

PRIVACY NOTICE

The State Group Insurance Privacy Notice, available at 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. However, 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.

Should you 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 a 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.

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 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!

PREMIUM RATES

You can review the Premium Rate Chart on the myBenefits.MyFlorida.com website, under the Premium Rates tab. There are no premium rate increases for health plans in 2022 for early retiree, COBRA, or non-active enrollees.

MEDICARE ADVANTAGE PRESCRIPTION DRUG (MA-PD) CHANGES

Lower premiums and more benefits? Yes, Please! UnitedHealthcare MA-PD plan rates will decrease for the the 2022 Plan Year. Humana MA-PD plan rates will have a slight increase for the 2022 Plan Year. You can review the Premium Rate Chart on the myBenefits.MyFlorida.com website, under the Premium Rates tab. For coverage and participating provider questions, we encourage you to contact the plan or plans of your choosing directly. Contact information for each MA-PD plan is also available on our website.

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 copayments apply.

HUMANA MA-PD COUNTY CHANGES

Humana is expanding their MA-PD coverage area to include Bradford, DeSoto, and Indian River counties.

DENTAL RATE INCREASE FOR COBRA ENROLLEES

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

RETIREE & COBRA PARTICIPANTS

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.



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.



HEALTH SAVINGS ACCOUNT (HSA) CONTRIBUTIONS & COVERAGE LIMITS

Please visit the myBenefits.MyFlorida.com website by capturing the QR code to the right with your smartphone, for updated rates for the 2022 Plan Year.





TAKE ADVANTAGE OF YOUR WELLNESS BENEFITS

Learn about all of the health and wellness benefits your health plan offers. Make the most of your coverage to be and stay healthy. Your health plan may offer classes and materials on a variety of topics, including how to manage diabetes and high blood pressure. Your health plan may also offer discounts for diet and exercise items and even stress-reduction services. Intrigued? Take action! Review the wellness chart by capturing the QR code below with your smartphone to see how your health plan can help you stay healthy.



BENEFITS STATEMENTS

Benefits statements can be found in People First. To view your Benefits Statement, log in to PeopleFirst at <https://peoplefirst.myflorida.com/peoplefirst>, 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.

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.

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.



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.

SHINE

If you have any questions about your insurance needs, volunteering with SHINE, attending educational presentations and/or speeches, or any other information, contact SHINE at (800) 963-5337 or email them at information@elderaffairs.org.

WHEN YOU BECOME MEDICARE ELIGIBLE

Enrolling in Medicare: When you are eligible for Medicare Part A and Part B (as a result of turning 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 SSA office three months before your 65th birthday. Call 800-MEDICARE (800) 633-4227 or visit www.Medicare.gov for more information. TTY users should call (877) 486-2048.

Enrolling in State Group Medicare secondary coverage or a Medicare Advantage plan: The state offers three Medicare coverage tiers when you or a dependent is Medicare-eligible:

- 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.

Medicare (Retiree) Advantage plan: Capital Health Plan offers this plan to state retirees in the CHP HMO service area. To become a member, you must be enrolled in Medicare parts A and B, complete the HMO's application, and receive approval before your retiree health coverage becomes effective. Medicare Advantage plans do not allow retroactive enrollment, and claims can be paid only if you are approved for the plan. Medical and prescription drug coverage are included.

Medicare Advantage and Prescription Drug (MA-PD) Plans

State of Florida retirees have more health plan choices! An MA-PD is a Medicare Advantage (Part C) plan that includes prescription drug coverage. MA-PD plans contract with Medicare to provide Part A, Part B, and Part D benefits. If you are a retiree enrolled in Medicare and currently enrolled in a State Group Insurance Program health plan, you can find more information on these plans at mybenefits.myflorida.com/health.

Coordinating medical coverage: When Medicare Part A or Part B pays, your State Group health insurance pays secondary. When Medicare does not pay, your State Group health insurance pays primary for covered benefits and services (just 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 area.

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 health insurance coverage once you're eligible for Medicare, you should enroll in Medicare Part B. Although Medicare does not require you to purchase Part B, it may be in your best financial 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 health insurance pays primary for most prescription drugs. Covered medications, copays, and the network remain the same as when you were an employee. If you are enrolled in a State Group Insurance Program health plan as secondary coverage, you may not want to enroll in a separate Medicare Part D plan. The State's prescription drug coverage is equivalent to Medicare Part D, if not better, and is currently approved by Medicare as creditable coverage.

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 event is required to make a change.

