

FREQUENTLY ASKED QUESTIONS

OPEN ENROLLMENT 2007 for 2008 COVERAGE

VISION:

Q: *What's happening with our vision coverage?*

A: The contract between the Department of Management Services and the vision company, Vision Care Plan, will expire at the end of the 2007 plan year. We encourage you to take full advantage of your existing vision plan coverage before the end of the year. For example, you may want to think about filling prescriptions for glasses and contact lenses to the extent possible before the end of December.

- Fortunately, basic vision care is provided through the health plans we offer.
- Under preventive benefits, health plans cover periodic, routine eye exams, which can result in a prescription for glasses. (Exams for contact lenses are not considered routine.)
- Some health plans and some supplemental plans offer discounts on frames, lenses and contact lenses. Some also offer discounts on certain corrective surgeries.
- As an alternative, you might contact your agency Personnel Office to see if they are retaining the services of VisionCare as a post-tax offering for 2008.

Q: *Why not continue the vision contract? Why doesn't the state get another vision vendor?*

A: Florida law requires that we competitively bid for these types of benefits.

While we went through a competitive bidding process to award a new vision contract for next year, we will not be able to because of an appeal filed on the bid process. We apologize for any inconvenience this may cause.

DENTAL:

Q: *What's going on with dental coverage?*

A: Two important changes are happening: (1) changes in dental vendors and (2) the standardization of coverage tiers.

1. The contract with the dental vendor, Oral Health Services (OHS), expires December 31, 2007, and will no longer be offered in 2008.
 - If you are currently with the Oral Health Services *pre-paid plan*, we will move you to either the CompBenefits pre-paid plan or the United Dental pre-paid plan so that you will not lose coverage for 2008.
 - If you are currently with the Oral Health Services *PPO plan*, we will move you to the CompBenefits PPO plan.

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- Even though your Benefit Statement may show that we are moving you to one of the new plans, we encourage you to go to <https://peoplefirst.myflorida.com> to make your own selections.

Please remember that if you don't make changes during the Open Enrollment period, your coverage in 2008 will remain with the coverage shown on your Benefit Statement.

- As an alternative, you can contact OHS directly and ask about individual, direct pay plans.
2. There will be new coverage tiers available for 2008, and each tier has different premium amounts. Unless your current coverage tier is "Employee Only," we will move you to the new Family tier for 2008. The new coverage tiers are:
- Employee Only
 - Employee + Spouse
 - Employee + Child(ren)
 - Family (Employee + Spouse + Child(ren))

Q: *What do I need to do?*

A: Review your 2008 Benefits Statement. It may show that we are moving you to a new dental company or the new Family coverage tier. You can change anything we might have switched for you by going online before October 26 and making your own selection on <https://peoplefirst.myflorida.com>.

Please remember that if you don't make changes during the Open Enrollment period, your coverage in 2008 will remain with the coverage shown on your Benefit Statement.

If you are interested in a Pre-Paid Dental Plan (HMO), be sure to review the HMO's list of dentists to verify that there are dentists in your area who are accepting new patients and scheduling appointments within reasonable timeframes.

DUPLICATE SUPPLEMENTAL INSURANCE:

Q: *What's happening for employees enrolled in more than one supplemental insurance plan?*

A: We found several employees enrolled in multiple supplemental plans of the same type. Specifically, there are employees enrolled in more than one dental plan,

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more than one cancer plan, or more than one hospitalization plan. In some or most cases, employees are enrolled in the duplicate coverage because they failed to cancel or stop an old insurance policy when they enrolled in a new policy. As a result, employees may have had duplicate coverage that was not providing additional benefits, yet they paid the extra premium costs for the entire year.

Because supplemental insurance plans are offered as a pretax benefit, a Qualifying Status Change (QSC) is required to make changes outside of Open Enrollment. We recently took steps to protect employees by eliminating unwanted benefit elections and, in doing so, your premium costs will be reduced beginning January 1, 2008.

Q: *What do I need to do?*

A: Review your 2008 Benefits Statement. We canceled coverage if you were enrolled in more than one supplemental insurance plan of the same type. For example, if you were enrolled in two cancer plans or two dental plans, we canceled one of the plans for you. You will have only one plan of each type for the 2008 plan year.

Your coverage for 2008 is identified with an asterisk on your 2008 Benefit Statement. If you want something different, you must make changes before October 26 by going online at <https://peoplefirst.myflorida.com>.

Q: *What if I want to keep all or some of my current supplemental hospitalization plans?*

A: Send a letter with your People First ID number identifying your desired hospital plans to:

State of Florida
People First Service Center
PO Box 6830
Tallahassee, FL 32314
Fax: (904) 828-6092

If you are enrolling in multiple hospital plans for the first time, complete the form titled "Supplemental Hospital Insurance 2008 Enrollment Form." It is located under the drop down list for Benefits Materials under the Health and Insurance tab in People First. Mail the form to the above address.

This consent applies only to supplemental hospitalization plans.

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TRICARE Supplement

Q: *What's happening with the TRICARE Supplement insurance plan?*

A: Changes in the federal law governing the TRICARE program prevent the State from continuing the way it has offered the TRICARE Supplement plan in 2008. Because of this, we automatically enrolled all those with the TRICARE Supplement plan into the State Employees' Standard PPO Plan so that health insurance coverage would continue.

Q: *What were the federal law changes?*

A: The federal government recently said that employers cannot give employees a financial incentive to enroll in the TRICARE supplement plan. Not charging employees a premium to enroll in our TRICARE supplement plan is considered a financial incentive, and the State can no longer do this.

Q: *Is there any way for me to continue with a TRICARE supplement?*

A: Yes, but not through the State of Florida pre-tax benefit program. You can either coordinate directly with Association and Society Insurance Corporation (ASI), the company currently providing the TRICARE supplement insurance product, or you can shop around for other TRICARE supplement plans. The phone number for ASI is 1-800-638-2610, x255. **Remember: retirees who leave the State Group Insurance program are not able to re-enroll.**

Q: *So what do I do now?*

A: Look at your 2008 Benefits Statement that was mailed to your home and notice the asterisk that shows you are enrolled with the State Employees' Standard PPO Plan effective January 1, 2008. Before October 26, go to <https://peoplefirst.myflorida.com> if you want to change this selection.

Please remember that if you don't make changes during the Open Enrollment period, your coverage in 2008 will remain with the coverage shown on your Benefit Statement.