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Note: We intend for this benefits guide to help you choose benefits offered under the State Group Insurance Program, but it is not representative of all plan provisions or rules that govern the program. Please refer to each plan document that fully describes its benefits and Chapter 60P, Florida Administrative Code. Plan documents 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 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 dependents, surviving spouses and COBRA members as identified in subsection 110.123(2)(c),(f) and (g), 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) (if eligible, you are automatically enrolled in this free benefit; click the EAP link on your People First home page). We offer the tools and resources to help you make positive lifestyle choices for a healthier you.

The high-level overview 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 vendor’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 days of a qualifying status change event.

Accurate Numbers for Tax Reporting

As part of federal tax reporting requirements, we must report to the Internal Revenue Service (IRS) the covered person’s name, address and Social Security number (SSN) or Taxpayer Identification Number (TIN). To ensure proper reporting of your minimum essential health insurance coverage to the IRS and to avoid paying an IRS penalty, please be sure your dependents, if any, have a valid SSN or TIN.

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) or potentially pay a penalty for noncompliance. 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 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 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. Make changes online in People First or call the People First Service Center weekdays from 8 a.m. to 6 p.m. Eastern time 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. It shows what you are enrolled in this plan year and your options for the next year plan year, including the monthly cost.
- Change elections as many times as you would like during open enrollment; elections become final at 6 p.m. Eastern time on the last day of the open enrollment period.
- If you don’t make changes during open enrollment, all of your elections will continue to the new plan year, including the dollar amount deductions toward your healthcare flexible spending account (FSA), dependent care FSA and/or health savings account (HSA).

If you make changes, look for your mailed confirmation statement in November. 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).

What’s New?

- Open enrollment starts on Monday, October 17, at 8 a.m. and ends on Friday, November 4, 2016, promptly at 6 p.m. (all times Eastern).
- Minnesota Life is now Securian.
- See your benefits statement mailed in October for monthly premiums starting December 2016 for the 2017 plan year.
- For 2017, the HSA contribution maximum for employees enrolled in single coverage is $3,400, including the state’s contribution. The family coverage HSA contribution maximum remains $6,750.
- Elect to receive your 2016 Form 1095-C electronically. Log in to People First and follow this trail: Employee Information > Personal Information > Contact Information. Then select Notification Email. If you don’t have a notification email in People First, enter one. Check the appropriate box to receive your 1095-C electronically next year. Otherwise, we will mail the 1095-C to the mailing address listed in People First. Please keep all addresses current. Safeguard your Form 1095 to prove you had minimum essential health insurance coverage during the plan year. Speak with your tax preparer if you have questions about what you are required to report.
## Contact Information

Need help? Call the insurance company if you have questions about what's covered or about network providers and other plan benefits. Call People First about premiums, eligibility or enrollment, and call Chard Snyder for information about FSAs and HSAs.

### State Group Insurance Plans

<table>
<thead>
<tr>
<th>Plan Types</th>
<th>Phone</th>
<th>Website</th>
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<tbody>
<tr>
<td>Florida Blue State Employees’ PPO Plan (Medical)</td>
<td>800-825-2583</td>
<td><a href="http://www.floridablue.com/state-employees">www.floridablue.com/state-employees</a></td>
</tr>
<tr>
<td>CVS/caremark State Employees’ Prescription Drug Plan</td>
<td>888-766-5490</td>
<td><a href="http://www.caremark.com">www.caremark.com</a> (members register and log in) <a href="http://www.caremark.com/sofarxplan">www.caremark.com/sofarxplan</a> (general information)</td>
</tr>
<tr>
<td>Aetna HMO Plan (Medical)</td>
<td>877-858-6507</td>
<td><a href="http://www.aetnastateflorida.com">www.aetnastateflorida.com</a></td>
</tr>
<tr>
<td>AvMed HMO Plan (Medical)</td>
<td>888-762-8633</td>
<td><a href="http://www.avmed.org/web/state">www.avmed.org/web/state</a></td>
</tr>
<tr>
<td>Capital Health Plan HMO Plan (Medical)</td>
<td>850-383-3311</td>
<td><a href="http://www.capitalhealth.com/state">www.capitalhealth.com/state</a></td>
</tr>
<tr>
<td>Florida Health Care Plans HMO Plan (Medical)</td>
<td>877-615-4022</td>
<td><a href="http://www.fhcp.com/plans_benefits/state-of-florida">www.fhcp.com/plans_benefits/state-of-florida</a></td>
</tr>
<tr>
<td>UnitedHealthcare HMO Plan (Medical)</td>
<td>877-614-0581</td>
<td><a href="http://www.florida.welcometouhc.com">www.florida.welcometouhc.com</a></td>
</tr>
<tr>
<td>Securian (formerly Minnesota Life) Basic and Optional Life</td>
<td>888-826-2756</td>
<td><a href="http://www.lifebenefits.com/florida">www.lifebenefits.com/florida</a></td>
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### Dental

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<tr>
<th>Plan Types</th>
<th>Phone</th>
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<tbody>
<tr>
<td>Ameritas Dental Preventive Plus Indemnity with PPO</td>
<td>877-721-2224</td>
<td><a href="http://www.ameritasgroup.com/florida">www.ameritasgroup.com/florida</a></td>
</tr>
<tr>
<td>Assurant Employee Benefits FreedomAdvance</td>
<td>800-442-7742</td>
<td><a href="http://www.assurantemployeebenefits.com/StToFL">www.assurantemployeebenefits.com/StToFL</a></td>
</tr>
<tr>
<td>Assurant Employee Benefits Prepaid 225 Prepaid Dental</td>
<td>800-443-2995</td>
<td><a href="http://www.assurantemployeebenefits.com/StToFL">www.assurantemployeebenefits.com/StToFL</a></td>
</tr>
<tr>
<td>Cigna Dental Prepaid Dental</td>
<td>800-244-6224</td>
<td><a href="http://www.capitalins.com">www.capitalins.com</a></td>
</tr>
<tr>
<td>Humana Network Plus, Preferred Plus Prepaid Dental, PPO</td>
<td>800-943-6880</td>
<td><a href="http://www.humanadental.com/custom/fl/">www.humanadental.com/custom/fl/</a></td>
</tr>
<tr>
<td>Humana Select 15, Schedule B Prepaid Dental/Indemnity</td>
<td>866-879-3630</td>
<td><a href="http://www.humanadental.com/custom/fl/">www.humanadental.com/custom/fl/</a></td>
</tr>
<tr>
<td>UnitedHealthcare Dental Solstice 700 Prepaid Dental</td>
<td>800-980-0292</td>
<td><a href="http://www.solsticebenefits.com/provider-search.aspx">www.solsticebenefits.com/provider-search.aspx</a></td>
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### Supplemental Plans

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<tr>
<th>Plan Types</th>
<th>Phone</th>
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<tbody>
<tr>
<td>Aflac Cancer/Intensive Care</td>
<td>800-780-3100</td>
<td><a href="http://www.capitalins.com">www.capitalins.com</a></td>
</tr>
<tr>
<td>Cigna Health and Life Insurance Company Hospitalization</td>
<td>800-780-3100</td>
<td><a href="http://www.capitalins.com">www.capitalins.com</a></td>
</tr>
<tr>
<td>Colonial Life Accident/Cancer/Disability</td>
<td>888-756-6701</td>
<td><a href="http://www.visityouville.com/stateoffl">www.visityouville.com/stateoffl</a></td>
</tr>
<tr>
<td>New Era Hospitalization</td>
<td>800-277-2300</td>
<td><a href="http://www.ssc-life.com">www.ssc-life.com</a></td>
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### Other

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<thead>
<tr>
<th>Plan Types</th>
<th>Phone</th>
<th>Website</th>
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<tbody>
<tr>
<td>People First Call for help or enroll online</td>
<td>866-663-4735</td>
<td>peoplefirst.myflorida.com</td>
</tr>
<tr>
<td>Fax documents to</td>
<td>800-422-3128</td>
<td></td>
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<tr>
<td>Mail documents to P.O. Box 6830 Tallahassee, FL 32314</td>
<td></td>
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<tr>
<td>Mail payments to P.O. Box 863477 Orlando, FL 32886</td>
<td></td>
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<tr>
<td>E4 Health Employee Assistance Program BlueChat for Teens</td>
<td></td>
<td>For more information, click the EAP link on your People First home page.</td>
</tr>
<tr>
<td>Chard Snyder Healthcare FSA Dependent Care FSA Health Savings Account</td>
<td>855-824-9284</td>
<td>mybenefits.myflorida.com</td>
</tr>
<tr>
<td>Social Security Administration To enroll in or inquire about Medicare</td>
<td>800-633-4227</td>
<td><a href="http://www.medicare.gov">www.medicare.gov</a></td>
</tr>
</tbody>
</table>

Learn more: mybenefits.myflorida.com | Enroll online: peoplefirst.myflorida.com
Easy step-by-step instructions to enroll using People First
Stay in Touch with Mobile Apps

Health insurance plan (if provider offers the app)
- 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.

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.
- 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.

View Chard Snyder’s Mobile App Overview Video.

Moving? Remember to keep your address current in People First.

Learn more: mybenefits.myflorida.com | Enroll online: peoplefirst.myflorida.com
Easy step-by-step instructions to enroll using People First
How Do You Make Changes in People First?

Make changes online in People First—it’s easy.

Know your People First password. Passwords expire every 90 days for your protection. See Frequently Asked Questions, question 8, on how to reset your password quickly, if needed.

1. Turn off the browser’s pop-up blocker and log in to People First.

2. Select Start or the Open Enrollment link. Enter your People First password and select Certify to complete the dependent verification process. Register new, eligible dependents by entering their personal information in People First (have Social Security numbers nearby).

3. Select Enroll Now to start. Your current benefits and what you will have next year are side by side so you can easily verify or change your elections.

4. Click Change or Add to make updates. Select the correct family coverage tier level for each insurance plan. Then add dependents to each insurance plan you choose.

5. Once you’ve confirmed your choices, enter your People First password and select Complete Enrollment.

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.
What Is a Cafeteria Plan?

Simply defined, a cafeteria plan is a program employers can use to offer a variety of benefits (like options on a cafeteria menu) to employees who use pretax payroll dollars to pay for the benefits they select. 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 plans unless you have a qualifying status changing event during the year.

Getting married or divorced? Having a baby or adopting? Is your spouse changing jobs? For many major life events, you may be allowed to enroll in or cancel your insurance coverage within 60 days of the life event. If you miss the 60-day window, you must wait 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 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 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, former employees who continue insurance through COBRA and eligible dependents.

Employee Eligibility

To be eligible to participate in the State Group Insurance Program (program), you must be a full-time or part-time employee as defined in s.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 (exception: OPS employees are not eligible for optional life or the healthcare FSA or limited purpose FSA).

- **Part-time** – includes salaried career service and SES/SMS positions working less 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-rated share of the health and life insurance employer premium based on the FTE plus their employee share.

OPS employees expected to work less than 30 hours per week on average are not eligible to participate in the program upon hire.

**Seasonal** – includes positions 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. Employees in these positions 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. Effective October 3, 2014, 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.
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, 2017, and you are not employed full time.
         Your initial measurement period will run from November 1, 2017, through October 31,
         2018. 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, 2018.
   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 upon hire, 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, 2017, 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, 2018. You
        will then be measured on October 3, 2018, to determine your eligibility for the 2019 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 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.

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. Eastern time.
**Retiree Eligibility**

To continue health or life insurance coverage when you retire, you must meet the following criteria:

- Be enrolled in the respective plan before you retire;
- Retire under a state retirement system or a state optional annuity or retirement program or be placed on disability retirement;
- Continue insurance coverage at the time of retirement; and
- Receive retirement benefits immediately after retiring.

If you do not meet all of these criteria, you will not be eligible to continue health or life coverage. Should you decide not to enroll or if your coverage is canceled because the premium is not paid, you lose eligibility and will not be able to re-enroll in state health or life insurance as a retiree.

Learn more: benefits package for new retirees

**COBRA Eligibility**

The Consolidated Omnibus Budget Reconciliation Act (COBRA) allows qualified participants to continue coverage of health, dental and vision benefits through their employer’s group insurance plan for limited periods 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 you or your dependents 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.

**Dependent Eligibility**

You may cover your eligible dependents if they meet one of these definitions:

- Spouse – a person who is lawfully married to an enrollee under any state or foreign law. The term “spouse” does not include ex-spouses, common law marriage partners, registered domestic partners, civil union partners or other partners of relationships not defined as marriage under the law of the state or foreign country in which they were married.
- Child – the enrollee’s own biological offspring or a child legally adopted by the enrollee or placed in the enrollee’s home for the purpose of adoption in accordance with Chapter 63, Florida Statutes. Coverage ends December 31 of the year the child turns 26.
- Stepchild – the biological offspring or adopted child of an enrollee’s eligible spouse. The term “stepchild” does not include an ex-stepchild, meaning the enrollee and the parent of the stepchild are no longer married. Coverage ends December 31 of the year the child turns 26 or the last day of the month of a divorce, whichever is earlier.
• Ward – a child for whom the enrollee or eligible spouse has established legal guardianship in accordance with Chapter 744, Florida Statutes, or any other child for whom the enrollee or eligible spouse has been granted court-ordered custody. Coverage ends December 31 of the year the child turns 18.

• Foster child – a child placed in a foster home in compliance with applicable Florida Statutes. Coverage ends December 31 of the year the child turns 18.

• Grandchild (health insurance only) – a newborn child of an enrollee’s eligible child who is covered under state group health insurance at the time of the newborn child’s birth. Coverage ends at 18 months or when the parent of the child terminates coverage, whichever is earlier.

• Over-age dependent (health insurance only) – eligibility begins the year after an eligible child turns 26 and ends on December 31 the year he or she turns 30. To be eligible and remain eligible, the child must be unmarried, have no dependents, not be enrolled in other health insurance coverage and must either live in Florida or attend any school full time or part time.

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
• certifying ineligible persons as eligible
• falsifying dependent documentation
• enrolling ineligible persons in coverage
• falsifying the occurrence of QSC events
• falsifying QSC event documentation
• failing to remove dependents from coverage within 60 days of when they lose eligibility
• for a surviving spouse, failing to report remarriage within 60 days of the remarriage

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.
Enrollment

You may enroll when you first become eligible for coverage; for example, when you’re hired or when you experience a qualifying status change (QSC) event during the year. Common QSC events include marriage, divorce, birth and change in employment status. All eligible state employees, enrolled retirees surviving spouse and COBRA participants may participate in open enrollment.

Make your state group insurance elections online in People First. You’ll have convenient access just about any time 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 package. It will show all your options and costs and explain possible effective dates of coverage.

- Enroll online in People First within 60 days of your QSC event. If you miss this deadline, 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 within this 60-day window, you cannot cancel or change to another plan (i.e., switch health insurance). However, you may elect other plans such as dental 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, you will have to complete the medical underwriting process if you decide to enroll later.

- 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.
• Prepaid dental plans 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 dental plans because you don’t like the dentists or because your dentist leaves the network.

• Health saving account and flexible spending account (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 (about five), so about $1,000 would 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. Each pays $15 per month for 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.

You have 60 days to enroll. You become eligible for the spouse program either when you or your spouse works for the state and the other starts working for the state as well 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.

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. If this occurs, your health insurance coverage will be suspended until you pay the underpayment.

**Surviving Spouse Health Insurance**

If you are the employee or retiree and your spouse dies, send a copy of the death certificate to 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 by paying the full premium for the rest of your life, unless you remarry. To enroll, call People First to receive an enrollment package by mail. You will need to provide a copy of the death certificate and enroll within 60 days of receiving People First’s enrollment package. Coverage must be continuous, so you may have to pay underpayments if enrollment is delayed.

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

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. You will be required to send payment for the health insurance contribution if payroll has already run. For birth and adoption, call People First to request coverage for the child effective on his or her date of birth or on the date that he or she is placed in the home for adoption, respectively.
- Basic life 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 an eligible OPS employee elects coverage.
- Optional life, dependent spouse life 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, are effective the first day of the month for which a full payroll deduction is taken.
- Healthcare 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.

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 next month’s premium payment will first be applied to the underpaid month, leaving the coverage month underpaid. For example, on June 23, you elect an early effective date for health insurance and coverage is to begin July 1. Payroll for July coverage has already run, so you must send a check for $180 because your account is underpaid. If you do not send your payment, the payroll deductions for August coverage will be applied to July. Consequently, August becomes underpaid. This monthly process repeats until you send your payment.

Any time your insurance account is underpaid, coverage is 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, you can submit eligible insurance claims for reimbursement.

Avoid this situation by 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 (health, dental, vision) or you choose to convert or port your plan (certain life insurance and supplemental plans):

• 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.

• 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 when they meet the age limits.

• OPS employees: Coverage ends on the last day of your stability period if you do not continue to meet eligibility requirements.

Call People First within 60 days if you experience one of the following:

• You go off state payroll for any reason.
• You or your dependent becomes eligible for Medicare.
• Your dependent becomes ineligible for coverage.
• Your spouse becomes employed or ends employment with the state.
Health and Wellbeing

Your total health is important to us. We offer a variety of benefits to keep you physically and mentally healthy. Take time to read about your options so that you can make informed decisions about the state group insurance plans that are best for you. Regardless of which plan you select, you should select a primary care provider to manage your care, and you should take advantage of free preventive services to monitor your health.

Health Insurance Plans

We offer four health insurance plans. 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 and copayments. You can self-refer to most specialists, and you have access to a nationwide network and the BlueCard Worldwide® Program.

2. Standard health maintenance organization (HMO) services are provided by Aetna, AvMed, Capital Health Plan, Florida Health Care Plans and UnitedHealthcare. 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.

3. The high deductible PPO works like the standard PPO except you have a higher deductible to meet before anything except certain preventive services is covered. Once you meet your deductible, you pay coinsurance for all services and prescription drugs. Enroll in a health savings account to help offset your out-of-pocket costs.

4. The high deductible HMO has the same in-network requirements as the standard HMO. You must meet a high deductible before anything except certain preventive services are covered and, once you meet your deductible, you pay coinsurance for all services and prescription drugs. Enroll in a health savings account to help offset your out-of-pocket costs.

Find out how a [high deductible health plan works](#).

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

Health Savings Account

A health savings account (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, you will receive the state’s monthly deposit of $41.66 for single coverage and $83.33 for family coverage ($500 and $1000 annually, respectively). Unused funds roll over each year, and you can take your HSA with you when you leave state employment.

Money Savers

- 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 your health plan’s gym membership reimbursement and other discounts.
- 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.
- Use 90-day at retail at participating pharmacies or mail order for your maintenance prescription drugs; you’ll pay only two copayments for a three months’ supply, saving you a copayment. Ask your prescribing provider to write your maintenance drug’s prescription as 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 or management and education programs if you have a chronic disease
  - Information about where to go for urgent care instead of the emergency room
- If you’re eligible, call E4 Health for six free counseling sessions per incident instead of paying out-of-pocket copayments through your health plan.
Use Emergency Rooms for Emergencies

You know that going to an emergency room costs you four times as much as going to urgent care, but did you 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.

Prescription Drug Plan

CVS/caremark administers prescription drug benefits for all health insurance enrollees (except CHP and FHCP Medicare Advantage members). Prescription drug costs differ depending on your health plan and whether you buy generic, preferred brand or non-preferred brand drugs.

Call 888-766-5490 or visit caremark.com/sofrxplan to learn about the preferred drug list (updated quarterly), maintenance medications list, specialty medications, mail order process and 90-day maintenance at retail pharmacies. You can create an account at https://www.caremark.com to see your prescription drug history, order refills and check the status of your mail order drugs.
# Health Plan Summary Comparison Chart

<table>
<thead>
<tr>
<th></th>
<th>Standard</th>
<th>High Deductible (Pair with Health Savings Account)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>HMO and PPO</td>
<td>PPO Only</td>
</tr>
<tr>
<td><strong>Your Costs:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Network Only</td>
<td>Network</td>
</tr>
<tr>
<td></td>
<td>Network</td>
<td>Out of Network</td>
</tr>
<tr>
<td><strong>Annual Deductible</strong></td>
<td>None</td>
<td>$1,300</td>
</tr>
<tr>
<td><strong>(You pay this amount first before the plan pays anything, except for preventive care)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Global In-Network Annual Out-of-Pocket Maximum</strong></td>
<td>$7,150</td>
<td>$14,300</td>
</tr>
<tr>
<td><strong>Preventive Care</strong></td>
<td>Free</td>
<td>Free; no deductible</td>
</tr>
<tr>
<td><strong>Primary Care</strong></td>
<td>$20 copayment</td>
<td>$15 copayment</td>
</tr>
<tr>
<td><strong>Specialist</strong></td>
<td>$40 copayment</td>
<td>$25 copayment</td>
</tr>
<tr>
<td><strong>Urgent Care</strong></td>
<td>$25 copayment</td>
<td>$25 copayment</td>
</tr>
<tr>
<td><strong>Emergency Room</strong></td>
<td>$100 copayment</td>
<td>$100 copayment</td>
</tr>
<tr>
<td><strong>Hospital Stay</strong></td>
<td>$250 copayment</td>
<td>20% after $250 copayment</td>
</tr>
<tr>
<td></td>
<td></td>
<td>40% after you pay $500 copayment plus the amount between charge and allowance</td>
</tr>
<tr>
<td><strong>Generic Drugs</strong></td>
<td></td>
<td>Pay in full; file claim for reimbursement</td>
</tr>
<tr>
<td><strong>Preferred Brand</strong></td>
<td></td>
<td>Pay in full; file claim for reimbursement</td>
</tr>
<tr>
<td><strong>Non-Preferred Brand</strong></td>
<td></td>
<td>Pay in full; file claim for reimbursement</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Pay in full; file claim for reimbursement</td>
</tr>
<tr>
<td><strong>Monthly Premiums:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Career Service/OPS</td>
<td>$50.00 Single</td>
<td>$180.00 Family</td>
</tr>
<tr>
<td>Select Exempt Service/ Sr. Management Service</td>
<td>$8.34 Single</td>
<td>$30.00 Family</td>
</tr>
<tr>
<td>Spouse Program</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$30.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Over-age Dependents (age 26 - 30)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$692.84 Each</td>
<td>$616.18 Each</td>
</tr>
<tr>
<td>COBRA</td>
<td>$706.70 Single</td>
<td>$1,590.79 Family</td>
</tr>
<tr>
<td>Retiree &lt; Age 65</td>
<td>$692.84 Single</td>
<td>$1,559.60 Family</td>
</tr>
<tr>
<td>Medicare Tiers:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicare I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicare II</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicare III</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Med I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Med II</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Med III</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retiree ≥ Age 65 or on SSI Disability</td>
<td>$388.38</td>
<td>$1,119.85</td>
</tr>
<tr>
<td>Capital Health Plan</td>
<td>$276.00</td>
<td>$893.92</td>
</tr>
<tr>
<td>Florida Health Care Plans</td>
<td>$59.00</td>
<td>$689.41</td>
</tr>
</tbody>
</table>

**Note:**
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.
## Wellness Benefits Comparison Chart

<table>
<thead>
<tr>
<th>Benefits</th>
<th>PPO PLAN</th>
<th>HMO PLANS</th>
<th>Florida Health Care Plans</th>
<th>UnitedHealthcare</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Online Information, Tools and Member Discounts</strong></td>
<td>Aetna</td>
<td>AvMed</td>
<td>Capital Health Plan</td>
<td>Florida State of Florida</td>
</tr>
<tr>
<td><strong>Health Assessments</strong></td>
<td>Provided</td>
<td>Provided</td>
<td>Provided</td>
<td>Provided</td>
</tr>
<tr>
<td><strong>Fitness Memberships</strong></td>
<td>20%-35% discount at participating facilities.</td>
<td>20%-35% discount at participating facilities.</td>
<td>Provided through the Rally wellness portal.</td>
<td>Provided through the Rally wellness portal.</td>
</tr>
<tr>
<td><strong>Smoking Cessation</strong></td>
<td>Help available from Airmed.</td>
<td>The online Breathe program of the Simple Steps to a Healthier Life initiative offers a smoking cessation plan that includes online programs and classes.</td>
<td>Florida Quitline: 877-822-6669</td>
<td>Florida Quitline: 877-822-6669</td>
</tr>
<tr>
<td><strong>Weight Management</strong></td>
<td>Discounts available through Jenny Craig and Nutrisystem.</td>
<td>Discounts available through Jenny Craig and Nutrisystem.</td>
<td>Discounts available through Jenny Craig.</td>
<td>Discounts available through Jenny Craig.</td>
</tr>
<tr>
<td><strong>Nutritional Supplements</strong></td>
<td>15% off or more on 2,000 daily calorie plan with other homeopathic remedies.</td>
<td>15% off or more on 2,000 daily calorie plan with other homeopathic remedies.</td>
<td><a href="https://www.floridablue.com">Florida Quitline</a> Health Information Line: 800-363-3400</td>
<td><a href="https://www.floridablue.com">Florida Quitline</a> Health Information Line: 800-363-3400</td>
</tr>
<tr>
<td><strong>Prenatal Education</strong></td>
<td>Healthy Add-On Prenatal Program: 800-955-7635, option 6</td>
<td>Healthy Add-On Prenatal Program: 800-955-7635, option 6</td>
<td>Member’s obstetric provider, prenatal education.</td>
<td><a href="https://www.floridablue.com">Health Dialog</a> 877-89-2583, option 6</td>
</tr>
<tr>
<td><strong>Massage and Aesthetics</strong></td>
<td>Discounts available.</td>
<td>Discounts available.</td>
<td>Discounts available.</td>
<td>Discounts available.</td>
</tr>
<tr>
<td><strong>Medication and Guided Imagery</strong></td>
<td>Discounts available.</td>
<td>Discounts available.</td>
<td>Discounts available.</td>
<td>Discounts available.</td>
</tr>
<tr>
<td><strong>Exercise Classes (e.g., yoga, Pilates)</strong></td>
<td>Discounts available.</td>
<td>Discounts available.</td>
<td>Discounts available.</td>
<td>Discounts available.</td>
</tr>
<tr>
<td><strong>Fitness Equipment, Apparel and Footwear</strong></td>
<td>Discounts available.</td>
<td>Discounts available.</td>
<td>Discounts available.</td>
<td>Discounts available.</td>
</tr>
</tbody>
</table>
Employee Assistance Program

E4 Health administers the state's Employee Assistance Program. 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 Health offers free support, resources and counseling for your total wellbeing: work-life balance, child and elder care referral and location services, financial and legal concerns, family and relationship challenges and depression and substance abuse.

You, your family and your household members are automatically enrolled in this free benefit, and you can receive up to six counseling sessions per issue, per year at no cost. E4 Health also supports teenagers with their life challenges, such as cyberbullying and peer pressure.

Look for monthly e-newsletters on topics to help you better manage life’s unexpected turns. Help is available any time and is always confidential. Visit E4 Health today by logging on to People First for a brighter tomorrow.
Flexible Spending Accounts

Chard Snyder is the administrator of three types of reimbursement accounts, called flexible spending accounts, or FSAs, that give you a tax break on eligible out-of-pocket expenses. Use the prepaid Benny® card at the time of service as a convenient payment option wherever most credit cards are accepted.

- Healthcare FSA – Deposit up to $2,550 each plan year on a pretax basis and use to pay for eligible healthcare expenses.
- Limited purpose FSA – Deposit up to $2,550 each plan year on a pretax basis and use to pay for eligible dental and vision expenses (can be paired with a health savings account).
- Dependent care FSA – Deposit up to $5,000 each plan year on a pretax basis and use to pay for eligible dependent care expenses for children under age 13 and adults whom you can claim on your tax return.

IRS requires you to spend all of the money you contributed to your FSA by March 15 of the next plan year; otherwise, you will forfeit it.

Find out how each account works or see chart.

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; it essentially works like an interest-free, tax-free loan.
- Pay for predictable costs like orthodontic braces with healthcare FSA funds (annual limits and participation rules apply).
- Estimate how much you can save on your taxes with the Tax-Savings Calculator.

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

<table>
<thead>
<tr>
<th>How It Works</th>
<th>Limited Purpose FSA</th>
<th>Dependent Care FSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>You deposit pretax money into the account through payroll deductions to pay for eligible services and items.</td>
<td>Use the Benny® prepaid benefits card to pay for qualified services and items.</td>
<td>You deposit pretax money into the account through payroll deductions. You get reimbursed for eligible dependent care services under age 13 that you claim on your tax return or age 13 or older who lives with you at least 8 hours a day and needs supervised care, such as an elderly parent or spouse with a disability.</td>
</tr>
<tr>
<td>- Use the Benny® prepaid benefits card to pay for qualified services and items.</td>
<td>Pay your provider directly from your online account, or Pay out of pocket for eligible medical expenses; then submit claims to be reimbursed.</td>
<td>Use the Benny® prepaid benefits card to pay for qualified dependent care services, Pay your provider directly from your online account, or Pay out of pocket for eligible dependent care expenses; then submit claims to be reimbursed.</td>
</tr>
</tbody>
</table>

### Health Savings Account (HSA)

The state contributes pretax money to your personal bank account each month for you to pay for eligible health expenses and save for future costs. You may also deposit pretax money:

- Pay for eligible expenses from this savings account at time of service or purchase,
- Pay your provider directly from your online account, or
- Pay out of pocket for eligible expenses; then submit claims to be reimbursed.

### Who Is Eligible

- Full- and part-time salaried employees (not OPS).
- Benefits-eligible employees.
- Employees enrolled in a high deductible health plan.

### State Contribution

- No
- No
- Yes. Must enroll in an HSA online in People First, which enrollment automatically opens your HSA Advantage™ account. The state contributes the following:
  - $41.66/month for single coverage (up to $500/year)
  - $83.33/month for family coverage (up to $1,000/year)

### Employee Contribution Limit

<table>
<thead>
<tr>
<th>Flexible Spending Accounts (FSA)</th>
<th>Health Savings Account (HSA)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Healthcare FSA</strong></td>
<td><strong>Dependent Care FSA</strong></td>
</tr>
<tr>
<td>Yes. 60 minimum/year</td>
<td>Yes. 60 minimum/year</td>
</tr>
<tr>
<td>Yes. 2,550 maximum/year</td>
<td>Yes. 2,550 maximum/year</td>
</tr>
<tr>
<td>Yes. $4,000/year for family coverage</td>
<td></td>
</tr>
</tbody>
</table>

### When Money Is Available

- The total amount of your annual election is available Jan. 1 (for open enrollment) or on your enrollment date for new hires or individuals who have an appropriate qualifying status change (QSC) event.
- The total amount of your annual election is available Jan. 1 (for open enrollment) or on your enrollment date for new hires or individuals who have an appropriate qualifying status change (QSC) event.
- Money is added to your account after each payroll deduction. You must use only the amount you have in your account at that time.
- As the state deposits money into your Chard Snyder HSA Advantage™ personal savings account.

### Payment Card

- Yes. Benny® prepaid benefits card
- Yes. Benny® prepaid benefits card
- Yes. Benny® prepaid benefits card

### Deadline to Use Funds

- Yes. Grace period to use funds ends March 15, and you must submit all claims by April 15 of the next plan year. Otherwise, you lose any remaining money.
- Yes. Grace period to use funds ends March 15, and you must submit all claims by April 15 of the next plan year. Otherwise, you lose any remaining money.
- Yes. Grace period to use funds ends March 15, and you must submit all claims by April 15 of the next plan year. Otherwise, you lose any remaining money.

### Health Plan Option

- Standard PPO or HMO, but enrollment not required.
- High deductible PPO or HMO; enrollment not required.
- High deductible PPO or HMO enrollment required.

### Enroll in Another

- Yes, Dependent care FSA
- Yes, HSA and dependent care FSA
- Yes, Healthcare FSA or HSA and limited purpose FSA

### How to Enroll

1. Enroll online in People First. Complete the Dependent Certification process; then select Change or Add in the Make a Change column for the account type.
2. Enter the Annual Amount and click the Select 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.
3. Enter your password and select the Complete Enrollment button. Once you enter an amount, you can change only during open enrollment or during the year with a QSC.

Easy step-by-step instructions.

Life Insurance

Securian, formerly Minnesota Life, 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

<table>
<thead>
<tr>
<th>Type</th>
<th>Benefit Amount</th>
<th>Enrollment</th>
<th>Monthly Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Life</td>
<td>$25,000</td>
<td>• Salaried, full-time employees automatically enrolled&lt;br&gt;• Part-time and OPS employees must enroll</td>
<td>• Salaried, full-time: no premium&lt;br&gt;• Part-time: pro-rated premium&lt;br&gt;• OPS: $3.58</td>
</tr>
<tr>
<td>Optional Life</td>
<td>One to seven times your base annual earnings ($1 million max)</td>
<td>Guaranteed issue for new hires up to 5x salary ($500,000 max); up to 7x if you qualify ($1,000,000,000 max)</td>
<td>Varies by coverage level, salary and age</td>
</tr>
<tr>
<td>(salaried employees only)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dependent Spouse</td>
<td>$15,000</td>
<td>Guaranteed issue if you enroll when first hired or you marry</td>
<td>$4.50</td>
</tr>
<tr>
<td>Dependent Child</td>
<td>$10,000 per each child</td>
<td>Guaranteed issue</td>
<td>$0.85 (covers all eligible children)</td>
</tr>
<tr>
<td>Basic Life for Retirees</td>
<td>$2,500</td>
<td>$10,000</td>
<td>Continue life insurance when you retire</td>
</tr>
</tbody>
</table>

### Additional Life Benefits

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

Find out why optional life insurance may be important for you.

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

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

<table>
<thead>
<tr>
<th></th>
<th>Prepaid Dental</th>
<th>Dental Preferred Provider Organization (DPPO)</th>
<th>Dental Indemnity with a DPPO Network Plan</th>
<th>Dental Indemnity Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Definition</strong></td>
<td>Must use only network dental providers. No coverage for out-of-network services.</td>
<td>May use any dental provider, but pay less when using network dental providers.</td>
<td>May use any dental provider, but pay discounted rates when using network dental providers.</td>
<td>May use any dental provider, but you pay first and then get reimbursed a set fee (scheduled amount) for covered services.</td>
</tr>
<tr>
<td><strong>Choice of Providers</strong></td>
<td>Network only</td>
<td>In or out of network</td>
<td>In or out of network</td>
<td>Any you choose</td>
</tr>
<tr>
<td><strong>Preventive Care (no deductible)</strong></td>
<td>No charge for most preventive services.</td>
<td>No charge in network; you pay 20% of costs for out of network.</td>
<td>You pay cost above set dollar amount.</td>
<td>You pay cost above set dollar amount.</td>
</tr>
<tr>
<td><strong>Deductible</strong></td>
<td>No</td>
<td>Yes, for basic and major care</td>
<td>Yes, for basic and major care</td>
<td>Yes, for basic and major care</td>
</tr>
<tr>
<td><strong>Basic and Major Care</strong></td>
<td>You pay set copays or a percentage of cost.</td>
<td>You pay a percentage of cost.</td>
<td>You pay cost above a set dollar amount or a percentage of cost.</td>
<td>You pay cost above a set dollar amount.</td>
</tr>
<tr>
<td><strong>Calendar Year Maximum</strong></td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>You Should Know</strong></td>
<td>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.</td>
<td>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.</td>
<td>Ameritas Dental Plan</td>
<td>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.</td>
</tr>
</tbody>
</table>

### People First Plan Code and Plan Name

- 4004 Humana Network Plus
- 4014 UnitedHealthcare Dental Solstice S700
- 4025 Assurant Employee Benefits Prepaid 225
- 4034 Cigna Dental
- 4044 Humana Select 15
- 4054 Humana Preferred Plus
- 4064 Estimate how much you can save on your taxes with the Tax-Savings Calculator.
- 4074 Assurant Employee Benefits Freedom Advance
- 4084 Humana Schedule B

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

<table>
<thead>
<tr>
<th>People First Plan Code</th>
<th>Plan Name</th>
<th>Employee Only</th>
<th>Employee + Spouse</th>
<th>Employee + Child(ren)</th>
<th>Employee + Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>4004</td>
<td>Humana Network Plus</td>
<td>$24.06</td>
<td>$47.42</td>
<td>$56.54</td>
<td>$72.22</td>
</tr>
<tr>
<td>4014</td>
<td>United Solstice 9700</td>
<td>10.91</td>
<td>23.95</td>
<td>29.90</td>
<td>41.98</td>
</tr>
<tr>
<td>4025</td>
<td>Assurant Prepaid 225</td>
<td>14.93</td>
<td>25.17</td>
<td>33.26</td>
<td>43.54</td>
</tr>
<tr>
<td>4034</td>
<td>Cigna Dental</td>
<td>24.01</td>
<td>47.31</td>
<td>56.41</td>
<td>72.06</td>
</tr>
<tr>
<td>4044</td>
<td>Humana Select 15</td>
<td>12.64</td>
<td>21.20</td>
<td>23.00</td>
<td>32.98</td>
</tr>
<tr>
<td>4054</td>
<td>Humana Preferred Plus</td>
<td>32.40</td>
<td>59.94</td>
<td>66.98</td>
<td>97.24</td>
</tr>
<tr>
<td>4064</td>
<td>Ameritas Indemnity/PPO</td>
<td>10.20</td>
<td>20.76</td>
<td>27.00</td>
<td>37.56</td>
</tr>
<tr>
<td>4074</td>
<td>Assurant Freedom Advance</td>
<td>43.55</td>
<td>83.61</td>
<td>98.83</td>
<td>130.35</td>
</tr>
<tr>
<td>4084</td>
<td>Humana Schedule B</td>
<td>14.74</td>
<td>21.96</td>
<td>23.30</td>
<td>37.10</td>
</tr>
</tbody>
</table>

### Money Savers

- Review your dental plan's [plan documents](#) for benefit limits and exclusions, especially if you currently need major dental work.
- Confirm your dentist and dental specialists participate in your plan’s network and accept the specific plan.
- Search your dental plan’s online provider directory for dentists accepting new patients. Call the dentist’s office to confirm it has a reasonable appointment schedule, especially for first-time patients.
- Before making an appointment, call your prepaid dental insurance company to be added to your dentist’s roster of patients; otherwise, you will have no coverage when you go.
- Ask your dentist for prior-treatment cost evaluation to avoid expensive surprises.
- Talk to the dental plan about prior authorization requirements and other special processes.
**Vision Plan**

Humana offers eye exams and materials coverage.

**Vision Plan Chart**

<table>
<thead>
<tr>
<th>Exam and Materials</th>
<th>Benefit Frequency (based on the service date and not per calendar year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exam Every</td>
<td>12 months</td>
</tr>
<tr>
<td>Lenses Every</td>
<td>12 months</td>
</tr>
<tr>
<td>Frames Every</td>
<td>24 months</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Benefits</th>
<th>In Network</th>
<th>Out of Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eye Exam</td>
<td>100% after you pay $10 copay</td>
<td>$40 allowance</td>
</tr>
<tr>
<td>Lenses:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>100% after you pay $10 copay</td>
<td>$40 allowance</td>
</tr>
<tr>
<td>Bifocal</td>
<td>100% after you pay $10 copay</td>
<td>$60 allowance</td>
</tr>
<tr>
<td>Trifocal</td>
<td>100% after you pay $10 copay</td>
<td>$80 allowance</td>
</tr>
<tr>
<td>Scratch Resistance Lenses</td>
<td>$25 allowance</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Anti-Reflective Lenses</td>
<td>$50 allowance</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Frames</td>
<td>$75 wholesale allowance</td>
<td>$60 retail allowance</td>
</tr>
<tr>
<td>Contact Lenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elective</td>
<td>$150 allowance</td>
<td>$75 allowance</td>
</tr>
<tr>
<td>Medically Necessary</td>
<td>100%</td>
<td>$100 allowance</td>
</tr>
<tr>
<td>LASIK</td>
<td>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.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Monthly Premium</th>
<th>Employee Only</th>
<th>Employee + Spouse</th>
<th>Employee + Child(ren)</th>
<th>Employee + Family</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$6.32</td>
<td>$12.48</td>
<td>$12.34</td>
<td>$19.38</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Plan</th>
<th>Benefit Examples</th>
<th>Offered By</th>
</tr>
</thead>
</table>
| Accident                    | • 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                      | • 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                  | • 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             | • 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.
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.

Dependent Care FSA Nondiscrimination Testing

Employee classification testing must occur to ensure IRS Code nondiscrimination requirements related to dependent care flexible spending accounts (FSA) are met. If any issues are discovered through testing, your contribution amount for the dependent care FSA may be adjusted; otherwise, you may be taxed on the amount of benefits you receive. We will notify you if this situation occurs. For more information, visit www.ire.gov to access Title 26, subsection 129, dependent care assistance programs, of the Internal Revenue Code.