared_savings_program/surgeryplus). Each “bundled” healthcare service is eligible for a reward. Rewards are earned after you receive the “bundled” healthcare service and the claim has been paid.
- Rewards will be credited to the savings and spending account of your choice, and you can use the funds to pay for eligible medical, dental, vision, and prescription expenses.

2. As a retiree, if you are enrolled in a Medicare plan, you can still participate in the Shared Savings Program. The rewards may work differently with Medicare plans than with Standard and High Deductible health plans.

Health Reimbursement Account (HRA): if you are enrolled in a State Group Insurance health plan as a retiree, you can continue to utilize and earn rewards with your HRA through the Shared Savings Program.

Section G: Important reminders

1. **Changing Health Plans:** If you are enrolled in Medicare, you can change your health plan any time during the year, not just during Open Enrollment.
2. **Addresses:** Keep your mailing and notification email address current in People First to receive Open Enrollment materials and important notices timely.
3. **Medicare card:** For proper enrollment and claims processing, send copies of your and/or your dependent's Medicare cards to People First, as soon as you receive them from the Social Security Administration.

NOTE: In order to enroll in a Medicare Advantage & Prescription Drug (MA-PD) plan, you must provide a copy of your Medicare card to People First.

If you do not provide a copy of your Medicare card, you will not be eligible and will be moved into traditional secondary retiree coverage.

4. **Use the People First website:** To see your benefits information in People First, log in and go to Insurance Benefits > My Benefits. To see your monthly premium payments, go to Insurance Benefits > Premium History and select the month you want to see.
5. **Authorization to Disclose Protected Health Information (PHI):** If you want to give People First or your insurance company permission to disclose PHI to an individual, you must submit an authorization form for each party. For example, if you want your spouse to be able to call People First to discuss your monthly premiums, you must send People First an authorization form (enclosed); otherwise, representatives will be unable to talk to your spouse per the Health Insurance Portability and Accountability Act of 1996 (HIPAA) guidelines. For more information, call People First or your insurance company.
6. **For more information, including HMO service areas and annual premium changes:**
Visit myBenefits.MyFlorida.com/health.
7. **Waiver of premium for total disability:** The life insurance company may waive premiums if you become disabled while still actively employed. Call the life insurance company at 888-826-2756 for more information on the Waiver of Premium provisions.

If you have questions about your insurance benefits upon retirement, call us at 866-663-4735 or TTY 866-221-0268. We are open Monday through Friday, from 8 a.m. to 6 p.m. ET.

Sincerely,
People First Service Center

Contact Information

People First Service Center

Toll-free Phone: 866-663-4735 • **T.T.D. Phone:** TTY users call 866-221-0268 • **Hours:** Monday - Friday 8 a.m. to 6 p.m. ET

Division of State Group Insurance

www.mybenefits.myflorida.com

Phone 850-921-4600 **Hours:** Monday - Friday 8 a.m. to 5 p.m. ET

Florida Retirement System (FRS)/ Division of Retirement

www.frs.fl.gov

Toll-free Phone: 844-377-1888 • **Phone:** 850-907-6500 • **T.T.D. Phone:** 800-955-8771 • **Fax:** 850-410-2010

Email: retirement@dms.fl.gov

Medicare

www.medicare.gov

Toll-free Phone: 800-Medicare (800-633-4227) • **T.T.D. Phone:** TTY users can call 877-486-2048.

Special Notice about the Medicare Part D Drug Program

January 1, 2020

Please read this notice carefully. It explains the options you have under Medicare prescription drug coverage and can help you decide whether you want to enroll in Medicare Part D.

Medicare prescription drug coverage (Medicare Part D) became available in 2006 to everyone with Medicare through Medicare prescription drug plans and Medicare Advantage Plans that offer prescription drug coverage.

All approved Medicare prescription drug plans must offer a minimum standard level of coverage set by Medicare. Some plans may offer more coverage than required. As such, premiums for Medicare Part D plans vary, so you should research all plans carefully.

The State of Florida Department of Management Services has determined that the prescription drug coverage offered by the State Group Health Insurance Program is, on average, expected to pay out as much as or more than the standard Medicare prescription drug coverage pays and is considered Creditable Coverage.

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 to December 7. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two-month Special Enrollment Period (SEP) to join a Medicare drug plan.

If you do decide to enroll in a Medicare prescription drug plan and drop your State Group Health Insurance Program coverage, be aware that you and your dependents will be dropping your hospital, medical, and prescription drug coverage. If you choose to drop your State Group Health Insurance Program coverage, you will not be able to re-enroll in the State Group Health Insurance Program.

If you enroll in a Medicare prescription drug plan and do not drop your State Group Health Insurance Program coverage, you and your eligible dependents will still be eligible for health and prescription drug benefits through the State Group Health Insurance Program. However, if you are enrolled in a state-sponsored HMO offering a Medicare Advantage Prescription Drug Plan, you may have to change to the State Employees' PPO Plan to get all your current health and prescription drug benefits.

If you drop or lose your coverage with the State Group Health Insurance Program and do not enroll in Medicare prescription drug coverage after your current coverage ends, you may pay more (a penalty) to enroll in Medicare prescription drug coverage later. Additionally, if you go 63 days or longer without prescription drug coverage that's at least as good as Medicare's prescription drug coverage, your monthly premium will go up at least one percent per month for every month that you did not have that coverage, and you may have to wait until the following November to enroll.

Additional information about Medicare prescription drug plans is available from:

- [medicare.gov](https://www.medicare.gov);
- Your State Group Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number); and
- (800) MEDICARE or (800-633-4227). TTY users should call 1-877-486-2048.

For people with limited income and resources, payment assistance for Medicare prescription drug coverage is available. Information about this extra help is available from the Social Security Administration (SSA). Contact your local SSA office, call 800-772-1213, or visit [socialsecurity.gov](https://www.socialsecurity.gov), for more information. TTY users call 800-325-0778.

For more information about this notice or your current prescription drug plan, call the People First Service Center at 866-663-4735.

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether you have maintained creditable coverage and, therefore, whether you are required to pay a higher premium amount (a penalty).

New Retiree Health and Life Insurance Election Form

Learn about plans, use the cost estimators and more at myBenefits.myflorida.com. For help call (866) 663-4735 or TTY (866) 221-0268 weekdays, from 8 a.m. to 6 p.m. Eastern time.

Section A: Retiree Information- Required Fields

People First ID: _____ Date of Birth: _____ Gender: Male Female

First Name: _____ Last Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Home County: _____

Primary Phone: _____ Secondary Phone: _____

Notification Email: _____

Check this box if your mailing address is the same as your home address

Mailing Address _____

City: _____ State: _____ Zip: _____

Section B: Event Type- Please select the appropriate box

Pension Plan Retirement Investment Plan Retirement Disability Retirement Plan Other Optional Retirement Plan

State Group Insurance Health Plan- Please select your choice(s)

- I want to **continue** my current level and provider of health insurance as a retiree.
- I want to **change** my family health insurance coverage to individual coverage. I am not Medicare eligible. I understand that I must experience a Qualifying Status Change (QSC) event to go back to family coverage; otherwise, I can make a change during Open Enrollment.
- I want to **change** plan to:
- Plan Name: _____
- I want to **end** my State Group Insurance Health coverage. If I end my health coverage, I understand, **I will not be allowed to join the plan at a later date as a retiree.**

If you and / or your dependent(s) are eligible for Medicare, you may only select from these options:

- Medicare I** - An individual plan for you if, you are eligible for Medicare Parts A and B due to age 65 or disability.
- Medicare II** - A family plan for two or more people, if at least one family member is eligible for Medicare Parts A and B due to age 65 or disability.
- Medicare III** - A family plan for only two people, if both are eligible for Medicare Parts A and B due to age 65 or disability.

Please note: These Medicare Tiers do not apply to the Medicare Advantage and Prescription Drug (MA-PD) Plans. Please see following page for MA-PD enrollment.



New Retiree Health and Life Insurance Election Form

People First ID: _____

Medicare Advantage & Prescription Drug (MA-PD) Plan

You must be enrolled in Medicare Parts A and B and provide a copy of your Medicare card to People First, to enroll in an MA-PD. Enrollment in an MA-PD Plan is optional. You will continue to pay your Medicare Part B premium to the Social Security Administration. If you have dependents on your coverage, all dependents must be enrolled in Medicare to be eligible for an MA-PD Plan and they will be enrolled in the plan you choose.

- Capital Health Plan (CHP) HMO MA-PD
- Humana HMO MA-PD
- UnitedHealthcare PPO MA-PD

Section C: Dependent Enrollment (Attach additional page if necessary)

Complete all fields in the chart below and select if you want to cancel or continue dependent coverage. See below for dependent eligibility requirements.

<u>Dependent Relationship</u>			
1- Spouse	2- Child	3- Legal Guardianship	4- Grandchild
5- Foster Child	6- Stepchild	7- Over-age Dependent	8- Over-age Dependent with a Disability

Name (Last, First, MI)	Social Security Number	Date of Birth (mm/dd/yyyy)	Gender	Relation	Selection

Section D: Basic Life Insurance Election

Choose one of the options below. Benefit premiums and rates are subject to change.

- I elect \$10,000 of basic life insurance coverage with a monthly premium of \$21.26.
- I elect \$2,500 of basic life insurance coverage with a monthly premium of \$5.32.
- I want to **end** my basic life insurance coverage under the State Group Insurance Life plan as a retiree. If I end my life coverage, I understand I will **not be allowed to join the plan at a later date as a retiree.**



New Retiree Health and Life Insurance Election Form

People First ID: _____

Section E: Method of Premium Payment

To complete your enrollment, you must submit the required premium for the first month of coverage to People First. You must submit a check, money order, or cashier's check to the payment address located below. All payments are due a month in advance for the next month's coverage. **After you pay your first month's premium, you have two payment options (check one).**

I will submit premium payments to People First by the 10th day of each month for the following months coverage.

I authorize the State of Florida to deduct from my FRS monthly pension payment the amount necessary to pay the premiums for the coverage I have selected.

Make your premium payment payable to Division of State Group Insurance. Mail premium payments to People First Service Center, P.O. Box 5437, Tallahassee, FL 32314-5437.

Section F: Retiree and Dependent Certification

I hereby affirm and attest that the dependent(s) listed above meet the requirements of eligibility. If any dependent is determined to be ineligible or I fail to notify People First of a loss of eligibility or any supporting documentation is not provided upon request, I understand that I may be liable for any and all claims paid for any dependent deemed ineligible.

I understand the options I am choosing and that my participation is subject to applicable rules in Chapter 60P, Florida Administrative Code. I understand that my enrollment in the State Group Insurance Program will be complete only if People First receives my first month's premium and this application within 60 days of my retirement. If I checked above as my preferred payment method, I authorize the State of Florida to deduct from my FRS monthly pension payment the amount necessary to pay the premium for the coverage I have selected. If I do not receive a monthly retirement benefit or if it is not sufficient to pay the premium, I will submit the amount due by personal check, money order or cashier's check by the 10th day of each month for the following month's coverage. I understand that I may cancel my insurance coverage at any time but **will not be allowed to join at a later date as a retiree**. All other changes can only be made if I have a Qualifying Status Change event or during Open Enrollment. I must request changes within 60 calendar days of the Qualifying Status Change event.

Retiree Signature* _____

Date* _____

Log into People First at PeopleFirst.myflorida.com, select the "Submit" icon in the top right corner and follow the steps to send the completed form to the People First Service Center.

Alternatively, you can mail the form to People First Service Center, PO Box 6830, Tallahassee, FL 32314.

Mail premium payments to People First Service Center, PO Box 5437, Tallahassee, FL 32314-5437.

Falsifying documents, misrepresenting dependent status, or using other fraudulent actions to gain coverage may be criminal acts. People First is required to refer such cases to the State of Florida.

Definition of an Eligible Dependent

	Dependent Type	Definition
1	Spouse	The person to whom you are legally married.
2	Child	Your biological child, child with a qualified medical support order, legally adopted child, or child placed in the home for the purpose of adoption in accordance with applicable state and federal laws through the end of the calendar year in which he/she turns age 26.
3	Legal guardianship	A child for whom you have legal guardianship in accordance with an Order of Guardianship pursuant to applicable state or federal laws, or a child for whom you are granted court-ordered temporary or other custody through the end of the calendar year in which he/she turns age 26.
4	Grandchild	A newborn dependent of a covered dependent – a newborn child born to a dependent while the dependent is covered under the Plan. The newborn must have been added within 60 days of the birth. Coverage may remain in effect for up to 18 months of age as long as the newborn's parent remains covered.
5	Foster child	A child that has been placed in your home by the Department of Children and Families Foster Care Program or the foster care program of a licensed private agency through the end of the calendar year in which he/she turns age 26.
6	Stepchild	The child of your spouse for as long as you remain legally married to the child's parent through the end of the calendar year in which he/she turns age 26.
7	Over-age dependent	After the end of the calendar year in which he/she turns 26 through the end of the calendar year in which he/she turns 30 – if he/she is unmarried, has no dependents of his/her own, is a resident of Florida or a full- or part-time student, and has no other health insurance.
8	Over-age dependent with a disability	Your covered child with intellectual or physical disabilities. This child may continue health insurance coverage after reaching age 26 and while remaining continuously covered in a State Group Insurance health plan, or the child was over the age of 26 at the time of your initial enrollment. The child must be incapable of self-sustaining employment because of the intellectual or physical disability and be dependent on you for care and financial support.