

## PRIVACY NOTICE

The State Group Insurance Privacy Notice, available at [mybenefits.myflorida.com](https://mybenefits.myflorida.com), describes how your medical information may be used and disclosed and how you can access this information. The Privacy Notice has been updated to reflect new benefit offerings under the State Group Insurance Program.

## SPECIAL NOTICE ABOUT THE MEDICARE PART D DRUG PROGRAM, JAN. 1, 2022

Please read this notice carefully. It explains the options you have through Medicare prescription drug coverage and can help you decide whether or not 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 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 Insurance Program health plan 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 Insurance Program health plan coverage, you will not be able to re-enroll in State Group Insurance Program health plan.

If you enroll in a Medicare prescription drug plan and do not drop your State Group Insurance Program health plan coverage, you and your eligible dependents will still be eligible for health and prescription drug benefits through the State Group Insurance Program.

If you drop or lose your coverage with the State Group 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 increase by no less than one (1) 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 at [www.medicare.gov](https://www.medicare.gov).

Your State Insurance Assistance Program is through the Florida SHINE (Serving Health Insurance Needs of Elders) 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 [www.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).

# 2022 OPEN ENROLLMENT

## Benefit Fair Webinar Series:

Sept. 27, 2021 - Oct. 22, 2021

## Open Enrollment Dates:

Oct. 11 - 29, 2021



**CHECK YOUR BENEFITS:** Before you decide whether or not you need to make any changes to your selected benefits, review the "What's New" section of this insert.

## WHAT'S NEW FOR 2022!

### ACTIVE STATE EMPLOYEE PARTICIPANTS

### DENTAL RATE INCREASE

MetLife and Ameritas dental plan rates will increase for the 2022 Plan Year. Please check your annual Benefit Statement.

### DIABETES MANAGEMENT PILOT PROGRAM (DMPP)

Effective Jan. 1, 2022, the Florida Department of Management Services' Division of State Group Insurance (DSGI) will implement the Diabetes Management Pilot Program which will utilize a digital health platform for diabetes management within DSGI's participating health plans to monitor eligible diabetic enrollees' HbA1c and hypoglycemia levels. Members of Aetna, AvMed, Florida Blue, and UnitedHealthcare may enroll. See other eligibility requirements by capturing the QR code below with your smartphone. Participants are responsible for all applicable medical and Prescription (Rx) co-payments, co-insurance, deductibles, and out-of-pocket expenses.



### WEIGHT MANAGEMENT PROGRAM (WMP)

The Weight Management Program will be offered again for the 2022 Plan Year. Members of Aetna, AvMed, Florida Blue and UnitedHealthcare receive lifestyle coaching, CDC-approved curriculum, and FDA-approved medications (as approved by their provider). See other eligibility requirements by capturing the QR code below with your smartphone. Participants are responsible for all applicable medical and Rx co-payments, co-insurance, deductibles, and out-of-pocket expenses.



### HSA CONTRIBUTIONS & COVERAGE LIMITS

Look inside for updated 2022 Plan Year rates.

### DEPENDENT CARE FSA CONTRIBUTION CHANGES

The Dependent Care FSA annual contribution maximum is reduced from \$10,500 to \$5,000 effective Jan. 1, 2022.

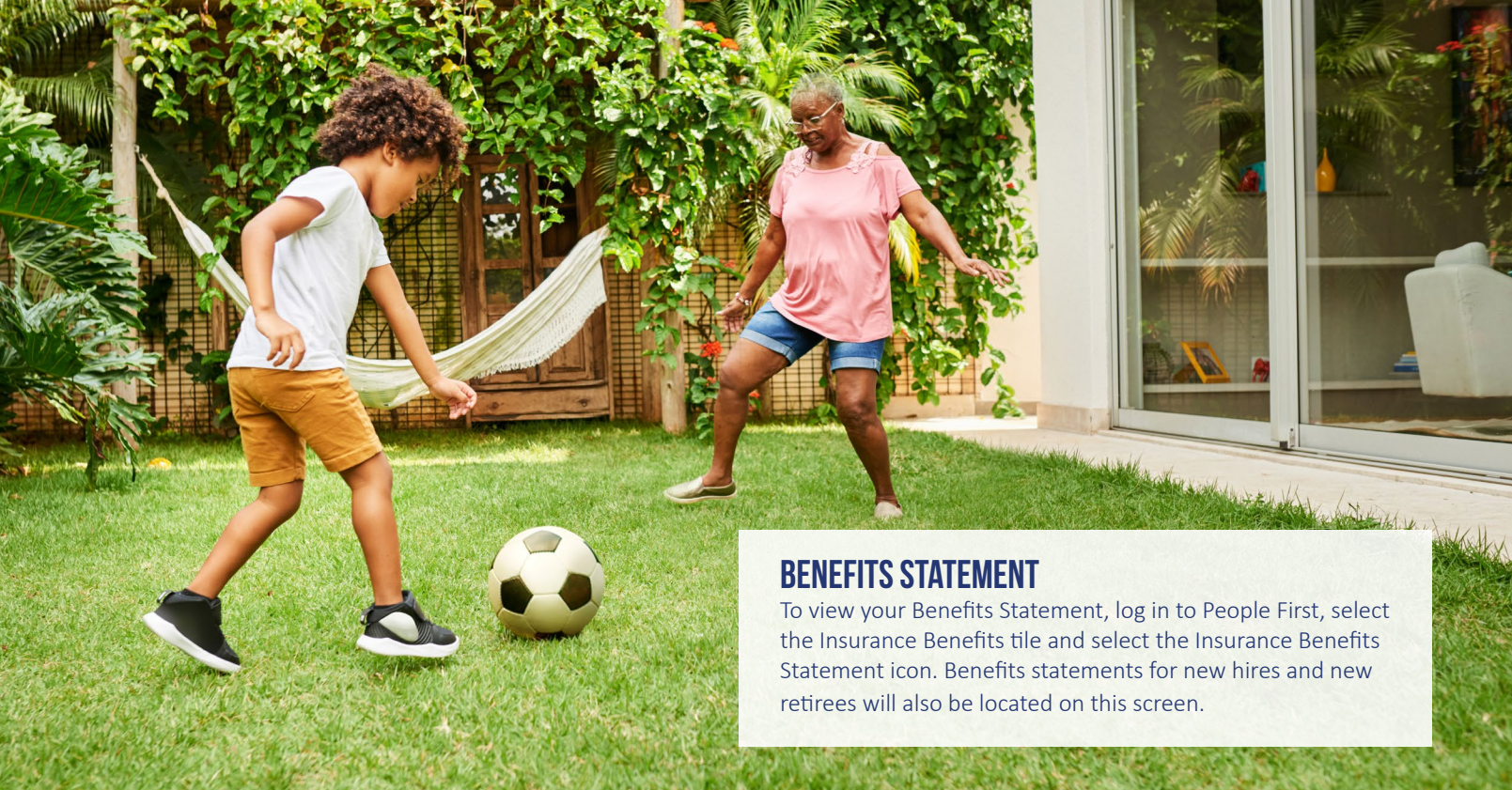
### SAVINGS & SPENDING ACCOUNTS

Over-the-counter drugs: As part of the Federal Coronavirus Aid, Relief, and Economic Security (CARES) Act, over-the-counter drugs were permanently reinstated as eligible for reimbursement under a Healthcare FSA (HFSA), Health Reimbursement Account (HRA), or Health Savings Account (HSA).

### TELEHEALTH

Effective Jan. 1, 2022, telehealth services are covered for all eligible primary or specialist care benefits. Telehealth services are provided remotely through a two-way interactive electronic device that includes both audio and visual communication. Telehealth services may be provided through a telehealth vendor, or through a virtual visit with your network or non-network provider (PPO plan only). Contact your health plan to learn more about telehealth services. Applicable copay apply.





**BENEFITS STATEMENT**  
 To view your Benefits Statement, log in to People First, select the Insurance Benefits tile and select the Insurance Benefits Statement icon. Benefits statements for new hires and new retirees will also be located on this screen.

**HOW TO MAKE CHANGES IN PEOPLE FIRST**

1. Turn off your pop-up blocker and log in to People First at <https://peoplefirst.myflorida.com>.
2. Select the Complete Open Enrollment Now task in your inbox.
3. Follow the simple steps to verify your dependents and complete your Open Enrollment elections.
4. Review your covered dependents and elected plans.
5. If you are enrolled in a health plan for 2022, make your Shared Savings Program selections.
6. Enter your password and select Complete Enrollment.

Remember that you can make changes to your elections during Open Enrollment as many times as you want. However, when Open Enrollment ends, a Qualifying Status Change (QSC) event is required to make a change.

**GET YOUR 1095-C TAX FORM ELECTRONICALLY**

Get your 1095-C faster next year by setting up an electronic receipt. If you haven't already consented to receive your 1095-C electronically, log in to People First and select: Personal Information, then follow this trail: Contact Information > Notification Email. If you don't have a notification email in People First, enter one. Check the appropriate box to receive your 1095-C electronically next year. Otherwise, we will mail the 1095-C to the mailing address listed in People First. Please keep all addresses current.

**NEED A TAX BREAK ON YOUR PREDICTABLE OUT-OF-POCKET COSTS?**

Can you estimate how much you will pay for health care or dependent care expenses next year? Did you know you can get a tax break by enrolling in a Healthcare or Dependent Care Flexible Spending Account (HFSA OR DCFSA)? Find out how an FSA can help you save money by using Chard Snyder's Tax-Savings Calculator. Capture the QR code to the right with your smartphone and visit their site. Click on the tax savings calculator link to access the calculator.



**SPECIAL NOTICE ABOUT THE WOMEN'S HEALTH AND CANCER RIGHTS ACT**

As required by the Women's Health and Cancer Rights Act of 1988, the State Group Insurance health plan benefits document for the State Employees' PPO Plan or HMO Plan provides benefits for mastectomy-related services, including all stages of reconstruction, surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema. Contact the Plan Administrator, the Division of State Group Insurance, at (800) 226-3734 for more information.

**HEALTH SAVINGS ACCOUNT (HSA)**

Employees must be enrolled in a High Deductible Health Plan to participate in an HSA. Refer to [myBenefits.myflorida.com](http://myBenefits.myflorida.com) for more information.

The 2022 Maximum Contribution Amount includes the state contribution and employee payroll contribution.

HSA Annual Maximum Contribution Amount for 2022	
Individual	\$3,650 (increase of \$50)
Family	\$7,300 (increase of \$100)
Catch-up (age 55+)	\$1,000 (no increase)

**ACTIVE EMPLOYEES ELIGIBLE FOR MEDICARE**

As an active state employee, when you and/or your dependents become eligible for Medicare, your State Group Insurance Program health plan will continue to be your primary insurance coverage unless your dependent requires treatment for end-stage renal disease; see your plan document for details.

Medicare coverage pays secondary (after the health plan pays) only if you enroll in a State Group Insurance health plan. Medicare Part A (hospital insurance) is free, but Medicare Part B (medical insurance) requires you to pay a monthly premium.

As long as you are an active employee, you and/or your dependents can delay your Medicare Part B coverage without penalty. You should call your local Social Security Office to defer enrollment, and you must submit a deferral form to People First. However, as soon as you retire, you and/or your dependents should enroll in Part B. When you and/or your dependents are eligible for either Medicare Part A or Part B as a retiree, your State Group Insurance Program health plan pays secondary - even if you and/or your dependents don't enroll in Medicare Part A or Part B. Once retired, you need to elect your Medicare Part B coverage right away, or you and/or your dependents will have to pay the first 80 percent of your healthcare expenses, making you responsible for expensive medical bills.



**Search. Bundle. Save.**

The Shared Savings Program, administered by the Division of State Group Insurance, allows State Group Insurance Program enrollees to earn rewards by shopping for and selecting high quality, lower cost healthcare services. This benefit, available to all State Group Insurance Program health plan enrollees and their eligible dependents at no additional cost, has generated approximately \$15.1 million in net savings for the state and approximately \$3.4 million in rewards to state employee participants since January 2019.



**\$15.1 MILLION\***  
 IN NET SAVINGS  
 &  
**\$3.4 MILLION\***  
 IN REWARDS  
 \*Totals for Jan. 2019 through June 2021.

**CAFETERIA PLAN**

Visit <https://www.mybenefits.myflorida.com/health> or call People First to learn more about what a Cafeteria Plan is.



**DEPENDENT AUDIT QUALITY ASSURANCE**

The People First Service Center will request documents as part of the Dependent Eligibility Verification process to confirm that an employee's dependents are eligible for insurance coverage. This process applies to new hires, marriages, births, and other life events during the year as allowed by a QSC event. All enrollees who add new dependents during these QSC events will receive the documentation request. Documentation requests will be generated through People First and sent via email from the [PeopleFirstNoReply@ngahosting.com](mailto:PeopleFirstNoReply@ngahosting.com) email to the enrollee's notification email in People First. If the enrollee does not have a notification email, a letter will be mailed to the employee's address on file.