



Department of
**MANAGEMENT
SERVICES**



▶ State Group Insurance

BENEFITS GUIDE

2022

PLAN YEAR



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Note: We intend for this benefits guide to help you choose benefits offered under the State Group Insurance Program, but it is not representative of all plan provisions or rules that govern the program. Please refer to each plan document that fully describes its benefits, Part I of Chapter 110, Florida Statutes, and Chapter 60P, Florida Administrative Code. Plan documents, statutory provisions, and rules prevail if there are any discrepancies with this benefits guide.

6 REASONS TO PAY ATTENTION DURING OPEN ENROLLMENT

Open Enrollment is the one time of the year when all eligible employees have the opportunity to sign up for or change their health, life, dental, vision, or other insurance coverage. Many people think Open Enrollment is only for those who are either starting their coverage or know they want to make a change to their plans, but Open Enrollment is important for everyone. Here are six reasons you should check your benefits during Open Enrollment every year:

1

Check to see if there are changes in your plan.

The Florida Legislature meets each spring and often passes legislation that affects health insurance coverage. The changes implemented may be big or small and could affect your insurance and/or benefits. Checking during Open Enrollment gives you the opportunity to learn about upcoming changes and make sure your current plan is still the best choice for you.

2

Check the dollar amounts in your Savings and Spending Accounts.

Flexible spending accounts (FSAs) are continuous until cancelled; therefore, if you have an active FSA this year and don't make changes, the same contribution amount will be made for the following year. Make sure your contributions accurately reflect your need for the following year so that you'll be reimbursed for all the money you put into the account. Keep in mind the FSA now has the carryover feature. If you had a carryover, you may need to decrease your annual contribution. Pay close attention to deadlines to spend these funds and submit claims.

3

Make sure your dependents are still eligible.

There are specific rules for which dependents are eligible for benefits and for how long. Continually enrolling a dependent who is no longer eligible is considered fraud. Make sure that all of your dependents are still eligible and know when they will lose eligibility so you can make other arrangements.

4

Explore new programs and opportunities.

The State Group Insurance Program is constantly working to roll out new benefits and opportunities to better serve Florida's state employees and retirees. Various programs are offered throughout the year, and by closely reviewing Open Enrollment materials, you can take advantage of amazing opportunities.

5

Browse other plans.

As you move through different stages of life, you will have different needs and your insurance plans can help to cover them. The plan you were on last year may have worked for you then, but you and your family may have experienced a life changing event, and your current plan may not be the best fit anymore. Be sure that you are enrolled in the plan that will do the most for you during this stage of your life.

6

Earn rewards and save money by utilizing the Shared Savings Program.

Earn tax-free rewards to pay for out-of-pocket medical, dental, vision, and prescription costs. This program is available to all State Group Insurance health plan enrollees and their dependents.

Healthcare BlueBook - Members can earn rewards by searching online and having their medical procedures completed at high quality, low cost facilities. Download the Healthcare Bluebook Mobile App Today! Access code: SOF

SurgeryPlus - Having a planned, non-emergency surgery? By using SurgeryPlus to schedule your procedure, you can earn a reward and share in the savings.

Earned rewards are credited to your FSA, HSA, or HRA. Learn more about the Shared Savings Program by visiting mybenefits.myflorida.com, or capturing the QR code to the right with your smartphone.



Beginning Oct. 1, 2021, visit mybenefits.myflorida.com to learn what's new this Open Enrollment period and check out the 2022 Benefit Guide. You can make changes to your benefits online in People First beginning Oct. 11. All changes are effective Jan. 1, 2022.

OPEN ENROLLMENT CHECKLIST FOR 2022

Use this checklist to help make your benefit choices for 2022 in People First. To learn more about each plan go to mybenefits.myflorida.com/health.

Health		<input type="checkbox"/> Individual	<input type="checkbox"/> Family		
State Employees' PPO Plan - Florida Blue			<input type="checkbox"/> Standard PPO	<input type="checkbox"/> High Deductible PPO	
Aetna (must live or work in service area)			<input type="checkbox"/> Standard HMO	<input type="checkbox"/> High Deductible HMO	
AvMed (must live or work in service area)			<input type="checkbox"/> Standard HMO	<input type="checkbox"/> High Deductible HMO	
Capital Health Plan (must live or work in service area)			<input type="checkbox"/> Standard HMO	<input type="checkbox"/> High Deductible HMO	
UnitedHealthcare (must live or work in service area)			<input type="checkbox"/> Standard HMO	<input type="checkbox"/> High Deductible HMO	
<input type="checkbox"/> Health Savings Account (if enrolling in a High Deductible Health Plan)				\$	
Chard Snyder will automatically open the HSA Advantage™ account after HSA enrollment in PeopleFirst.					
Life					
Basic Coverage					
Basic Term Life		<input type="radio"/> Career Service and SES/SMS employees (automatically enrolled) <input type="radio"/> OPS / Variable hour class employees (\$3.58/month - employee-elected and employee-paid) <input type="radio"/> \$25,000 Policy			
Employee-elected coverage (for employees enrolled in basic term life)					
Optional Term Life Coverage Level (medical underwriting may be required)		<input type="checkbox"/> 1x <input type="checkbox"/> 2x <input type="checkbox"/> 3x <input type="checkbox"/> 4x <input type="checkbox"/> 5x <input type="checkbox"/> 6x <input type="checkbox"/> 7x (annual salary) <input type="radio"/> Maximum coverage: \$1,000,000 <input type="radio"/> Includes matching AD&D benefit <input type="radio"/> OPS/Variable hour class employees are not eligible			
Spouse Optional Life (underwriting required if not first time eligible)		Elect one of the below: <input type="checkbox"/> \$15,000 (\$5.18/month) <input type="checkbox"/> \$20,000 (\$6.90/month)			
Child Optional Life (covers all registered dependent children for \$0.85/month)		<input type="checkbox"/> \$10,000 (\$0.85/month)	<input type="radio"/> Children are eligible from live birth to age 26 <input type="radio"/> Elections are guaranteed without answering health questions		
Savings and Spending Accounts (annual amounts)					
Healthcare FSA	Applies to benefit-eligible employees		\$		
Limited Purpose FSA	Applies to benefit-eligible employees		\$		
Dependent Care FSA	Applies to benefit-eligible employees		\$		
Health Savings Account (HSA)	Employees enrolled in an HDHP		\$		
Health Reimbursement Account (HRA) and Post-Deductible HRA	Enrollees who have a State Group Insurance health plan are eligible. If you enroll in an HDHP, you are only eligible for the Post-Deductible HRA. Your HRA becomes active once your first reward has been credited to the account (for Shared Savings Program rewards only).				\$
Dental					
Ameritas	<input type="checkbox"/> Indemnity with PPO	<input type="checkbox"/> Standard PPO	<input type="checkbox"/> Preventive PPO		
CIGNA	<input type="checkbox"/> Prepaid				
Humana	<input type="checkbox"/> Prepaid HD205				
Indemnity Humana	<input type="checkbox"/> Schedule B 4084				
MetLife	<input type="checkbox"/> Indemnity with PPO	<input type="checkbox"/> Standard PPO	<input type="checkbox"/> Preventive PPO		
Sun Life	<input type="checkbox"/> Prepaid	<input type="checkbox"/> Indemnity with PPO			
Vision					
<input type="checkbox"/> Humana Vision Plan -Exam and Materials (Plan 3004)					
Other Supplemental					
Aflac	<input type="checkbox"/> Cancer	<input type="checkbox"/> Hospital Intensive Care			
CHLIC	<input type="checkbox"/> PPP Plan	<input type="checkbox"/> 30/20 Plan	<input type="checkbox"/> 365 Plus \$100/Day Plan	<input type="checkbox"/> 365 Plus \$200/Day Plan	<input type="checkbox"/> SIS Plan
Colonial	<input type="checkbox"/> Cancer	<input type="checkbox"/> Accident	<input type="checkbox"/> Disability		
New Era	<input type="checkbox"/> \$100 Per Day	<input type="checkbox"/> \$200 Per Day	<input type="checkbox"/> \$100/Day/ECR		

CONTACT INFORMATION

Need help? Contact the insurance carrier if you have questions about what's covered, network providers, and other plan benefits. Contact People First about premiums, eligibility, or enrollment. Contact Chard Snyder about FSAs, HSAs, and HRAs. Contact Healthcare Bluebook or SurgeryPlus for questions related to their services.

State Group Insurance Plans	Plan Types	Phone	Website
Health, Prescription, and Life Plans			
Florida Blue	State Employees' PPO Plan (Medical)	800-825-2583	www.floridablue.com/state-employees
Aetna	HMO Plan (Medical)	877-858-6507	www.aetnastateflorida.com
AvMed	HMO Plan (Medical)	888-762-8633	www.avmed.org/state
Capital Health Plan	HMO Plan (Medical)	850-383-3311	www.capitalhealth.com/state
Capital Health Plan MA-PD	HMO Plan (Medical)		
UnitedHealthcare	HMO Plan (Medical)	877-614-0581	www.florida.welcometouhc.com
UnitedHealthcare MA-PD	PPO Plan (Medical)	877-352-7794, TTY 711	https://www.uhcretiree.com/myflorida/home.html
Humana MA-PD	HMO Plan (Medical)	800-555-7997, TTY 711	our.humana.com/sof
CVS Caremark	State Employees' Prescription Drug Plan	888-766-5490	www.caremark.com/sofrxplan
Securian Financial	Basic, Optional, and Dependent Life	888-826-2756	www.lifebenefits.com/florida
Dental Plans			
Ameritas	Preventive PPO, Standard PPO, and PPO w/ Indemnity	877-721-2224	www.ameritas.com/group/olbc/florida
MetLife	Preventative PPO, Standard PPO, and PPO w/ Indemnity	844-222-9104	www.metlife.com/stateoffl
Sun Life Financial	Indemnity PPO	800-442-7742	www.sunlife.com/STofFL
Sun Life Financial Employee Benefits	Prepaid Dental	800-443-2995	www.sunlife.com/STofFL
Cigna Dental	Prepaid Dental	800-244-6224	www.capitalins.com
Humana Dental	Prepaid Dental/Indemnity	866-879-3630	https://www.compbenefits.com/custom/stateofflorida/
Supplemental Plans			
Humana Vision	Exam Plus	800-939-5369	www.compbenefits.com/custom/state-of-fla-vision/
Aflac	Cancer/Intensive Care	800-780-3100	www.capitalins.com
Cigna Health and Life Insurance Company	Hospitalization	800-780-3100	www.capitalins.com
Colonial Life	Accident/Cancer/Disability	888-756-6701	www.visityouville.com/stateoffl
New Era	Hospitalization	800-277-2300	www.ssc-life.com
Other			
People First	Call for help or enroll online	866-663-4735	https://peoplefirst.myflorida.com/peoplefirst
	Mail documents to or Submit documents online in People First	P.O. Box 6830, Tallahassee, FL 32314	https://peoplefirst.myflorida.com/peoplefirst
	Mail payments to	P.O. Box 863477, Orlando, FL 32886	
Healthcare Bluebook	Online Transparency Portal	800-513-6118	www.healthcarebluebook.com/cc/sof
SurgeryPlus	Bundled Surgical Services	844-752-6170	www.florida.surgeryplus.com
KEPRO	Employee Assistance Program (EAP)	1 (833) 746-8337 TTY: 1 (877) 334-0499	For more information, click the EAP link on your People First home page. www.MyLifeExpert.com Company Code: FLORIDA
Chard Snyder	Healthcare FSA, Limited Purpose FSA, Dependent Care FSA, Health Savings Account, Health Reimbursement Account, and Post-Deductible HRA	855-824-9284	www.mybenefits.myflorida.com
Social Security Administration	To enroll in or inquire about Medicare	800-633-4227	www.medicare.gov
myBenefits Website	N/A	N/A	www.mybenefits.myflorida.com

STAY IN TOUCH WITH MOBILE APPS

Download free mobile software applications in the App Store or Google Play to complete these tasks from the palm of your hand:



Your health insurance plan (if mobile app is available)



Aetna



Florida Blue



UnitedHealthcare

- Find a doctor in your network.
- Email the message center.
- Search claims.
- Check benefits and coverage.
- View your member ID card and use it at your doctor's office.
- Estimate your payment.
- Find an urgent care center.

CVS Caremark for prescription drugs



- Easy Refill – refill mail-order prescriptions without registering or signing in (Easy Refill).
- Scan a prescription for refill.
- See the number of refills due and orders in progress without signing in.
- Check the order status.
- Check drug costs and coverage.
- View prescription history.
- Find a pharmacy in your network.
- View, print, add to wallet, request or order your member ID card and use at a retail pharmacy.
- Identify unknown pills.
- Check for potential drug interactions.
- View, download, print preferred, Specialty, and Maintenance Drug Lists.



Healthcare Bluebook



Members can earn rewards by searching online and having their medical procedure completed at a high quality, low cost facility.

Note: Not all procedures are rewardable based on cost and quality.

Log in with your PF information or personal Bluebook Code.

- Enter Access Code – SOF.
- Enter Zip Code.
- Click My Employer Provides Bluebook.
- Search rewards that may be available at designated healthcare procedures.
- View the cost and quality of healthcare providers and facilities.
- Look for the “Go Green to Get Green” tile.

Chard Snyder for spending and savings accounts



- View your account balances.
- View transaction details.
- Scan items to see if they are eligible expenses.
- File claims and attach receipts.
- Add receipts to claims already submitted on the website.
- View receipts and claims.
- Receive text alerts by submitting your phone number.
- For questions, you can chat with a customer service representative using the Live Chat feature.

INTRODUCTION



The State of Florida offers a comprehensive insurance benefits package through the State Group Insurance Program (Program) as part of your total compensation package. The Program allows you to choose benefit plans that best suit your individual needs. We offer coverage to current eligible employees, retirees, spouses and other dependents, surviving spouses, and COBRA participants, as identified in section 110.123(2)(b), (c), (f), (h), and (o), Florida Statutes.

We continually foster a culture of health through our health plans' [wellness](#) and disease management programs, publication of our [Wellness Wire](#) e-newsletter, and promotion of the state's Employee Assistance Program (EAP) that is offered to health plan-eligible employees. If eligible, you are automatically enrolled in this free benefit. Click the EAP link on your [People First](#) home page to determine if you are eligible. We offer tools and resources to help you make positive lifestyle choices for a healthier you.

The overview contained in this benefits guide contains links to online materials that further explain the benefits, limits, and exclusions, and how to access services.

1. Read this guide to learn about all of your options.
2. Review [online information](#) while considering what's most important to you.
3. Go to a benefit plan's website to learn about coverage, network access, and other plan benefits.
4. Enroll or make changes in [People First](#) before open enrollment ends or during the year within 60 calendar days of a [qualifying status change event](#).

HEALTH INSURANCE MANDATES

Since 2014, the Patient Protection and Affordable Care Act (ACA) (P.L. 111-148, as amended) requires most people to maintain health insurance coverage (or "minimum essential coverage.") Minimum essential coverage is a term defined in the ACA and its implementing regulations, and the health insurance offered through the State Group Health Insurance Program meets the ACA's requirement.

We must offer this coverage to all eligible employees and their dependents and report on a month-by-month basis to the Federal Internal Revenue Service (IRS) those who were offered coverage and those who enrolled in coverage.

For this tax reporting year, we will submit the required forms to the IRS indicating that we offered health insurance coverage to you and your dependents and noting who enrolled.



MOVING?

Remember to keep your address current in [People First](#).

WHAT IS OPEN ENROLLMENT?

Open Enrollment is your once-a-year opportunity to make changes to your State Group Insurance benefits and learn about new benefits or changes to your current benefits.*

Open enrollment starts at 8 a.m. ET, Monday, Oct. 11, and ends at 6 p.m. ET, Friday, Oct. 29, 2020.

The Division of State Group Insurance is partnering with vendors to host online webinars. Check them out [here](#).

Make changes online in [People First](#) or call the People First Service Center weekdays from 8 a.m. to 6 p.m. ET, at (866) 663-4735 or TTY (866) 221-0268.

- Avoid the rush—make changes early and online whenever it's convenient for you.
- Review your personalized benefits statement carefully. The benefits statement shows your current selection and options for the next plan year, including the monthly cost.
- Make changes as many times as you would like during open enrollment. Elections become final at 6 p.m. ET on the last day of the Open Enrollment period.
- If you don't make changes during Open Enrollment, all of your elections will continue into the new plan year, including the dollar amount deductions toward your Healthcare Flexible Spending Account (FSA), Limited Purpose FSA, Dependent Care FSA, and/or Health Savings Account (HSA).

If you make changes, you will receive a confirmation statement in the mail, or you may view your confirmation statement online in People First. Select the Insurance Benefits tile on your home page, then Confirmation Statement. Be sure all changes are correct. Confirm you've enrolled your eligible dependents and removed those who are now ineligible (e.g., as a result of divorce).



How Do You Make Changes in People First?

Make changes online in [People First](#)—it's easy.

1. Know your People First password. Passwords expire every 90 days for your protection.
2. Turn off the browser's pop-up blocker and log in to [People First](#).
3. Select the "Complete Open Enrollment Now" task in your Inbox.
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."

Where do I submit documents?

To submit documents to People First, log into your People First account and upload the documents, or you can mail them to the below address.

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

* Remember that you can make changes to your elections during Open Enrollment as many times as you want. However, once Open Enrollment ends, a [qualifying status change \(QSC\) event](#) is required to make election changes to your benefits. However, if you are participating in the Shared Savings Program, you can select an account for your reward payments at any time during the year.

WHAT'S NEW FOR 2022?



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

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 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](https://mybenefits.myflorida.com) website by capturing the QR code to the right with your smartphone, for updated rates for the 2022 Plan Year.



DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT (DCFSA) 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 Flexible Spending Account (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 copays apply.

PREMIUM RATES

You can review the Premium Rate Chart on the [myBenefits.MyFlorida.com](https://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! United Healthcare MA-PD plan rates will decrease for 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](https://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. Humana is expanding their MA-PD coverage area to include Bradford, DeSoto, and Indian River counties.

DENTAL RATE INCREASE

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

WHAT IS A CAFETERIA PLAN?

A cafeteria plan, per section 125 of the Internal Revenue Code, is a program that employers can use to offer a variety of benefits (like options on a cafeteria menu) to employees, who may use pretax payroll dollars to pay for the benefits they select. By using benefits offered under a cafeteria plan, employees have more take-home pay and employers save FICA payroll taxes.

Cafeteria plans have specific enrollment requirements under the Internal Revenue Code that employees must follow in exchange for pretax savings.

Choose your plans carefully. Once enrolled, you must remain in the selected plan(s) unless you experience an eligible [qualifying status change \(QSC\) event](#) during the year. For example: Getting married or divorced? Having a baby or adopting? Spouse changing jobs? For many major-life QSC events, you may be allowed to enroll in, or cancel, your insurance coverage within 60 calendar days of the QSC event. If you miss the 60-day window, you must wait until you experience another major-life QSC event or until the next Open Enrollment to make a change.

Cafeteria plans also have specific dependent eligibility requirements. For example, you can enroll your legal spouse but not your domestic partner or fiancé(e). You can also enroll your children, legally adopted children, and legally appointed foster children. To cover stepchildren, you must be married to their parent. To cover grandchildren over the age of 18 months, nieces, nephews, and other children, you must be the legally appointed guardian.

If your dependent's eligibility changes, you must notify People First within 60 calendar days of the change. For example, if you and your spouse divorce, you must send a copy of the divorce decree to People First within 60 days of the divorce. By following this timeline, you will not have to repay the state for claims an ineligible dependent



incurred or pay COBRA premiums to cover that ineligible dependent; if you're in the spouse program, you won't have to pay back premiums for underpaid months (up to \$165 per month). Enjoy the pretax benefits of a cafeteria plan, but make sure you understand your responsibilities. Visit mybenefits.myflorida.com or call People First at (866) 663-4735 to learn about your options.

FOR MORE INFORMATION

Read more about the cafeteria plan [here!](#)

STAY IN THE KNOW

Important! Set up your notification email. In People First, follow this trail: Employee Information > Personal Information > Contact Information. Select Notification Email and enter your email address. To receive your tax Form 1095-C electronically, check the box.

If you move, remember that you must update your home and mailing address in People First to ensure you receive timely and important information such as benefit changes and insurance cards.

Open Enrollment packets are mailed out in October each year, which contains important information about your benefits changes. Check your mail to ensure you receive your Open Enrollment packet.

ELIGIBILITY

Read this section to increase your understanding of the rules that govern the Program, including important deadlines, changes allowed during the plan year, and dependent eligibility. We cover eligible state employees, retirees, surviving spouses, enrollees who continue insurance through COBRA, and eligible dependents.



EMPLOYEE ELIGIBILITY

To be eligible to participate in the Program, you must be a full-time or part-time employee as defined in section 110.123(2)(c) and (f), Florida Statutes. Upon hire, your position or expected hours of service will determine if you are eligible to participate in the Program.

- Full-time – includes salaried career service and Select Exempt Service/Senior Management Service (SES/SMS) positions working 0.75 Full-Time Equivalency (FTE) or more, and Other Personal Services (OPS) employees expected to work an average of 30 or more hours per week. Employees in these positions are eligible to participate in all plans offered under the Program upon hire.
- Part-time – includes salaried career service and SES/SMS positions working fewer than 0.75 FTE. Employees in these positions are eligible to participate in all plans offered under the Program upon hire, but pay a pro-rata share of the health and life insurance employer premium based on the FTE, plus their employee share.

OPS employees expected to work fewer than 30 hours per week on average are not eligible to participate in the Program upon hire. Similarly, seasonal employees for which the customary annual employment is six months or less and begins each year at approximately the same time of year (such as summer or winter), are not eligible to participate in the Program upon hire.

Eligibility is determined at the point of hire, and eligibility for subsequent plan years is determined using a look-

back measurement method. The look-back measurement method is based on IRS final regulations under the ACA. Its purpose is to provide greater predictability for eligibility determinations. The State of Florida uses a 12-month look-back measurement method to determine who is a full-time employee for purposes of Program eligibility.

MEMBERS MAY NOT BE COVERED BY TWO PLANS

Chapter 60P, Florida Administrative Code, does not permit an enrollee or dependent to be covered under two state group health plans simultaneously. Examples of what is not allowed include the following:

- Two married employees each enroll in a health plan and cover each other and/or their children under the other's plan.
- A child who is covered under her parent's health plan goes to work for the state and enrolls in her own health plan.

If you or your dependents are covered by two different state group health plans, please call People First to correct the enrollment. One plan does not act as secondary insurance to the other, so you receive no added benefit by being dually enrolled and you may be paying more than you should.

ELIGIBILITY MEASUREMENT PERIODS

The 12-month look-back measurement method involves three different periods:

1. **Measurement Period** – counts hours of service to determine eligibility.

a. New Hire Measurement Period

If you are not a full-time employee at the point of hire, your hours of service from the first day of the month following your date of hire to the last day of the twelfth month of employment will be measured.

Example:

Assume you are hired on Oct. 5, 2021, and you are not employed full time. Your initial measurement period will run from Nov. 1, 2021, through Oct. 31, 2022.

If your hours worked during the new hire measurement period average 30 hours or more per week, you are eligible to enroll in the program with an effective date of Dec. 1, 2022.

b. Open Enrollment Measurement Period

If you have been employed long enough to work through a full (12 months) measurement period, you are considered an ongoing employee. Your hours of service are measured during the Open Enrollment measurement period. This period runs from Oct. 3 through the following Oct. 2 of each year and will determine eligibility for the plan year that follows the measurement period.

If you are a new employee who is reasonably expected to work an average of 30 hours or more per week, you are eligible. Eligibility will continue until your hours are measured during the next or second (depending on your date of hire) Open Enrollment measurement period to determine eligibility for the next plan year.

Example:

Assume you are hired Jan. 5, 2021, in an OPS position and are expected to work an average



of at least 30 hours per week. You are eligible to enroll in the program at your point of hire and will continue program eligibility through Dec. 31, 2022. You will then be measured on Oct. 2, 2022, to determine your eligibility for the 2023 plan year.

2. **Stability Period** – follows a measurement period.

Your hours of service during the measurement period determine whether you are a full-time employee who is eligible for coverage during the stability period. As a general rule, your status as a full-time employee or a non-full-time employee is “locked-in” for the stability period, regardless of how many hours you work during the stability period, as long as you remain an employee of the State of Florida.

There are exceptions to this general rule for employees who experience specific changes in employment status. For ongoing employees, the stability period lasts 12 consecutive months. Newly hired full-time employees may have a stability period longer than 12 months, depending on their date of hire.

3. **Administrative Period** – the time between the measurement period and the stability period when administrative tasks, such as determining eligibility for coverage and facilitating enrollment, are performed. If you are determined to be eligible, a benefits package showing your available options, costs and effective dates will be mailed to the mailing address on file in [People First](#), the system of record.

Special rules apply when employees are rehired by the State of Florida. If you are an OPS employee who

experiences a break in service of at least 13 weeks (26 weeks for employees of academic institutions), you will be treated as a new hire upon your return. If you return to state employment in fewer than 13 weeks (26 weeks for employees of academic institutions), you will automatically be enrolled in the plans you had before you left employment, if those plans are still available.

The rules for the look-back measurement method are very complex, and this is a general overview of how the rules work. More complex restrictions may apply to your situation. The State of Florida intends to follow the IRS final regulations (including any future guidance issued by the IRS) when administering the look-back measurement method. If you have any questions about this measurement method and how it applies to you, call the People First Service Center at (866) 663-4735 weekdays from 8 a.m. to 6 p.m. ET.



RETIREE ELIGIBILITY

You are eligible to continue health and life insurance if you are a state officer or state employee when you:

1. Retire under a State of Florida retirement system or a state optional annuity or state retirement program or go on disability retirement under the State of Florida retirement system, as long as you were covered under health and life insurance at the time of your retirement and you begin receiving retirement benefits immediately after you retire; or
2. Retire under the Florida Retirement System Investment Plan, and you
 - a. Meet the age and service requirements to qualify for normal retirement as set forth in s. 121.021(29), Florida Statutes; or have attained the age specified by s. 72(t)(2)(A)(i), Internal Revenue Code, and you have six years of creditable service; and

- b. Take an immediate distribution; and
- c. Either
 - i. Maintained continuous coverage under the Program from termination until receiving your distribution (you must continue health insurance coverage through COBRA until you take your immediate distribution); or
 - ii. Retired before Jan. 1, 1976, under any state retirement system and you are not eligible to receive any Social Security benefits.

If you do not continue health insurance coverage at retirement, or if you cancel retiree coverage, you will not be allowed to re-enroll in a State Group Insurance Program health plan at a later date as a retiree.

If you are a retiree that returns to active employment in a benefits-eligible position and you continued your health insurance coverage through your retirement, you will be enrolled in active employee health insurance coverage. When you later terminate employment or return to retirement, you will then be allowed to continue retiree coverage.

To learn more, see the [benefits package for new retirees](#).

To see your premium rates for 2022, visit the [Premium Rate Table](#).

CHECK YOUR ELIGIBILITY BEFORE CHOOSING A PLAN

Before you choose a plan and complete your Open Enrollment selections, check your eligibility [here](#).

DEPENDENT ELIGIBILITY

The following dependents are eligible for coverage:

- **Your spouse** — The wife or husband of the employee or retiree.
- **Your child** — Your biological child, legally adopted child, or child placed in the home for the purpose of adoption in accordance with Chapter 63, F.S., through the end of the calendar year in which he/she turns age 26, if they are dependent upon you for support and are either living with you or enrolled in any school, college or university which provides training or educational activities, and which is certified or licensed by a state or foreign country.
- **Your stepchild** — The child of your spouse for whom the employee or retiree is financially responsible, 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, if they are dependent upon you for support and are either living with you or enrolled in any school, college or university which provides training or educational activities, and which is certified or licensed by a state or foreign country.
- **Your foster child** — A foster child, or any other unmarried children for whom you have been granted court-ordered temporary or other custody, through the end of the calendar year in which he/she turns age 26.
- **Legal guardianship** — A child for whom you have legal guardianship in accordance with Chapter 744, F.S., or an unmarried 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, if they are dependent upon you for support and are either living with you or enrolled in any school, college or university which provides training or educational activities, and which is certified or licensed by a state or foreign country.
- **Your 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.
- **Your over-age dependent with a disability** — Your covered child with mental 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 mental or physical disability and be dependent on you for care and financial support.
- **Newborn child of a covered dependent** — 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.
- **Children of law enforcement, probation, or correctional officers** — Children of law enforcement, probation, or correctional officers who were killed in the line of duty, who are attending a college or university beyond their 18th birthday.
- **Surviving spouse and dependents** — The widow or widower of a deceased state officer, state employee, or retiree, if the spouse was covered as a dependent in the State Group Insurance health plan at the time of death; or an employee or retiree who died before July 1, 1979; or a retiree who retired before Jan. 1, 1976, under any state retirement system who is not eligible for any Social Security benefits. The surviving spouse may participate in the State Group Insurance health



plan with family coverage if there are eligible children to be covered; otherwise, the surviving spouse may only participate under an individual coverage per Rule 60P-2.002(3), F.A.C. Upon remarriage, the widow or widower is no longer considered a surviving spouse. A surviving spouse shall report remarriage within 60 days of the remarriage. The surviving spouse and dependents, including any eligible children of a surviving spouse, if any, must have been covered in the State Group Insurance health plan at the time of the enrollee's death and the coverage must have been continuous.

NOTICE: The following acts may constitute a violation of section 831.01, Florida Statutes, a third degree felony, punishable by up to five (5) years in prison, five (5) years of probation, and a \$5,000 fine:

- Falsifying dependent information.
- Falsifying the occurrence of QSC events.
- Falsely certifying ineligible persons as eligible.
- Falsely enrolling ineligible persons in coverage.
- Falsifying dependent documentation.
- Falsifying QSC event documentation.

If you have any questions, please call People First at (866) 663-4735 and ask to speak to the Dependent Verification Team.

ELIGIBILITY UNDER THE CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT (COBRA)

COBRA allows qualified participants to continue coverage of their healthcare FSA, HRA, and health, dental, and vision benefits through their employer's group insurance plan for a limited period of time under certain circumstances, including the following:

- Voluntary or involuntary job loss.
- Reduction in hours worked.
- Transition between jobs.
- Death.



- Divorce.
- Other life events.

People First will mail a COBRA package to your address on record in People First when one of these events is reported. COBRA enrollees pay the entire monthly premium plus a two percent administrative fee. You and/or your dependents lose eligibility for COBRA when you become eligible for other group insurance, including Medicare, or if you fail to pay the premium by the last day of the coverage month.

If you are the spouse of an enrollee and have been dropped from coverage in anticipation of a divorce, please report this event to the People First Service Center. You may be eligible to enroll in COBRA at the time your divorce is finalized.

To see your premium rates for 2022, visit the [Premium Rate Table](#).

MORE ON ELIGIBILITY



Use the camera on your smart phone to scan the QR code to the left to find out more!

ENROLLMENT

You may enroll when you first become eligible for coverage. For example, when you're hired, when you experience a [QSC event](#) during the year, or during Open Enrollment. Common QSC events include marriage, divorce, birth, or change in employment status. All eligible state employees, enrolled retirees, surviving spouses, and COBRA participants may participate in Open Enrollment.

Make your State Group Insurance elections online in [People First](#). You'll have convenient access with no forms to complete (except for Spouse Program members), and no phone hold time. You can see all available options, enroll your eligible dependents, and confirm your benefit selections instantly.

ENROLLMENT TIPS

- Watch for your benefits statement online or in the mail. It will show all your options, costs, and explain possible effective dates of coverage.
- Enroll online in [People First](#) during Open Enrollment or within 60 days of your [QSC event](#). If you miss either of these deadlines, you must wait until the next Open Enrollment unless you have another QSC event during the year that allows you to make a change.
- Obtain correct Social Security numbers, birth dates, and required documentation to enroll your eligible dependents.
- Choose your options carefully. When you make an election during Open Enrollment or within the 60-day QSC event window, you cannot cancel or change to another plan (e.g., switch health insurance plans) until the next Open Enrollment or a QSC. For employees, State Group Insurance plan premiums are deducted from your paycheck before calculating payroll taxes to save you money. Because of these pretax tax savings, the IRS determines when you may make changes—either annually during open enrollment or during the plan year if you have a QSC event.
- The plan year means a calendar year (Jan. 1 through Dec. 31).



WHAT NEW HIRES NEED TO KNOW

- Optional life insurance is guaranteed issue up to five times salary (\$500,000 max) when you are an eligible new hire. If you miss this opportunity to enroll, or want to enroll for up to seven times salary (\$1 million max), you will have to complete the medical underwriting process if you decide to enroll later. Use [Securian Financial's Benefit Scout](#) to help you determine the amount of life insurance you need.
- Dependent spouse life insurance is also guaranteed issue if you are married when you are an eligible new hire or if you later marry. Your spouse will have to complete the medical underwriting process if you decide to enroll later.
- The State Group Insurance Program offers prepaid dental plans, which have a limited network. Be sure the plan you want has dentists in your area, and the offices are accepting new patients. You won't be able to change (until the next Open Enrollment or a QSC event) dental plans because you don't like the dentists or because your dentist leaves the network.
- If you enroll in a State Group Insurance Program health plan, you and your dependents are eligible to participate in the Shared Savings Program. Visit the [Shared Savings Program page](#), to learn how you can earn rewards.

- Health saving accounts and flexible spending accounts (healthcare, limited purpose healthcare, and dependent care accounts) contributions are based on your plan year (January to December) election. Be careful—especially if you’re enrolling mid-year. You may want to choose a lower annual amount now and then increase it during open enrollment for the next year. For example, if you are hired in October, and you choose a \$5,000 annual contribution amount, that amount is divided by the number of payroll periods left in the plan year and that amount will be deducted from each paycheck (i.e. you elect \$5,000, there are five pay periods remaining in the year, \$1,000 will be deducted from each paycheck).
- If you are hired during open enrollment, make new hire elections for the current year first, and then make open enrollment changes for the next plan year.



SPOUSE PROGRAM HEALTH INSURANCE

The Spouse Program provides family health insurance for two-state employees married to each other. One spouse serves as the primary account holder. Each pays \$15 per month for family coverage. To enroll, you and your spouse must complete and sign the Spouse Program Election Form and submit the form online through People First or send it to People First at the address on the form.

You have 60 days to enroll after you become eligible. You become eligible for the Spouse Program when you or your spouse works for the state, and the other starts working for the state, or when you marry another state employee and you’re already employed by the state. If you miss your opportunity to enroll when you are first eligible, you must wait until open enrollment to enroll.

If you and your spouse elect enrollment under the Spouse Program, you will be enrolled in a family health plan. You and your spouse will be required to designate a “primary” and “secondary” spouse for your account. The primary spouse is considered the enrollee while the secondary spouse and dependents are covered under the family health plan as dependents.

If the family is enrolled in a high deductible health plan (HDHP), the primary and secondary spouse should individually enroll in a health savings account (HSA). Each spouse will receive the individual state contribution.

Rewards earned through participation in the Shared Savings Program will be deposited in the Savings and Spending Account as designated by the primary spouse.

SURVIVING SPOUSE HEALTH INSURANCE

If you are the employee or retiree and your spouse dies, contact People First and ask to be enrolled in single coverage if you have no other covered dependents.

If you were covered by your spouse’s health insurance at the time of his or her death, you are entitled to continue health insurance coverage as a surviving spouse by paying the full premium for the rest of your life or until you remarry. To enroll, call People First to request an enrollment package. The completed application with a copy of the death certification, must be returned within 60 calendar days of receipt of enrollment package. Health insurance coverage must be continuous, and you may be required to pay underpayments if your enrollment is delayed.

If you remarry, call People First within 60 calendar days. If you provide your marriage certificate, you and your new spouse may continue health insurance coverage through COBRA for a limited time.

COVERAGE

WHEN COVERAGE IS EFFECTIVE

Enrollment and changes made during open enrollment are effective Jan. 1 of the next year. Payroll deductions for most plans begin the preceding December. Enrollment and permitted changes made as a result of a QSC event are effective as follows:

- Health insurance may be effective as soon as the first day of the month following the month you elect coverage in People First. For births and adoptions, call People First to request coverage for the child effective on his or her date of birth or on the date that he or she is placed in the home for adoption, respectively.
- Basic life insurance is effective on the first day that a full-time salaried employee is actively at work, or the first day of the month following the payroll deduction after a part-time salaried or eligible OPS employee elects coverage.
- Optional life insurance, dependent spouse life insurance, and certain supplemental plans are effective on the first day of the month after completion of the medical underwriting process, if required, and after a full payroll deduction is taken. Plans that do not require medical underwriting, such as dependent child life insurance, are effective the first day of the month for which a full payroll deduction is taken.
- Healthcare, limited purpose, and dependent care FSAs start on your enrollment date.
- Your HSA becomes active on the date you deposit money through payroll deduction and/or the state deposits money into your HSA.
- Your HRA becomes active on the date that you receive a reward payment through the Shared Savings Program.



WHEN COVERAGE SUSPENDS

Premium payments for State Group Insurance plans are made one month in advance of the coverage month (e.g., you pay for July coverage in June). If your account becomes underpaid, the underpayment will be deducted from your next payroll (up to \$180 for employees paid bi-weekly or up to \$360 for employees paid monthly) in addition to your regular monthly premium payroll, and payroll deductions will continue each payroll cycle until the outstanding balance is paid in full. In addition to, or in lieu of payroll deductions, you may coordinate payment with People First.

Any time your insurance premium is underpaid by more than one month, coverage will be suspended. This means that your insurance is temporarily unavailable. If you go to the doctor's office or the pharmacy, you will have to pay out-of-pocket for services and prescriptions. Once you pay the underpayment in full, you can file a claim with your insurance provider to seek reimbursement for eligible expenses that were incurred during the period of suspension.

Avoid this situation by keeping your address updated in People First, reading notices from People First, and taking

quick action to pay any underpayments.

WHEN COVERAGE ENDS

All coverage ends as follows, unless you elect COBRA for a COBRA-eligible benefit (e.g., health, dental, vision):

- **Employees:** When you end employment with the state, coverage ends for you and any covered dependents the last day of the month following the month of termination. For example, if your last day of work is June 23, coverage ends July 31.
- **Retirees, COBRA participants, layoff participants, and surviving spouses:** You have until the last day of the coverage month to pay the premium. If you have made no payment, coverage will end, and you will not be permitted to re-enroll. Avoid this situation by submitting your payment to People First by the tenth day of the month before next month's coverage. For example, submit July's payment before June 10. COBRA participants may have coverage for up to 18, 29, or 36 months depending on your event; layoff participants may have coverage for up to 24 months.
- **Surviving spouse:** If you remarry, coverage ends the last day of the month of your marriage. You and your new spouse may continue health insurance through COBRA for a limited time.
- **Dependents:** Coverage ends for dependents when your coverage ends or when they lose eligibility—the last day of the month of a divorce (ex-spouse and ex-stepchildren), their death or your death, or the last day of the calendar year in which they meet the age limits (see page 8). Dependent grandchildren lose coverage at the end of the month in which they turn 18 months of age, or if their parent ceases to be covered under the plan.



NOTES

TAKE NOTES

There are notes sections throughout the guide for your convenience.

HEALTH AND WELLBEING

Your total health is important to us. We offer a variety of benefits to keep you physically and mentally healthy. Take time to read about your options so that you can make informed decisions about the State Group Insurance plans that are best for you.

Regardless of which plan you select, you should select a primary care provider to manage your care and take advantage of free preventive services to monitor your health.

HEALTH INSURANCE PLANS

We offer four health insurance plans to members throughout Florida. Each plan provides comprehensive major medical and prescription drug coverage, as well as preventive care benefits and wellness programs.

1. The standard Preferred Provider Organization (PPO), administered by Florida Blue, provides coverage in and out-of-network. You must meet a deductible and pay coinsurance or pay copayments. You can self-refer to many specialists, and you have access to a nationwide network (BlueCard Program®) and the international BCBS Global® Core Program.
2. The high deductible PPO works like the standard PPO, except you have a higher deductible to meet before the plan pays for anything (except for certain preventive services). Once you meet your deductible,



you pay coinsurance for all services and prescription drugs. You may enroll in an HSA if you meet eligibility requirements to help offset your out-of-pocket costs.

3. Standard health maintenance organization (HMO) services are provided by Aetna, AvMed, Capital Health Plan, and UnitedHealthcare. One of these HMO plans is offered in each county in the State of Florida. HMOs cover only in-network services, except in certain emergency situations. You pay copayments for services provided in the HMO's network, and you may be required to have a primary care provider and referrals to some specialists.
4. The high deductible HMO works like the standard HMO, except you have a higher deductible to meet before the plan pays for anything (except for certain preventive services). Once you meet your deductible, you pay coinsurance for all services and prescription drugs. You may enroll in an HSA if you meet eligibility requirements to help offset your out-of-pocket costs.

\$0 COPAY - TELEHEALTH VENDOR VISIT

Check with your provider about available telehealth opportunities.



Embrace better health.®



USE EMERGENCY ROOMS FOR EMERGENCIES

Did you know that going to an emergency room costs you **four times** as much as going to urgent care? Did you also know that it can cost the plan **10 times** more, sometimes higher? A procedure that costs your health plan \$100 in an urgent care facility can cost more than \$1,000 in an emergency room. Why should you care? When costs for the plan increase, premiums increase. You may not see the cost as an employee, but you will see it as a retiree.

Help keep costs low. If you have a primary care provider, you can often schedule an office visit on the same day. Urgent care centers have extended hours for whenever the unexpected occurs. Save money, and save the emergency room visit for life-threatening illnesses and accidents.



\$0 COPAY - TELEHEALTH VENDOR VISIT

Check with your provider about available telehealth opportunities.

LEARN MORE

Compare these side-by-side.

- Review the online provider directory to ensure that your desired doctors and specialists are in the network.
- Read your health plan's Summary Plan Description (SPD) for detailed coverage information and exclusions.

To see a comparison of the wellness benefits of each plan, view the [Wellness Benefits Comparison Chart](#).

NOTES

HEALTH PLAN SUMMARY COMPARISON CHART (EXCLUDING MA-PD PLANS)

	Standard			High Deductible (Pair with Health Savings Account)		
	HMO	PPO		HMO and PPO		PPO Only
Your Costs:	Network Only	Network	Out of Network	Network	Out of Network	
Annual Deductible (You pay this amount first before the plan pays anything, except for preventive care.)	None	\$250 \$500 Single Family	\$750 \$1,500 Single Family	\$1,400 \$2,800 Single Family	\$2,500 \$5,000 Single Family	
Global In-Network Annual Out-of-Pocket Maximum	\$8,700 \$17,400 per indiv. per family (combined pharmacy and medical)	\$8,700 \$17,400 per indiv. per family (combined pharmacy and medical)	N/A	\$4,400 \$8,800 (PPO) \$3,000 \$6,000 (HMO) per indiv. per family (combined pharmacy and medical)	N/A	
Preventive Care ¹	No charge	No charge; no deductible	Amount between charge and out-of-network allowance; no deductible	No charge; no deductible		Amount between charge and out-of-network allowance; no deductible
Primary Care	\$20 copayment	\$15 copayment	40% of out-of-network allowance plus the amount between the charge and the out-of-network allowance	Deductible then 20% of network allowed amount	Deductible then 40% of out-of-network allowance plus amount between charge and out-of-network allowance	
Specialist	\$40 copayment	\$25 copayment				
Urgent Care	\$25 copayment	\$25 copayment	\$25 copayment			Deductible then 20% of out-of-network allowance
Emergency Room	\$100 copayment	\$100 copayment	\$100 copayment			
Hospital Stay	\$250 copayment	20% after \$250 copayment	40% after \$500 copayment plus the amount between charge and out-of-network allowance	Deductible then 20% of network allowed amount	Deductible, \$1,000 copay, then 40% of out-of-network allowance plus the amount between charge and out-of-network allowance	
Generic Drugs Preferred Brand Non-Preferred Brand	\$7 \$30 \$50 Network Retail (up to 30-day supply)		Pay in full; file claim for reimbursement	After paying deductible, 30% 30% 50% Network Retail and Mail Oder		Pay in full; file claim for reimbursement
	\$14 \$60 \$100 Mail Order or Participating 90-Day Retail (up to 90-day supply)					
Monthly Premiums:	We Deduct Your Premium a Month in Advance (e.g., December 2020 for January 1, 2021, coverage)					
Career Service/OPS	\$50.00 Single		\$180.00 Family	\$15.00 Single		\$64.30 Family
Select Exempt Service/ Sr. Management Service	\$8.34 Single		\$30.00 Family	\$8.34 Single		\$30.00 Family
Spouse Program	\$30.00 (\$15 each employee)			\$30.00 (\$15 each employee)		
Over-age Dependents (age 26- 30)	\$813.46 Each			\$736.80 Each		
COBRA	\$829.73 Single		\$1,867.70 Family	\$751.54 Single		\$1,664.69 Family
Retiree < Age 65	\$813.46 Single		\$1,813.08 Family	\$736.80 Single		\$1,632.05 Family
Medicare Tiers ² :	Medicare I	Medicare II	Medicare III	Med I	Med II	Med III
Retiree ≥ Age 65 or on SSI Disability	\$430.18	\$1,243.63	\$860.35	\$324.26	\$1,061.06	\$648.52
Capital Health Plan	\$282.62	\$1,054.31	\$565.24	\$257.23	\$950.54	\$514.46

¹ Preventive care based on age and gender.

² Medicare I = single coverage for retired participant eligible for Medicare. Medicare II = family coverage for two or more and at least one is Medicare eligible. Medicare III = family coverage for retiree and one dependent, and both are Medicare eligible.

MEDICARE ADVANTAGE & PRESCRIPTION DRUG PLANS



The Division of State Group Insurance offers Medicare-eligible retirees three qualified group Medicare Advantage and Prescription Drug Plans (MA-PDs) for 2022:

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

An MA-PD 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.

Along with lower monthly premiums, MA-PD plans may offer:

- Defined out-of-pocket costs for preventative care, specialist visits, and home health services.
- Expanded benefits for routine vision, hearing, and dental services.
- Access to fitness programs and caregiver support.

Enrollment in a new MA-PD plan is optional and you can enroll year-round. If you enroll in an MA-PD plan during Open Enrollment, your effective date of coverage is Jan. 1, 2022. 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 2022, see the [MA-PD Premium Rate Table](#).

NOTES



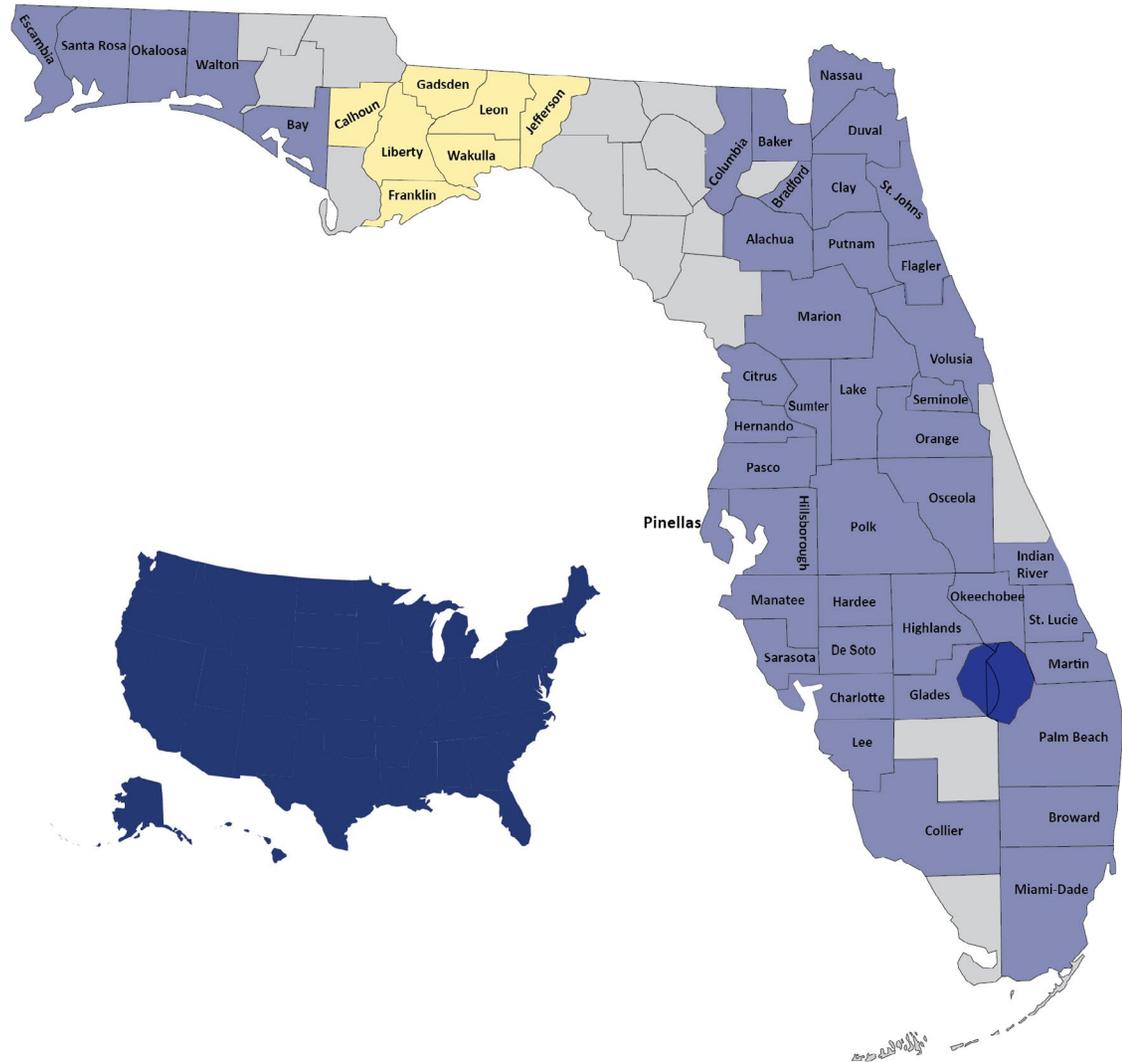
2022 CONTRACTED MEDICARE ADVANTAGE & PRESCRIPTION DRUG (MA-PD) PLAN SERVICE AREAS

HMO

- Capital Health Plan (MA-PD HMO Plan)
- Humana (MA-PD HMO Plan)
- Counties with no MA-PD HMO Plans

PPO

- UnitedHealthcare (MA-PD PPO Plan)¹



¹Available nationwide, including all 67 counties in FL.

PRESCRIPTION DRUG PLAN



CVS Caremark administers prescription drug benefits for all health insurance enrollees (except Medicare Advantage members). Prescription drug costs can differ depending on your health plan, the number of days' supply, and whether you buy generic, preferred brand, or non-preferred brand drugs.

You and your covered family members can get your no-cost routine vaccinations, including flu shots, at any In-Network pharmacy participating in the CVS Caremark Broad Vaccination Network. Before you go, call the pharmacy to make sure the immunization you need is available and if an appointment is required. Retail pharmacies practice within the parameters of state and federal laws and regulations; it is possible that not all vaccinations will be available for everyone, i.e., some pharmacies may not be legally allowed to vaccinate children.

To locate an In-Network retail pharmacy participating in the Broad Vaccination Network, go to www.Caremark.com/sofrxplan or log in at www.Caremark.com; click on Find a Pharmacy or Pharmacy Locator; enter the applicable zip code or city and state; click on Advanced Options; and click on Vaccine Network. Pharmacies that participate in the Broad Vaccination Network are identified with a syringe icon.

You can create an account at www.Caremark.com to see your prescription drug history, order refills, and check the status of your mail-order drugs. CVS Caremark offers an online transparency tool to allow employees to see the cost of their prescription drugs, find out about generic options, and get the best value for their medications. You can access this tool by logging into your CVS Caremark account online or via the CVS Caremark App.

GO MOBILE

Download CVS Caremark's mobile app by scanning the QR code below with your smartphone. Use the app to manage your account, see your ID card and more.



TELEHEALTH

Effective Jan. 1, 2022, telehealth services are covered for all primary care and specialty appointments. Telehealth services are provided remotely through a two-way interactive electronic device, and must include both audio and visual communication.

Telehealth options include visits through:

- A telehealth vendor using the vendor’s network of providers.
- A virtual visit with your network/non-network (non-network for PPO plan only) doctor using their selected technology.

The benefits of using telehealth:

- No co-pay when a telehealth vendor is used.
- Increased access.
- Convenient, easy to schedule and no travel necessary.

Contact your plan/provider to learn more about covered telehealth services.



TELEHEALTH VENDOR		
	Standard	HDHP
FL Blue (PPO)	Network: \$0; Non-Network: N/A	Network: No Per Visit Fee, subject to Calendar Year Deductible; Non-Network: N/A
Aetna, AvMed & UHC	\$0	Network: No Per Visit Fee, subject to Calendar Year Deductible; Non-Network: N/A
CHP	\$0	Network only: No Per Visit Fee, subject to Calendar Year Deductible

PROVIDER VIRTUAL/TELEHEALTH VISIT		
	Standard	HDHP
FL Blue (PPO)	Network: \$15 (PCP), \$25 (Spec, per applicable, approved Spec); Non-Network: Coinsurance 40% plus 100% of amount over the allowance (balance bill)	Network: Calendar Year Deductible and Coinsurance of 20%; Non-Network: Calendar Year Deductible and Coinsurance of 40% plus 100% of amount over the allowance (balance bill)
Aetna, AvMed & UHC	\$20 Network (PCP); \$40 Specialist; \$25 Urgent Care	Network only: 20% coinsurance, subject to Calendar Year Deductible
CHP	\$20 Network (PCP); \$20 Network (PCP); \$25 Urgent Care	Network only: 20% coinsurance, subject to Calendar Year Deductible

WEIGHT MANAGEMENT PROGRAM



Lose weight and live a healthier lifestyle with the State of Florida's Weight Management Program!

Program Benefits

Take advantage of the benefits offered by the Weight Management Program.

CDC-Approved Curriculum on Healthy Lifestyle Changes

- Lessons
- Handouts
- Other Resources

Program Lifestyle Coach

- Leads the program
- Helps you learn new skills
- Encourages you to set & meet goals
- Keeps you motivated
- Facilitates discussions
- Helps make the programs fun & engaging

Program Support Group

- Share ideas
- Celebrate successes
- Work to overcome obstacles

2,243

Total number of participants*

14 lbs

Average annual participant weight loss*

9,090 lbs

Total weight lost by participants*

That's more than the combined weight of the 2021 Florida State University football team linebackers TRIPPLED!**



To learn more about the Weight Management Program by capturing the QR code to the left with your smartphone, or visit mybenefits.myflorida.com.

*Data accumulated since pilot program inception in 2018. | **Source: [Noles247 Website](https://www.noles247.com), Aug. 6, 2021

DIABETES MANAGEMENT PILOT PROGRAM



One in ten State Group Insurance Program members has Type 2 Diabetes*

37,956

Number of State Group Insurance Program members with Type 2 Diabetes*

Added Benefits

Participants will become aware of ways to manage their Type 2 Diabetes.



Lose weight



Eat healthy food



Be active



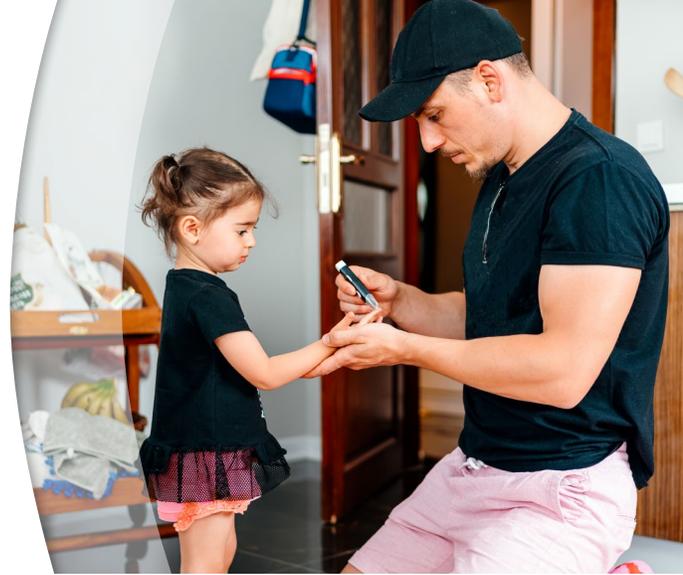
Take medicine as prescribed



Diabetes education and support



Keep health care appointments



Program Goal and Benefits

The Program's goal is to measure meaningful clinical outcomes of participants including a reduction in HbA1c and hypoglycemia levels.



A cellular meter that provides real time feedback for glucose readings.



Continuous remote monitoring with emergency outreach.



Live coaching from certified diabetes educators.



To learn more about the Diabetes Management Pilot Program, scan the QR code to the left, with your smartphone, or visit mybenefits.myflorida.com.



*Data Source: 2019 Claims, Benefitfocus Health Analytics

Learn more: mybenefits.myflorida.com | Enroll online: peoplefirst.myflorida.com
Easy step-by-step instructions to enroll using People First.

EMPLOYEE ASSISTANCE PROGRAM (EAP)



KEPRO EAP is available to provide free services to all benefits-eligible employees. The EAP has an abundance of resources to help you manage everyday challenges or significant life events through a robust support network of local resources.

Legal and financial consultations.

You can schedule a free, first-time consultation (up to 30 minutes) with an attorney or financial consultant on a variety of legal and money management concerns.



Please see KEPRO's contact information below, to learn more about your EAP or to request services.

Call Toll-Free: 1 (833) 746-8337

TTY: 1 (877) 334-0499

www.MyLifeExpert.com

Company Code: FLORIDA

The Employee Assistance Program is available to provide:

24 hours a day, 7 days a week, 365 days a year, confidential counseling and support. Any time of the day or night, weekends, and holidays, you will be able to reach an EAP professional. The EAP offers counseling sessions, and all discussions between you and your EAP professional are confidential.

GO MOBILE

EAP provides online and mobile access to resources and referrals. The EAP website allows you to connect to a robust offering of childcare, eldercare, and daily living resources in addition to other useful information and self-assessment tools.

Scan the QR code to the left to visit mylifeexpert.com from your mobile device.

SHARED SAVINGS PROGRAM



Are you in need of a healthcare procedure? Search for your procedure online using the Healthcare Transparency Tool through Healthcare Bluebook.

If you need a non-emergency surgery, call SurgeryPlus at (855) 752-6170 and a SurgeryPlus Care Advocate will assist you in bundling all surgery costs into one, lower rate.

By searching for and bundling your services, you can save money and earn rewards. You can choose to deposit your reward to your HSA, FSA, or HRA. If you don't have an HSA, FSA, or HRA — your reward amount will automatically credit to an HRA account that will be created for you.

To date, the Shared Savings Program has generated:

\$15.1 MILLION*
IN NET SAVINGS

&

\$3.4 MILLION*
IN REWARDS

*Totals for Jan. 2019 through June 2021.

Take the Shared Savings Program with you wherever you go!

HEALTHCARE BLUEBOOK



Use the app to search & save!

Mobile Access Code: SOF

SURGERYPLUS



Call (855) 752-6170 to bundle & save!



Check out more reward-eligible procedures at mybenefits.myflorida.com/health/shared_savings_program.

*Rewards based on 2021 figures and are subject to change annually.



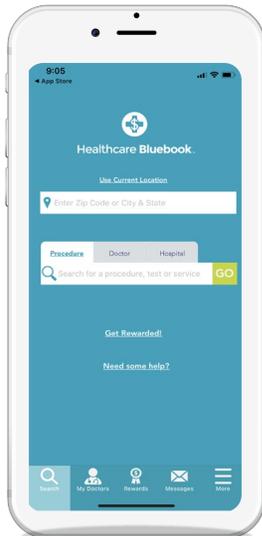
SHARED SAVINGS PROGRAM

HEALTHCARE TRANSPARENCY TOOL

Examples of reward-eligible procedures at **GREEN**-rated facilities for you and your dependents through Healthcare Bluebook.

Ear Tube Placement

\$500



\$1,850

Complex Ear Drum Repair

Arm ACT

\$145



\$145

Leg CT

Ankle MRI

\$500

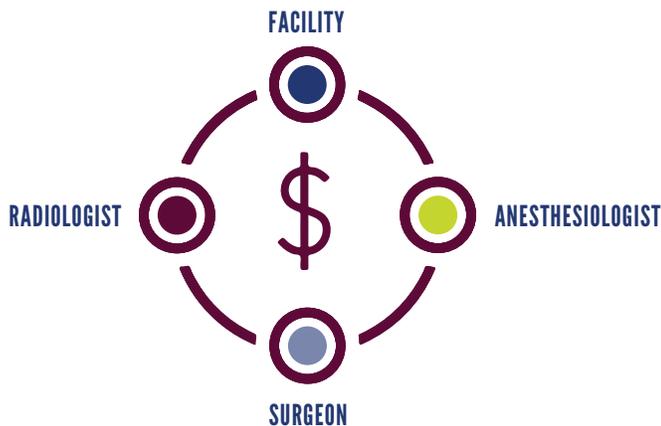


\$500

Leg CT

ONE SIMPLE, BUNDLED RATE

Bundle your healthcare services with the help of a SurgeryPlus Care Advocate by calling (855) 752-6170.



Check out more reward-eligible procedures at mybenefits.myflorida.com/health/shared_savings_program.

*Rewards based on 2021 figures and are subject to change annually.



SAVINGS AND SPENDING ACCOUNTS



HEALTH REIMBURSEMENT ACCOUNT (HRA)

Chard Snyder is the administrator of two types of HRAs that reimburse you for eligible out-of-pocket expenses. Use the prepaid Chard Snyder Benefit Card at the time of service as a convenient payment option wherever most credit cards are accepted.

- HRA—is a pretax account available to you if you are enrolled in a standard health plan. You can use the funds to pay for eligible medical, dental, and vision expenses.
- Post-deductible HRA—is a pretax account that is available to you if you are enrolled in a high deductible health plan. After you meet the annual, federal deductible, you can use the funds to pay for eligible medical, dental, and vision expenses.

For the HRA and post-deductible HRA, Dec. 31, 2022, is the last day to incur claims for the 2022 plan year, and you must submit all claims by April 15, 2023. However, unlike an FSA, if you have funds remaining at the end of 2022, all funds will carry over to the next plan year. The HRA is employer-funded only, which means you cannot contribute to the account. There is no limit on the amount of funds in an HRA.

As long as you are enrolled in a State Group Insurance health plan, you may continue your HRA. This applies to COBRA coverage, retiree coverage, and surviving spouse coverage.

Find out [how each account works](#) or visit the [chart](#).

FLEXIBLE SPENDING ACCOUNT (FSA)

Chard Snyder is the administrator of three types of Flexible Spending Accounts (FSA) that give you a tax break on eligible out-of-pocket expenses. Use the prepaid Chard Snyder Benefit Card at the time of service as a convenient payment option wherever most credit cards are accepted. Employees must contribute a minimum of \$60 per year to initiate an FSA.

- Healthcare FSA—you contribute up to \$2,750 each plan year on a pretax basis to pay for eligible healthcare expenses.
- Limited purpose FSA—you contribute up to \$2,750 each plan year on a pretax basis to pay for eligible dental and vision expenses (can be paired with a health savings account).
- Dependent care FSA—you contribute up to \$5,000 each plan year on a pretax basis to pay for the care of your natural, adopted, and foster children who have not reached their 13th birthday, and family members who cannot physically or mentally care for themselves.

For the healthcare FSA and limited purpose FSA, Dec. 31, 2021, is the last day to incur claims for the 2021 plan year, and you must submit all claims by April 15, 2022. Otherwise, if you have funds remaining at the end of 2021, a maximum of \$550 will carry over to the next plan year, while any funds in excess of \$550 will be forfeited.

SAVINGS AND SPENDING ACCOUNTS CONT.



For the dependent care FSA, March 15, 2022, is the last day to incur claims for the 2021 plan year, and you must submit all claims by April 15, 2022. Otherwise, you lose any remaining money.

HEALTH SAVINGS ACCOUNT (HSA)

An HSA is a tax-advantaged account available to you if you enroll in a high deductible health plan. You don't pay taxes on any money you deposit into it, and you won't pay taxes when you use money from the account to pay for eligible healthcare expenses like deductibles and coinsurance. Once enrolled and your HSA Advantage bank account is opened through Chard Snyder, you will receive the state's monthly deposit of \$41.66 for single coverage and \$83.33 for family coverage (\$500 and \$1,000 annually, respectively). Unused funds roll over each year, and you can take your HSA with you when you leave state employment.

Find out [how this account works](#) or visit the [comparison chart](#).

CHARD SNYDER MOBILE APP

You can quickly check your account balances and details with the Chard Snyder mobile app.



Scan the QR code to the right with your smartphone and download the Chard Snyder mobile app on your Apple or Android device.

CHARD SNYDER BENEFIT CARD

Swipe your Benefit Card at the cash register in stores and at doctors, dentists, orthodontists and optical providers. The card recognizes which items and services are eligible for your plan. Use it at some dependent care locations, too.



2022 Savings and Spending Accounts Comparison Chart

Flexible Spending Accounts (FSA)			Health Savings Account (HSA)	Health Reimbursement Account (HRA) and Post-Deductible HRA
Healthcare FSA	Limited Purpose FSA	Dependent Care FSA		
How it Works				
<p>You contribute pretax money into the account through payroll deductions to pay for eligible medical, dental and vision expenses, prescriptions, over-the-counter medications and menstrual hygiene products.</p> <ul style="list-style-type: none"> Use the Benefit Card to pay for eligible services and items; Pay your provider directly from your account online; or Pay out of pocket for eligible medical expenses, then submit claims to be reimbursed. 	<p>You contribute pretax money into the account through payroll deductions to pay for eligible dental and vision expenses.</p> <ul style="list-style-type: none"> If you are enrolled in a High Deductible Health Plan (HDHP), you can choose a Limited Purpose FSA. You cannot choose a Healthcare FSA if you are enrolled in an HDHP and eligible for the HSA. Use the Benefit Card to pay for eligible services and items; Pay your provider directly from your account online; or Pay out of pocket for certain eligible expenses, then submit claims to be reimbursed. 	<p>You contribute pretax money into the account through payroll deductions. You get reimbursed for eligible services (not healthcare related) to care for children 12 years and younger or a dependent age 13 and older who live with you at least 8 hours a day and who need supervised care, such as an elderly parent or spouse with a disability. Use funds to care for your natural, adopted and foster children 12 years and younger and for family members who cannot physically or mentally care for themselves while you are working or going to school.</p> <ul style="list-style-type: none"> Use the Benefit Card to pay for eligible dependent care services; Pay your provider directly from you account online; or Pay out of pocket for eligible dependent care expenses, then submit claims to be reimbursed. 	<p>The State contributes pretax money to your personal bank account each month for you to pay for eligible health expenses and save for future costs. You may also deposit pretax money into the account. Enroll in an HDHP online in People First, which automatically opens your HSA Advantage™ account.</p> <ul style="list-style-type: none"> The State contributes \$41.66/month for single coverage (up to \$500/yr) and \$83.33/month for family coverage (up to \$1,000/yr). Pay for eligible expenses from this savings account at time of service or purchase; Pay your provider directly from your account online; or Pay out of pocket for eligible expenses, then reimburse yourself from the account. <p>Employees can contribute to their HSA at age 65 as long as they are an eligible individual and have not enrolled in Medicare Parts A, B, or D. In addition, the employee is required to obtain a letter from Medicare that shows they have deferred enrollment and provide that letter to the People First Service Center. Once enrolled in Medicare, they can no longer continue making contributions to their HSA account.</p>	<p>Shared Savings Program rewards are credited to your account as they are earned. HRA money is used to pay for eligible medical, dental and vision expenses, prescriptions, over-the-counter medications and menstrual hygiene products.</p> <ul style="list-style-type: none"> Use the Benefit Card to pay for eligible services and items; Pay your provider directly from your account online; or Pay out of pocket for eligible expenses, then submit claims to be reimbursed. <p>The Post-Deductible HRA works the same way except funds are not available for use until you have met the federal health plan deductible. Single deductible is \$1,400 and Family deductible is \$2,800.</p>
Who is Eligible				
Active employees, who are benefits eligible.	Active employees, who are benefits eligible.	Active employees, who are benefits eligible.	Active employees, who are enrolled in an HDHP.	All State Group Insurance Program health plan enrollees are eligible. If you enroll in an HDHP, you are only eligible for the Post-Deductible HRA. Your HRA becomes active once your first reward has been credited to the account.
Shared Savings Program Rewards				
<p>Yes. Earn up to \$500 in Shared Savings rewards. Earnings over \$500 will be deposited into an HRA.</p> <p>Shared Savings Program rewards are credited to your account on January 1st of the following plan year (the plan year after the reward is earned).</p>	<p>Yes. Earn up to \$500 in Shared Savings rewards. Earnings over \$500 will be deposited into an HRA.</p> <p>Shared Savings Program rewards are credited to your account on January 1st of the following plan year (the plan year after the reward is earned).</p>	<p>No. Shared Savings Program rewards are only credited to one of the health spending or savings plans.</p>	<p>Yes. Earn up to the annual contribution limit in Shared Savings rewards.</p> <p>Shared Savings Program rewards are credited to your account as they are earned.</p>	<p>Yes. There is no limit in the amount of Shared Savings rewards earned.</p> <p>Shared Savings Program rewards are credited to your account as they are earned.</p>

2022 Savings and Spending Accounts Comparison Chart

Flexible Spending Accounts (FSA)			Health Savings Account (HSA)	Health Reimbursement Account (HRA) and Post-Deductible HRA
Healthcare FSA	Limited Purpose FSA	Dependent Care FSA		
Employee Contribution Limit				
Yes. \$60 minimum/year. \$2,750 maximum/year	Yes. \$60 minimum/year. \$2,750 maximum/year.	Yes. \$60 minimum/year. \$5,000 maximum/year/ household.	Yes. No minimum contribution. \$3,650/year for single coverage \$7,300/year for family coverage (Limits include the state's contribution.) Employees ages 55+ may make catch-up contributions of an additional \$1,000/year.	Employer funded, through rewards earned by utilizing the Shared Savings Program.
When is Money Available				
The total amount of your annual election is available January 1 (for open enrollment) or on your enrollment date (for new hires or if you have an appropriate Qualifying Status Change (QSC) event). Shared Savings Program rewards are not available until January 1st of the year after the reward is earned and credited to the account.	The total amount of your annual election is available January 1 (for open enrollment) or on your enrollment date (for new hires or if you have an appropriate QSC event). Shared Savings Program rewards are not available until January 1st of the year after the reward is earned and credited to the account.	Money is credited to your account after each payroll deduction. You can use only the balance in your account at the time of payment for dependent care services.	Money is credited to your account as the State deposits amounts into your Chard Snyder HSA Advantage™ personal savings account.	HRA funds will be available within 5 business days of the reward notification to Chard Snyder. If you choose a Post-Deductible HRA, funds are available for use after you have met the deductible. Single deductible is \$1,400 and Family deductible is \$2,800.
Payment Card				
Yes. The Chard Snyder Benefit Card.	Yes. The Chard Snyder Benefit Card.	Yes. The Chard Snyder Benefit Card.	Yes. The Chard Snyder Benefit Card.	Yes. The Chard Snyder Benefit Card.
Deadline to Use Funds				
Yes. Incur eligible expenses by December 31 and submit claims to Chard Snyder by April 15 of the next plan year. If any funds are remaining, up to \$550 will be carried forward into the following plan year. Amounts over \$550 will be forfeited.	Yes. Incur eligible expenses by December 31 and submit claims to Chard Snyder by April 15 of the next plan year. If any funds are remaining, up to \$550 will be carried forward into the following plan year. Amounts over \$550 will be forfeited.	Yes. Grace period to incur eligible expenses ends March 15 of the next plan year. All claims must be submitted to Chard Snyder by April 15 of the next plan year. Any amount remaining will be forfeited.	No. HSA works just like your savings account. Balance rolls over from year to year; take the money with you if you leave state employment.	Yes. Incur eligible expenses by December 31 and submit claims to Chard Snyder by April 15 of the next plan year. Balance rolls forward to next plan year, as long as enrolled in a State Group Insurance Program health plan.
Health Plan				
No requirement to be in a State Group Insurance Program health plan.	High Deductible PPO or High Deductible HMO.	No requirement to be in a State Group Insurance Program health plan.	High Deductible PPO or High Deductible HMO.	Any State Group Insurance Program health plan.
Enroll in Another Savings or Spending Account				
Yes. Dependent Care FSA and/or HRA.	Yes. HSA, Dependent Care FSA, and/or Post-Deductible HRA.	Yes. Healthcare and Limited Purpose FSA, HSA, HRA or Post-Deductible HRA.	Yes. Limited Purpose FSA, Dependent Care FSA, and/or Post-Deductible HRA.	Yes. Healthcare FSA, Limited Purpose FSA, and/or Dependent Care FSA. If enrolled in an HDHP, you must choose the Post-Deductible HRA.

LIFE INSURANCE

The State Group Insurance Program offers group term life insurance to eligible employees and retirees through [Securian Financial](#). Designate your [beneficiary](#) or beneficiaries when you enroll and review your designations periodically to account for changes. Learn about some of the available [plan features](#).



LIFE INSURANCE OPTIONS			
Type	Benefit Amount	Enrollment	Monthly Premium
Basic Life	\$25,000	<ul style="list-style-type: none"> Salaried, full-time employees automatically enrolled Part-time and OPS employees must enroll 	<ul style="list-style-type: none"> Salaried, full-time: no premium Part-time: pro-rated premium OPS: \$3.58
Optional Life (salaried employees only)	One to seven times your base annual earnings (\$1 million max)	Guaranteed issue for new hires up to 5x salary (\$500,000 max); up to 7x if you qualify (\$1 million max)	Varies by coverage level, salary, and age
Dependent Spouse	\$15,000 \$20,000	Guaranteed issue if you enroll when first hired or you marry	\$5.18 \$6.90
Dependent Child	\$10,000 per each child	Guaranteed issue	\$0.85 (covers all eligible children)
Basic Life for Retirees	\$2,500 \$10,000	Continue life insurance when you retire	\$5.32 \$21.26

ADDITIONAL LIFE BENEFITS	
Benefit	Coverage
Accidental Death and Dismemberment	Varies between 25% to 100% of coverage (employees only)
Accelerated Death (advanced life insurance funds in certain situations)	Up to 100% of your life insurance, including your optional life coverage
Repatriation (Covers the cost of transporting the deceased home if death occurred 75+ miles away)	Up to \$5,000
Legal Services	Phone access to a national network of attorneys
Legacy Planning Services	Help with end-of-life issues when dealing with a loss or planning for one's passing
Beneficiary Financial Counseling	Counseling to beneficiaries who receive at least \$25,000

SUPPLEMENTAL INSURANCE

The State Group Insurance Program offers dental, vision, and other supplemental insurance plans to eligible employees on a pretax basis. You pay the full premium for all supplemental plans. The state does not contribute. You may continue dental and vision through COBRA upon the termination of employment, including retirement, or convert other plans by calling the insurance company directly.



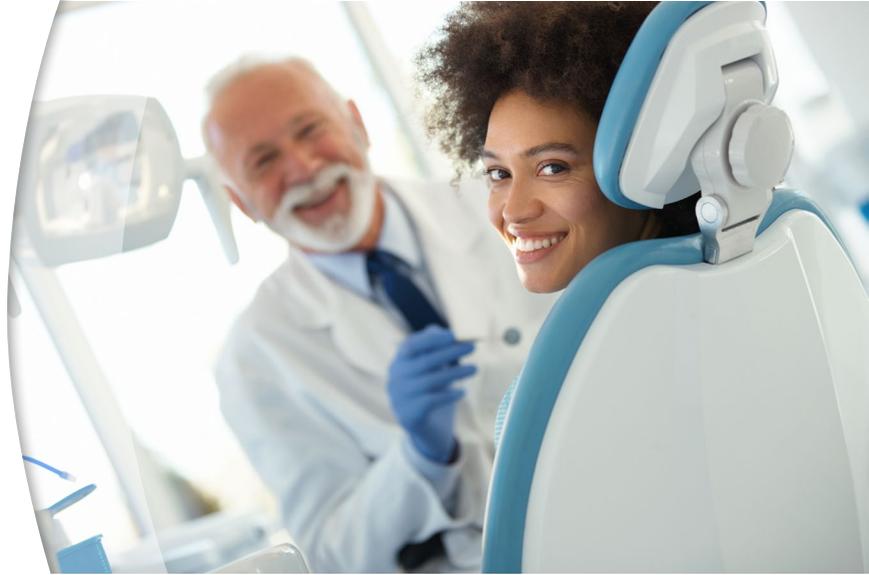
DENTAL PLANS

Take control of your total health. Review the dental plan options carefully. Some have limited networks and pay only for services performed by network dental care providers. Some provide in and out-of-network benefits.

Be sure the plan you select has plenty of dentists in your area who are accepting new patients. You can't change dental plans because you don't like the dentists or because your dentist leaves the network.

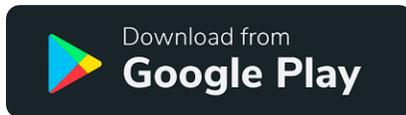
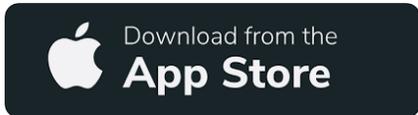
Dental Plans Comparison Chart				
	Prepaid Dental (DHMO) (Sun Life, Cigna, Humana)	Dental Preferred Provider Organization (DPPO) (Ameritas, MetLife)	Dental Indemnity with a DPPO Network Plan (Ameritas, MetLife, Sun Life)	Dental Indemnity Plan (Humana)
Definition	Must use only network dental providers. No coverage for out-of-network services.	May use any dental provider, but you pay less when using network dental providers.	May use any dental provider, but pay discounted rates when using network dental providers.	May use any dental provider, but you pay first and then get reimbursed a set fee (scheduled amount) for covered services.
Choice of Providers	Network only.	In-or-out of network.	In-or-out of network.	Any you choose.
Preventive Care (no deductible)	No charge for most preventive services.	No charge in network; you pay 20% of costs for out of network.	You pay cost above set dollar amount.	You pay cost above set dollar amount.
Deductible	No.	Yes, for basic and major care.	Yes, for basic and major care.	Yes, for basic and major care.
Basic and Major Care	You pay set copays or a percentage of cost.	You pay a percentage of cost for the Standard plan. However, for the Preventive plan you will pay the full negotiated rate for major care.	You pay cost above a set dollar amount or a percentage of cost.	You pay cost above a set dollar amount.
Calendar Year Maximum	No.	Yes.	Yes.	Yes.
You Should Know	Your dentist could leave the network at any time. This is not a qualifying status change (QSC) event to cancel or change dental plans or coverage levels.	You pay all charges above the annual maximum each calendar year. Thus, your costs will be higher if you see an out-of-network dental provider.		You pay all charges above the annual maximum each calendar year. Dentist fee are not negotiated by insurer and dentists may charge any amount they choose per procedure.
People First Plan Code and Plan Name	4025 Sun Life Prepaid 225 4034 Cigna Dental 4044 Humana HD205	4022 Ameritas Standard PPO 4023 Ameritas Preventive PPO 4032 MetLife Standard PPO 4033 MetLife Preventive PPO	4021 Ameritas Indemnity w/PPO 4031 MetLife Indemnity w/PPO 4074 Sun Life Indemnity PPO	4084 Humana Schedule B

DENTAL PLAN MONTHLY PREMIUMS



People First Plan Code	Plan Name	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
4021	Ameritas Indemnity w/PPO	\$46.50	\$86.24	\$98.20	\$141.80
4022	Ameritas Standard PPO	\$38.60	\$72.32	\$80.96	\$117.88
4023	Ameritas Preventive PPO	\$27.98	\$52.92	\$56.64	\$82.96
4031	MetLife Indemnity w/PPO	\$51.92	\$96.04	\$107.32	\$155.80
4032	MetLife Standard PPO	\$36.60	\$67.72	\$75.66	\$109.86
4033	MetLife Preventive PPO	\$25.08	\$46.38	\$51.84	\$75.24
4025	Sun Life Prepaid 225	\$14.93	\$25.17	\$33.26	\$43.54
4074	Sun Life Indemnity PPO	\$43.55	\$ 83.61	\$ 98.83	\$130.35
4034	Cigna Prepaid	\$ 24.01	\$ 47.31	\$ 56.41	\$72.06
4044	Humana HD205	\$ 12.64	\$ 21.20	\$ 23.00	\$ 32.98
4084	Humana Schedule B	\$ 14.74	\$ 21.96	\$ 23.30	\$ 37.10

DENTAL PLANS MOBILE APPS AVAILABLE



Sun Life Dental and Ameritas Dental do not have mobile apps available at this time. You can access your account online by clicking on the respective logo below.



VISION PLAN



Humana offers eye exams and materials coverage.

Caring for your eyes is an essential part of your overall health and wellness. That’s why the State offers you competitive vision coverage at affordable rates through Humana Vision. Coverage is also available to retirees through COBRA and COBRA participants if they were enrolled prior to termination. Click [here](#) to find out if you are eligible for these benefits.

VISION PLAN CHART				
Exam and Materials				
Benefit Frequency (based on the service date and not per calendar year)				
Exam Every	12 months			
Lenses Every	12 months			
Frames Every	24 months			
Benefits	In Network		Out of Network	
Eye Exam	100% after you pay \$10 copay		\$40 allowance	
Lenses:				
Single	100% after you pay \$10 copay		\$40 allowance	
Bifocal	100% after you pay \$10 copay		\$60 allowance	
Trifocal	100% after you pay \$10 copay		\$80 allowance	
Scratch Resistance Lenses	\$25 allowance		Not Covered	
Anti-Reflective Lenses	\$50 allowance		Not Covered	
Frames	\$75 wholesale allowance		\$60 retail allowance	
Contact Lenses				
Elective	\$150 allowance		\$75 allowance	
Medically Necessary	100%		\$100 allowance	
LASIK	Receive a 25% discount off the usual and customary price or 5% off advertised promotions or specials for LASIK services from in-network providers. Discount covers consultations, laser procedure, follow-up visits, and any additional necessary corrective procedures.			
Monthly Premium	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
	\$6.96	\$13.74	\$13.60	\$21.36

OTHER SUPPLEMENTAL PLANS



The following supplemental plans pay benefits directly to you, in addition to the coverage you receive from your health plan. Specific requirements apply before these plans pay. Some plans require you to complete their medical underwriting process and may also exclude coverage if you have pre-existing conditions.

SUPPLEMENTAL PLANS COMPARISON CHART		
Plan	Benefit Examples	Offered By
Accident	<ul style="list-style-type: none"> Specified benefit amount(s) payable directly to the insured for covered accidents in which a doctor's office or hospital is visited for treatment of an accidental injury. Additional payments for follow-up visits and when crutches, wheelchairs or other covered medical aids are needed for covered accidental injuries. Covers work and non-work related accidental injuries. 	Colonial Insurance Company (888) 756-6701
Cancer	<ul style="list-style-type: none"> Specified benefit amount(s) payable directly to insured for cancer screenings, diagnosis and treatment. Utilize benefit payments as needed. Benefit amounts dependent upon coverage level selected. 	Aflac* (through Capital Insurance Agency) (800) 780-3100 Colonial Insurance Company (888) 756-6701
Disability	<ul style="list-style-type: none"> Supplements income loss during short-term disability to help pay living expenses. Can choose elimination period for accident and sickness related disabilities based upon need. 	Colonial Insurance Company (888) 756-6701
Hospitalization	<ul style="list-style-type: none"> Specified payment amounts directly to covered individual when hospitalized. Additional payments, depending on the coverage selected, for ancillary services related to hospitalization. 	Cigna Health and Life Insurance Company (CHLIC), through Capital Insurance Agency (800) 780-3100 New Era (800) 277-2300
Hospital Intensive Care	Daily benefit for confinement in a hospital intensive care or a sub-acute intensive care unit.	Aflac* (through Capital Insurance Agency) (800) 780-3100

*Both the Aflac Cancer and Aflac Intensive Care policies require submission of a paper application. Upon completion of an election in People First, please access the Aflac brochure on the [MyBenefits website](#), complete it, and mail to the address listed at the top of the application. Contact Aflac or Capital Insurance Agency directly for application-related questions.





MONEY SAVERS



HEALTH AND WELLNESS MONEY SAVERS

- Earn financial rewards by shopping for healthcare services through Healthcare Bluebook and SurgeryPlus.
- Learn more about your prescription drug costs by using CVS Caremark's online transparency tool.
- Ask for generic drugs. If no generic drug is available, ask for preferred brand drugs over non-preferred ones. See the [Preferred Drug List](#).
- Choose a primary care provider and use network healthcare providers.
- Confirm your provider participates in your health plan's network and accepts the State Group Insurance health plan.
- Pay a \$25 copayment for network urgent care instead of \$100 at an emergency room (always go to the Emergency Room (ER) if you have a life-threatening emergency). Your primary care provider may be part of an urgent care center. Be sure to ask.
- Get fit and take advantage of any gym membership reimbursement.
- Pay nothing for your annual physical and certain preventive screenings. Track your biometric numbers to see positive movement.
- For your maintenance prescription drugs, use 90-day retail fills at participating pharmacies or mail order. You'll pay only two copayments for three months' supply, saving you a copayment. Ask your prescribing provider to write your maintenance drug's prescription for up to a 90-day supply with

three refills.

- Take advantage of all the resources your health plan has to offer:
 - Information about events.
 - Healthy recipes.
 - Resources to help you understand food nutrition labels.
 - Resources to help with quitting smoking.
 - Tips to prevent chronic disease.
 - Management and education programs if you have a chronic disease.

SAVINGS AND SPENDING ACCOUNT MONEY SAVERS

- Deduct money from your paycheck before payroll taxes are calculated.
- You save money because you pay less income tax.
 - Access the lump sum of your healthcare or limited purpose FSA on Jan. 1.
 - Your FSA essentially works like an interest-free, tax-free loan.
- Pay for predictable costs like orthodontic braces with funds in your healthcare/limited purpose FSA (annual limits and participation rules apply).
- Estimate how much you can save on your taxes with the [Tax-Savings Calculator](#).



MONEY SAVERS



DENTAL MONEY SAVERS

Review your dental plan's plan documents for benefit limits and exclusions, based on your needs, including:

- Confirming your dentist and dental specialists participate in-network for your specific plan;
 - If looking for a dentist:
 - ◇ Search your dental plan's online provider directory for dentists accepting new patients.
 - ◇ Call the dentist's office to confirm it has a reasonable appointment schedule, especially for first-time patients.
 - ◇ Before making an appointment, call your prepaid dental insurance company to be added to your dentist's roster of patients; otherwise, you will have no coverage when you go.
 - ◇ Ask your dentist for prior-treatment cost evaluation to avoid expensive surprises.
 - ◇ Talk to the dental plan about prior authorization requirements and other special processes.

NOTES
