

BENEFITS

GUIDE
2020
Plan Year



For State of Florida
Employees and Retirees



Table of Contents

What Is Open Enrollment?	2
What's New for 2020?	3
What Is a Cafeteria Plan?	4
Eligibility	5
Enrollment	10
Health and Wellbeing	14
Medicare Advantage & Prescription Drug	17
HealthCare Bluebook	23
SurgeryPlus	24
Savings and Spending Accounts	25
Life Insurance	28
Supplemental Insurance	29
Important Information	33
Open Enrollment Checklist for 2020	34
6 Reasons to Pay Attention During Open Enrollment	35
Notes	36



RON DESANTIS GOVERNOR

Dear State of Florida Group Insurance Beneficiaries,

You play a critical role in serving our communities and your commitment to improving the quality of life for Floridians is recognized and greatly appreciated. Your health and quality of life are equally important, and I am committed to ensuring you have access to comprehensive benefit options that meet your individual and family needs.

As open enrollment begins, I encourage you to take advantage of all of the benefits you earn and are eligible for as a public servant in Florida. Your benefits are a significant part of your annual compensation and your personal wellbeing. This Benefits Guide helps highlight many of those benefits, including new options that offer greater healthcare transparency as well as opportunities for you to earn rewards and save money.

Please take a few minutes to learn more about our [Shared Savings Program](#), a voluntary benefit that rewards you for making informed and cost-effective decisions about your healthcare. This program has already put hundreds of thousands of dollars back into the pockets of employees and retirees.

If you are a retiree, don't miss out on the new [Medicare Advantage Prescription Drug plans](#) available to you. These health plan options may save you thousands of dollars in premiums every year and may lower your out-of-pocket maximums.

We are pleased to bring you these new options for the upcoming plan year and welcome your feedback. Thank you for your service and dedication to making Florida the best state in the nation to live and work.

Sincerely,

Ron DeSantis

Governor

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 (Will be live October 14, 2019)
CVS Caremark	State Employees' Prescription Drug Plan	888-766-5490	www.caremark.com (members register and log in) www.caremark.com/sofrxplan (general information)
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	www.humanadental.com/custom/fl/
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	www.peoplefirst.myflorida.com
	Mail documents to or Submit documents online in People First	P.O. Box 6830 Tallahassee, FL 32314	www.peoplefirst.myflorida.com
	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
E4 (EAP) (New Direction)	Employee Assistance Program (EAP) #BlueChat for Teens	844-208-7067	For more information, click the EAP link on your People First home page.
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 apps in the App Store or Google Play to complete these tasks from the palm of your hand.

Your health insurance plan (if app is available)

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

Your dental insurance plan

- Your dental insurance plan may have an app available (i.e., Metlife)

Healthcare Bluebook

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

Look for the "Go Green to Get Green" tile.

- View the cost and quality of healthcare providers and facilities.
- Search rewards that may be available at designated healthcare procedures.
- Enter Zip Code – Click My Employer Provides Bluebook
- Enter Access Code – SOF
- Log in with your PF information or personal Bluebook Code

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

CVS Caremark for prescription drugs

- Refill mail order prescriptions without registering or signing in (Easy Refill).
- Submit a photo of your paper prescription.
- Scan a prescription for refill.
- See the number of refills due and orders in progress without signing in.
- Check order status.
- Renew or request new mail service prescriptions.
- Check drug costs and coverage.
- View prescription history.
- Find a pharmacy in your network.
- View your member ID card and use at a retail pharmacy.
- Identify unknown pills.
- Check for potential drug interactions.

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.
- Email questions to FloridaAskPenny@chard-snyder.com.



App Store



Google play

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.



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 subsection 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 monthly [Wellness Wire](#) e-newsletter, and promotion of the state's Employee Assistance Program (EAP) that is offered to some 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 the 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 asking yourself 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 (called "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.

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 or changes to your benefits.

Open enrollment starts at 8 a.m. ET, Monday, October 14, and ends at 6 p.m. ET, Friday, November 1, 2019.

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 your 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 in to 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).

To be sure your selections are correct, select the "Benefits Confirmation Statement" link in the My Quick Links section on your [People First](#) home page.

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 2020, make your Shared Savings Program selections
6. Enter your password and select "Complete Enrollment."

Remember that you can make changes to your elections during Open Enrollment as many times as you want. However, 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.

Where do I mail documents?

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

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



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

What's New for 2020?

Prescription Drug Plan adopts Formulary Management

For participants of the State Employees' Prescription Drug Plan (RX Plan), formulary management will be implemented and effective January 1, 2020. CVS Caremark will provide notification to impacted participants which will include a list of alternative preferred drugs covered under the RX Plan, by December. The Preferred Drug List, Maintenance Drug List, Specialty Drug List, and a list of drugs subject to prior authorization approval for coverage are located on the State of Florida specific CVS Caremark website www.caremark.com/sofrxplan and the log-in site www.caremark.com.

Medicare Advantage and Prescription Drug (MA-PD) Plans

At the direction of Governor DeSantis, the Division of State Group Insurance selected three qualified Medicare Advantage and Prescription Drug Plans (MA-PDs). A MA-PD is a Medicare Advantage plan that includes Part A (hospitalization coverage), Part B (medical coverage), and Part D (prescription drug coverage). If you are a Medicare-eligible retiree currently enrolled in Medicare Parts A and B and are currently enrolled in a State Group Insurance health plan, check out these new plans by visiting the [myBenefits website](http://myBenefits.website). Selecting one of these MA-PD plans is optional.

Weight Management Program

On January 1, 2020, eligible members of the Florida Blue, AvMed, Aetna, and UnitedHealthcare (excluding the MA-PD PPO) plans can participate in the third year of the yearlong wellness program! Check out the application process at www.mybenefits.myflorida.com/health/weight_management_pilot_program. Applications will be accepted October 7 – November 15, 2019.

Dental Plan Name Changes

Humana Select 15 will be known as Humana HD205 and Sun Life Freedom Advance will be known as Sun Life Indemnity PPO.

Benefit Scout - Optional Life Insurance Selection Tool

Securian Financial is offering a new tool to help you compare your benefit options, get cost estimates, and determine what life insurance may be a good fit for you. Securian Financial will mail out more information about Benefit Scout™ closer to Open Enrollment.

Active Retirees/ Retirees/ Former Employees

Are you retiring in 2020, a current retiree, or former state employee still enrolled in the State Group Insurance health plan? Be sure to check your premium rates on the [Premium Rate Chart](#) on the myBenefits website, to see how you'll be affected for the 2020 plan year.

Dental Rate Increase for Active Employees and COBRA Enrollees

MetLife and Ameritas dental plan rates will increase for the 2020 Plan Year. Please check your annual benefits statement for the new rate.

HSA Contribution & Coverage Limits for 2020

The IRS has announced the 2020 contribution and expense limits for Health Savings Accounts (HSAs) and High Deductible Health Plans (HDHPs). Look for this updated information in your 2020 Open Enrollment materials.

Health Savings Account (HSA) Annual Maximum Contribution Amount for 2020	
Individual	\$3,550 (increase of \$50)
Family	\$7,100 (increase of \$100)
High Deductible Health Plan (HDHP) Annual Maximum Out-of-Pocket Limit	
Individual	\$6,900 (increase of \$150)
Family	\$13,800 (increase of \$300)
High Deductible Health Plan (HDHP) Annual Minimum Deductible Limit	
Individual	\$1,400 (increase of \$50)
Family	\$2,800 (increase of \$100)

* State Group Insurance HDHPs have lower out-of-pocket maximum limits than limits set by the Internal Revenue Service. See your 2020 plan document for details.

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.

Watch your mail in October of each year for your Open Enrollment packet which contains important information about your benefits changes.

What Is a Cafeteria Plan?

A cafeteria plan 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 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 dependent 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 866-663-4737 to learn about your options.



Eligibility

Read this section to increase your understanding of the rules that govern this 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 began using a 12-month look-back measurement method to determine who is a full-time employee for purposes of Program eligibility.

You Are Not Allowed to 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.

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.

An example: : Assume you are hired October 5, 2019, and you are not employed full time. Your initial measurement period will run from November 1, 2019, through October 31, 2020.

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 December 1, 2020.

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 October 3 through the following October 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.

An example: Assume you are hired January 5, 2019, 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 December 31, 2020. You will then be measured on October 3, 2020, to determine your eligibility for the 2021 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 certain 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 rules 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 6 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 January 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 cancel retiree coverage, you will not be allowed to reenroll in state health insurance at a later date as a retiree.

If you are a retiree that returns to active employment in a benefits eligible position and you are enrolled in health insurance coverage at the time of retirement, you will automatically be enrolled in active employee health insurance coverage. When you later terminate employment or return to retirement, you will be allowed to continue retiree coverage, provided you have had continuous coverage under the program.

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

To see your premium rates for 2020, see the [Premium Rate Table](#).

Dependent Eligibility

The following dependents are eligible for coverage:

- **Your spouse** – The person to whom you are legally married.
- **Your child** – Your biological child, child with a qualified medical support order, legally adopted child, or child placed in the home for the purpose of adoption in accordance with applicable state and federal laws through the end of the calendar year in which he/she turns age 26.
- **Your stepchild** – The child of your spouse for as long as you remain legally married to the child's parent through the end of the calendar year in which he/she turns age 26.
- **Your foster child** – A child that has been placed in your home by the Department of Children and Families Foster Care Program or the foster care program of a licensed private agency through the end of the calendar year in which he/she turns age 26.
- **Legal guardianship** – A child for whom you have legal guardianship in accordance with an Order of Guardianship pursuant to applicable state or federal laws or a child for whom you are granted court-ordered temporary or other custody through the end of the calendar year in which he/she turns age 26.
- **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 unmarried children with intellectual or physical disabilities are eligible to continue coverage after they reach age 26 if:

- a. they are enrolled in the Plan before they turn age 26; and
 - b. they are incapable of self-sustaining employment because of intellectual or physical disability; and
 - c. the required documentation supporting the intellectual or physical disability has been reviewed and confirmed by the health plan prior to their 26 birthday; and
 - d. they are chiefly dependent on you for care and financial support.
 - e. Upon your initial enrollment in a State Group Insurance health plan, if you have a child over the age of 26 with an intellectual or physical disability who meets the above eligibility criteria, you may enroll that child as a dependent under your coverage at that time. If you do not enroll the child at your initial enrollment, you will not be able to add the child to your coverage at a later date.
- **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 and 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 at the time of death; or an employee or retiree who died before July 1, 1979; or a retiree who retired before January 1, 1976, under any state retirement system who is not eligible for any Social Security benefits. 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 at the time of the enrollee's death and the coverage must have been continuous.

NOTICE: As prohibited by the rules of the program, the following acts will be treated as fraud or misrepresentation of material fact:

- 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.

Such acts will require you to reimburse the plan for any fraudulent claims incurred or, if you're still within the COBRA election window, for paying COBRA premiums for any months that ineligible persons were covered.



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 2 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 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 2020, see the [Premium Rate Table](#).



Enrollment

You may enroll when you first become eligible for coverage; for example, when you're hired or 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 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.
- Have correct Social Security numbers, birth dates, and required documentation to enroll your eligible dependents.
- Choose your options carefully. Once 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). You may also elect other plans, such as dental insurance, within that same 60-day window. 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 (January 1 through December 31).

What New Hires Need to Know

- Optional life insurance is guaranteed issue up to 5 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 7 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 plenty of dentists in your area and the offices are accepting new patients. You won't be able to change (until the next Open Enrollment) dental plans because you don't like the dentists or because your dentist leaves the network.
- If you enroll in a State Group Insurance health plan, you and your dependents are eligible to participate in the Shared Savings Program. Visit mybenefits.myflorida.com/health/shared_savings_program 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 payrolls left in the plan year and that amount will be deducted from each paycheck (i.e. you elect \$5,000, there are 5 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 send it to People First at the address on the form or submit the form online through People First.

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 are in the spouse program, notify People First within 60 days if either one or both of you ends state employment, including through retirement, or if you divorce. If you delay in notifying People First, your account will become underpaid because your coverage will be changed to the correct level starting with the first day of the month you are no longer eligible for the spouse program. If this occurs, your health insurance coverage will be suspended until you pay the underpayment.

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" 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 (HAS). 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, so 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.

When Coverage Is Effective

Enrollment and changes made during open enrollment are effective January 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.

If a premium underpayment occurs because of an early effective date or your coverage level changes from single to family, the premium (up to \$180 bi-weekly or \$360 monthly) will be deducted from your next payroll in addition to the regular premium deduction for the next coverage month.

- 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 seek reimbursement from your health insurance provider for eligible insurance claims 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 mailing your payment to People First by the tenth day of the month before next month's coverage. For example, mail 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 or if their parent ceases to be covered under the plan turn 18 months of age, or if their parent ceases to be covered under the plan.

Health and Wellbeing

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

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 in each Florida county. 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 United Healthcare. 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 has the same in-network requirements as the standard HMO. You must meet a deductible 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.

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 at 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 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.

Learn More

Compare these [four plans](#) side-by-side.

- Review the [health plan's online provider directory](#) to ensure that your desired doctors and specialists are in the network.
- Read your health plan's specific [plan booklet and benefits document](#) for detailed coverage information and exclusions.



Contracted Service Areas

HMO

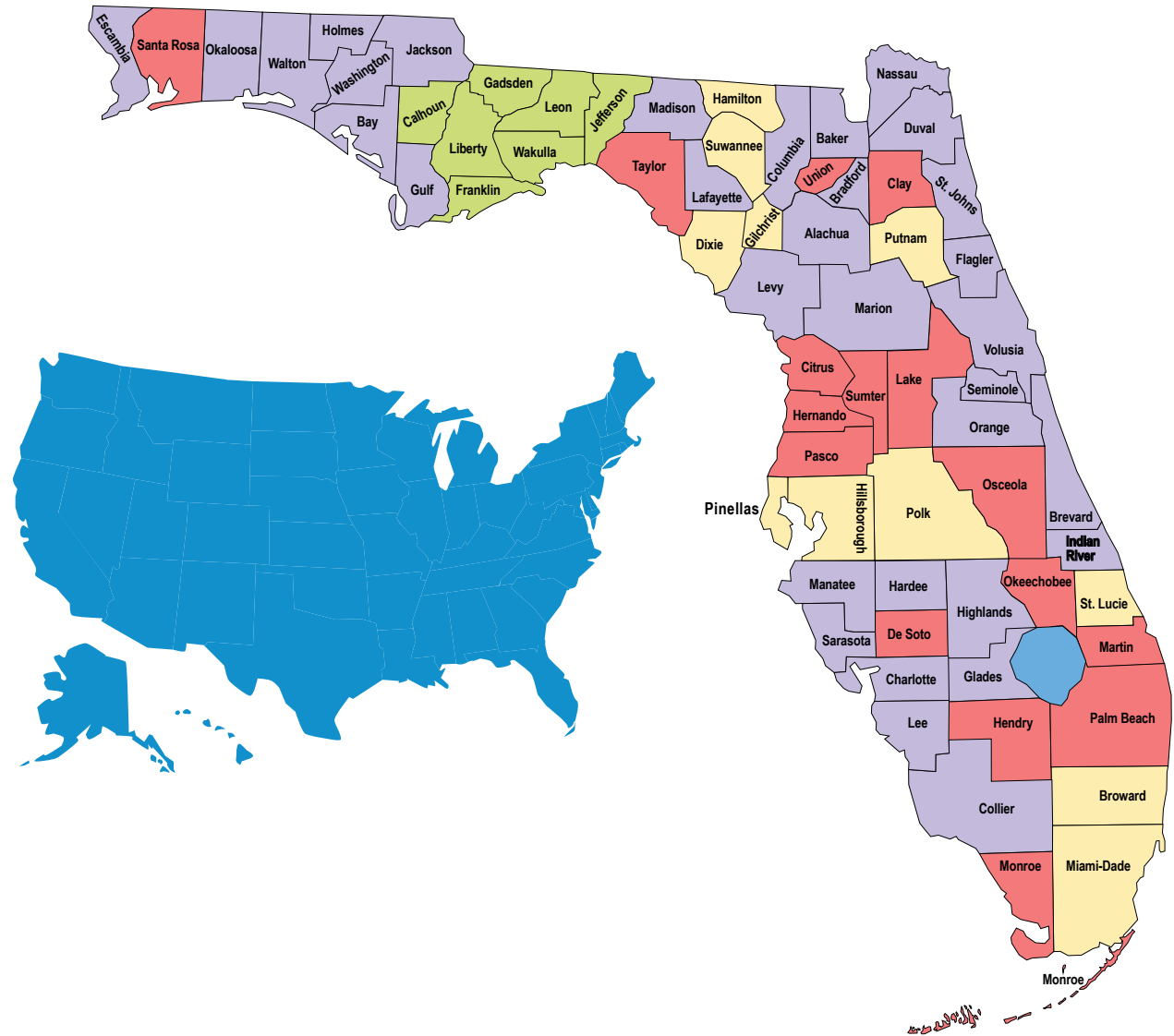
- Capital Health Plan²
- AvMed¹
- UnitedHealthcare¹
- Aetna¹

PPO¹

- Florida Blue

Prescription Drug Program¹

- CVS/Caremark



¹Self-insured/third-party administrator: the state bears the financial risk for payment of claims.

²Fully insured: the HMO bears the financial risk for payment of claims.

Health Plan Summary Comparison Chart (excluding MA-PD plans)

Your Costs:	Standard			High Deductible (Pair with Health Savings Account)		
	HMO	PPO		HMO and PPO		PPO Only
	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	\$7,900 \$15,800 per indiv. per family (combined pharmacy and medical)	\$8,150 \$16,300 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		Deductible then 20% of out-of-network allowance		
Urgent Care	\$25 copayment	\$25 copayment				
Emergency Room	\$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) \$14 \$60 \$100 Mail Order or Participating 90-Day Retail (up to 90-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
Monthly Premiums:	We Deduct Your Premium a Month in Advance (e.g., December 2018 for January 1, 2019, 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)	\$734.42 Each			\$657.76 Each		
COBRA	\$749.11 Single		\$1,686.24 Family	\$670.92 Single		\$1,483.23 Family
Retiree < Age 65	\$734.42 Single		\$1,653.18 Family	\$657.76 Single		\$1,454.15 Family
Medicare Tiers ² :	Medicare I	Medicare II	Medicare III	Med I	Med II	Med III
Retiree ≥ Age 65 or on SSI Disability	\$388.38	\$1,119.85	\$776.76	\$292.76	\$917.13	\$585.51
Capital Health Plan	\$282.62	\$945.62	\$565.24	\$257.23	\$852.80	\$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

At the direction of Governor DeSantis, the Division of State Group Insurance is offering Medicare-eligible retirees three new qualified Medicare Advantage and Prescription Drug Plans (MA-PDs) for 2020.

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.

Enrollment in a new MA-PD plan is optional. If you like the plan you are enrolled in, you may continue enrollment in that plan. If you enroll in a new MA-PD plan during Open Enrollment, your effective date of coverage is January 1, 2020. Please see the service area map on the following page, and links to the available MA-PDs that provide coverage in certain service areas. To see your premium rates for 2020, see the [Premium Rate Table](#) and the [MA-PD Premium Rate Table](#).

Humana.



Medicare Advantage & Prescription Drug (MA-PD) Plan Service Areas

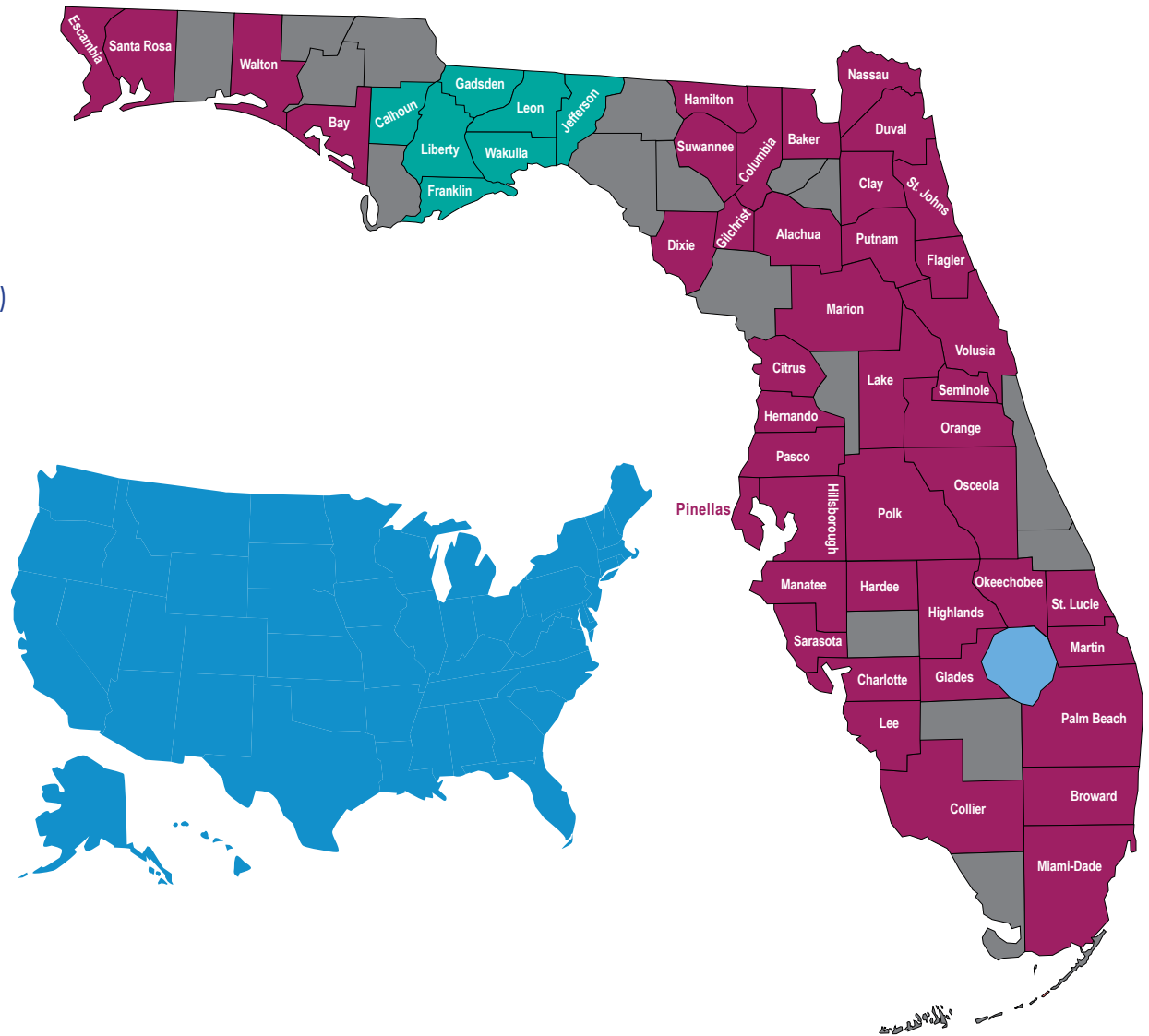
Effective January 1, 2020, MA-PD plans are available to eligible retirees.

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 Capital Health Plan 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.

For participants of the State Employees' Prescription Drug Plan (RX Plan), formulary management will be implemented and effective January 1, 2020. CVS Caremark will provide notification to impacted participants which will include a list of alternative preferred drugs covered under the RX Plan, in early December. The Performance, Maintenance, and Specialty Drug Lists, are located on the State of Florida specific CVS Caremark website and the log-in site, below.

Call 888-766-5490 or visit www.Caremark.com/sofrxplan to learn about the Performance drug list (updated quarterly), maintenance medications list, specialty medications, and mail order process.

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.



Weight Management Pilot Program

The Department of Management Services (Department) will offer the third year of a Weight Management Pilot Program (Pilot) for the 2020 Plan Year. The Pilot will give participants access to a lifestyle change wellness program, cover medical services provided by in-network physicians, and provide coverage for all Federal Drug Administration-approved medications prescribed for chronic weight management. Pilot participants will be responsible for all applicable medical and prescription drug copayments, coinsurance, deductibles, and out-of-pocket expenses

The application period for this pilot is Oct. 7, 2019- Nov. 15, 2019.

The Pilot is open to 2,000 enrollees and their dependents in the State Group Insurance Program who meet **ALL** of the following eligibility criteria:

1. Enrolled in Aetna, AvMed, Florida Blue, or UnitedHealthcare (does not include the MA-PD Plan) in the 2019 and 2020 plan years;
2. Body Mass Index (BMI) of 27 or higher and at least one weight-related comorbid condition (e.g., hypertension, high cholesterol, type 2 diabetes) or BMI of 30 without a comorbid condition;
3. 18 years or older;
4. Completed a health risk assessment in 2019;
5. Consent to provide personal and medical information to the Department;
6. Referred and supervised by a licensed physician in-network with the health plan during the 2019 plan year; and
7. Agree to enroll in a Department-approved wellness program during the 2020 plan year;
8. If enrollees participated in year two of this pilot, they must have submitted a completed Mid-Year Progress Report and 2nd of Year Progress Report to be considered for year three.

The following enrollees or their dependents covered under the State Group Insurance Program are not eligible to participate in the Pilot:

- Enrollees and their dependents enrolled in Capital Health Plan during the 2019 and 2020 plan years;
- Enrollees in the following Medicare Advantage and Prescription Drug Plans
 - Humana MA-PD
 - UnitedHealthcare MA-PD
 - Capital Health Plan MA-PD
- Enrollees or dependents under the age of 18;
- Enrollees in COBRA;
- Women who are pregnant, plan to become pregnant, or are nursing;
- Enrollees or dependents who do not meet all of the Pilot's eligibility criteria.

For more information about participant responsibilities and how to apply to participate in the pilot, visit the [mybenefits website](https://mybenefits.myflorida.com).



Life feel out of whack? There's an EAP for that.

Employee Assistance Program

What's an EAP?

- E4 administers the state's Employee Assistance Program (EAP). If eligible, you will see an EAP link in the upper right-hand corner of your [People First](#) home page, or you can check with your Human Resources office.
- E4 offers free support, resources, and counseling for your total wellbeing including:
 - work-life balance
 - child and elder care referral and location services
 - financial and legal concerns
 - family and relationship challenges
 - depression
 - substance abuse
- E4 also supports teenagers with their life challenges, such as:
 - cyberbullying
 - peer pressure

Monthly e-newsletters on topics to help you better manage life's unexpected turns. Help is available any time and is always confidential.

Connect through an online text messaging, audio, and video counseling service, Talkspace.

- Alternative to face-to-face therapy.
- Licensed psychotherapists 24/7 via secure text message using desktop computers or smartphone app.
- One week of texting is generally considered the equivalent of a traditional face-to face session.

Learn more by visiting E4 today by logging on to [People First](#).



In-person



Phone



Text/Video



Shared Savings Overview

All employees that are enrolled in the State Group Insurance health plan have access to the New Shared Savings Program. All of these services are free and voluntary.



3 ways to Save

Healthcare Bluebook – is a healthcare transparency portal that allows enrollees the opportunity to search and find high quality healthcare facilities at low costs by procedure. Members can earn rewards by first searching online and then having their medical procedure completed at one of these high-quality low-cost facilities.

Surgery Plus – is a bundled surgical services program that provides top-quality surgeons and a full-service patient care advocate for non-emergency procedures. Members can earn rewards by utilizing SurgeryPlus and then sharing in state savings.

Savings and Spending Accounts – Enrollees can select which account they would like their earned rewards deposited in (i.e., Health Reimbursement Account (HRA), Health Savings Account (HSA), or Flexible Spending Account (FSA)), by logging in to People First and selecting the Shared Savings tile on the left-hand side.

If you are not currently enrolled in a Savings and Spending Account, and have not made an election, your reward dollars will automatically be deposited in an HRA or HSA based on your health plan enrollment.

Chard Snyder will send new members a benefit card and a welcome packet in the mail.

To learn more about the Shared Savings Program, visit mybenefits.myflorida.com/health/shared_savings_program.



Healthcare Bluebook.



Shop for Healthcare, Earn Rewards!

Healthcare Bluebook is an online transparency website for you and your eligible dependents to “shop” for healthcare services, facilities, and providers. By utilizing Healthcare Bluebook’s website and mobile app, you can research the range of costs and the quality of in-network healthcare services in your area.

These services are automatically available to you upon your enrollment in a State Group Insurance health plan.

Earning rewards through Healthcare Bluebook

Under Healthcare Bluebook’s “Go Green to Get Green” rewards program, the website or mobile app will identify the healthcare services that have rewards and specify the reward amount. You earn the reward once the following occurs:

1. You or your dependent use Healthcare Bluebook to “shop” for a rewardable healthcare service;
2. Healthcare Bluebook validates that you or your dependent received a rewardable healthcare service and used its service to “shop” for the healthcare service; and
3. Healthcare Bluebook notifies the Division of State Group Insurance that you or your dependent earned the reward.
4. The reward will then be credited to the savings and spending account of your choice. Learn more about savings and spending accounts on the [myBenefits website](#).

See the full list of rewardable procedures here: healthcarebluebook.com/cc/SOF/rewards

Enrollees are eligible for rewards. Please allow 60-90 calendar days for processing.

Note: Not all procedures are rewardable. Please look for the “Go Green to Get Green” tile.

GEAR UP AND BE EMPOWERED!

On your PC, laptop and tablet:

healthcarebluebook.com/cc/SOF

On your mobile phone:

Download the app.

Company Code: SOF





SurgeryPlus is a voluntary benefit that provides non-emergency surgical services. By choosing to receive services through SurgeryPlus, you and your dependents can earn financial rewards that will be deposited into the spending and saving account of your choice.

SurgeryPlus is an additional option from your health plan and has its own network of high-quality providers. SurgeryPlus offers procedures that are covered under the State Group Health Insurance Program, but is different from your health insurance plan because surgical services are “bundled” together. For example, rather than paying separately for the surgeon, facility, anesthesiologist, and radiologist, SurgeryPlus negotiates one “bundled” rate. By packaging surgical expenses into one simple, bundled rate, SurgeryPlus is able to save money for you and the State of Florida.

These services are automatically available to you upon your enrollment in a State Group Insurance health plan.

Earning rewards through SurgeryPlus

Connect with a Care Advocate at SurgeryPlus to start the conversation about what services you need and let them guide you through the process.

You earn the reward once the following occurs:

1. You or your dependent use SurgeryPlus to receive a preoperative to post-operative surgical service;
2. SurgeryPlus validates that you or your dependent received a rewardable service; and
3. SurgeryPlus notifies the Division of State Group Insurance that you or your dependent earned the reward.

The reward will then be credited to the spending and saving account of your choice. Learn more about spending and savings accounts on the [myBenefits website](#).

Enrollees are eligible for rewards. Please allow 60-90 calendar days for processing.

The Same Dedicated
Care Advocate
Manages the **Entire**
Pathway of Care For You

Surgeon Selection



Recommends at Least Three Best Fitting
Surgeons for Your Individualized Needs

Scheduling



Books Appointments, Transfers Medical
Records & Manages Logistics

Advocacy



Listens & Anticipates
All Your Needs

Follow-up



Ensures Your
Complete Satisfaction

To learn more about
SurgeryPlus, contact

844.752.6170

Savings and Spending Accounts

Health Reimbursement Accounts (HRAs)

Chard Snyder is the administrator of two types of HRAs that reimburses 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 that is 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, December 31, 2020, is the last day to incur claims for the 2020 plan year, and you must submit all claims by April 15, 2021. However, unlike an FSA, if you have funds remaining at the end of 2020, all funds will carry over to the next plan year. The HRA is employer funded only which means you cannot contribute to the account. This 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 see chart.

Savings and Spending Accounts

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 \$2,700 each plan year on a pretax basis to pay for eligible healthcare expenses.
- **Limited purpose FSA**—you contribute up to \$2,700 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, December 31, 2020, is the last day to incur claims for the 2020 plan year, and you must submit all claims by April 15, 2021. Otherwise, if you have funds remaining at the end of 2020, a maximum of \$500 will carry over to the next plan year, while any funds in excess of \$500 will forfeit.

For the dependent care FSA, March 15, 2021, is the last day to incur claims for the 2020 plan year, and you must submit all claims by April 15, 2021. Otherwise, you lose any remaining money.

Health Savings Account

An HSA is a tax-advantaged account you should have 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 see chart.



2020 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		
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).	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).	Money is added to your account after each payroll deduction. You may use only the amount you have in your account at the time.	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. Use funds by December 31 and submit all claims by April 15 of the next plan year. If any funds are remaining, up to \$500 will be carried over into the following plan year. Amounts over \$500 will be forfeited.	Yes. Use funds by December 31 and submit all claims by April 15 of the next plan year. If any funds are remaining, up to \$500 will be carried over into the following plan year. Amounts over \$500 will be forfeited.	Yes. Grace period to use funds ends March 15 of the next plan year and you must submit all claims by April 15 of the next plan year. Otherwise, you lose any remaining money.	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. Claims for eligible products or services received during the plan year (1/1 - 12/31) must be filed no later than April 15 of the next plan year. Balance rolls from year to year.
Health Plan				
N/A	High Deductible PPO or HMO.	N/A	High Deductible PPO or HMO.	Any health plan offered by the state.
Enroll in Another Savings or Spending Account				
Yes. Dependent Care FSA and HRA.	Yes. HSA, Dependent Care FSA, and Post-Deductible HRA.	Yes. Healthcare and Limited Purpose FSA, HSA, HRA or Post-Deductible HRA.	Yes. Limited Purpose FSA, Dependent Care FSA, and Post-Deductible HRA.	Yes. Healthcare FSA, Limited Purpose FSA, and Depended Care FSA. If enrolled in an HDHP, you must choose the Post-Deductible HRA.
How to Enroll				
1. Enroll online in People First. 2. Complete the <i>Dependent Verification</i> process. 3. Complete the <i>Choose Plan</i> step by selecting the <i>Change</i> or <i>Add</i> icon in the Change column for the spending account type. 4. Enter the Annual Election Amount and click the <i>Save</i> button. Enrolling during the year? Be careful. We divide this annual dollar amount by the remaining number of payrolls left in the year and subtract accordingly from your pay. You may want to choose a lower annual amount today and raise it during open enrollment for next year. 5. Complete the <i>Dependent Summary</i> , <i>Plan Summary</i> and <i>Shared Savings Program*</i> screens. 6. Enter your password and select the <i>Complete Enrollment</i> button. Once you enter an amount, you can change only during open enrollment or during the year with a QSC event.			1. Enroll online in People First. 2. Complete the Dependent Verification process. 3. Enroll in a high deductible health plan. 4. If you want to contribute money in addition to the state’s contribution, enter your contribution amount. You may change this amount at any time. 5. Enter your password and select the Complete Enrollment button. 6. We automatically enroll you in the HSA, which starts the state’s contributions.	You do not need to enroll into the HRA. *At the time of enrollment into your benefit plans, you can select the HRA as your account of choice for rewards earned through the Shared Savings Program. (There will be prompts to walk you through the process after you complete your benefit enrollment.) You may update your account selection at any time by logging into People First and clicking on the <i>Shared Savings</i> Quick Link.



Life Insurance

[Securian Financial](#) offers group term life insurance to eligible employees and retirees. Designate your [beneficiary](#) or beneficiaries at the time 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 enrolledPart-time and OPS employees must enroll	<ul style="list-style-type: none">Salaried, full-time: no premiumPart-time: pro-rated premiumOPS: \$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	\$4.50 \$6.00
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	\$4.83 \$19.33

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 or vision through COBRA upon 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 give you in- and out-of-network benefits. Be sure the plan you want 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	Dental Preferred Provider Organization (DPPO)	Dental Indemnity with a DPPO Network Plan	Dental Indemnity Plan
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	\$40.62	\$75.32	\$85.76	\$123.86
4022	Ameritas Standard PPO	\$33.72	\$63.16	\$70.72	\$102.96
4023	Ameritas Preventive PPO	\$24.44	\$46.24	\$49.48	\$72.50
4031	MetLife Indemnity w/PPO	\$47.32	\$87.54	\$97.80	\$141.98
4032	MetLife Standard PPO	\$33.36	\$61.72	\$68.96	\$100.12
4033	MetLife Preventive PPO	\$22.86	\$42.28	\$47.24	\$68.58
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



Vision Plan



Humana offers eye exams and materials coverage.

Caring for your eyes is a very important 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 to COBRA participants if they were enrolled prior to termination. 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



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

30

Other Supplemental Plans

The following supplemental plans pay benefits directly to you, in addition to the coverage you receive from your health plan. Certain 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 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 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.		





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.
- 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 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.
- Ask for generic drugs. If no generic drug is available, ask for preferred brand drugs over non-preferred ones. See the Preferred Drug List.
- 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 January 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](#).

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.
- Talking to the dental plan about prior authorization requirements and other special processes.

Important Information

Take time to review these important notices:

- [State Group Insurance Program Privacy Notice](#)
- [Employees and Their Dependents Eligible for Medicare](#)
- [Retirees and Their Dependents Eligible for Medicare](#)
- [Medicare Part D Notice](#)



Learn more about [Medicare](#).

Nondiscrimination Testing

Employee classification testing must occur to ensure IRS Code nondiscrimination requirements related to the dependent care FSA, HRA, and post-deductible HRA are met. If any issues are discovered through testing, contribution amounts may be adjusted; otherwise, you may be taxed on the amount of benefits you receive. For more information, visit www.irs.gov and review 26 U.S.C. §129(d)(2), for dependent care assistance programs, and 26 U.S.C. §105(h)(2)(A) for HRAs.



Open Enrollment Checklist for 2020

Use this checklist to help make your benefit choices for 2020 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	<ul style="list-style-type: none"> Career Service and SES/SMS employees (automatically enrolled) OPS / Variable hour class employees (\$3.58/month - employee-elected and employee-paid) \$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) <ul style="list-style-type: none"> Maximum coverage: \$1,000,000 Includes matching AD&D benefit 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 (\$4.50/month) <input type="checkbox"/> \$20,000 (\$6.00/month)		
Child Optional Life (covers all registered dependent children for \$0.85/month)	<input type="checkbox"/> \$10,000 (\$0.85/month)	<ul style="list-style-type: none"> Children are eligible from live birth to age 26 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		
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 (affiliate of VALIC)	<input type="checkbox"/> \$100 Per Day	<input type="checkbox"/> \$200 Per Day	<input type="checkbox"/> \$100/Day/ECR

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 6 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. 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 pilots and 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 should always 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're on 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 money 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 for your procedure, you can earn a reward and collect a share of the state's savings.
Earned rewards are credited to your account. Learn more about the Shared Savings Program by visiting mybenefits.myflorida.com/health/shared_savings_program.

Beginning October 1, 2019, visit mybenefits.myflorida.com to learn what's new this Open Enrollment period and check out the 2020 Benefit Guide. You can make changes to your benefits online in People First beginning October 14. All changes are effective January 1, 2020.

Notes