



Dear State of Florida Retiree:

Congratulations on your retirement! As a new retiree, you need to be aware of State Group Insurance benefit options available to you. Please read each section carefully.

**Section A: Summary of options to continue your current coverage**

- **Health**—continue through COBRA for up to 18 months or elect retiree coverage
- **Basic Life**—choose either the \$2,500 or the \$10,000 benefit (Optional Life is not available)
- **Dental and Vision**—continue through COBRA for up to 18 months
- **Other Supplemental Plans**—contact your insurance company about converting your policy or buying an individual plan
- **Health Savings Account**—make contributions until Medicare eligible, but the state will no longer make contributions
- **Medical Reimbursement Account**—continue through the end of the calendar year if you pay the balance and complete the form
- **Dependent Care Reimbursement Account**—ends with your last employee payroll deduction, but you can file claims that were incurred before your termination date

**Section B: Information you should receive in the mail**

When your personnel office completes the retirement process for you, you should receive two packets by mail:

1. **COBRA rights information packet:**
  - **Health:** Federal law (COBRA) provides that insured employees and their covered dependent(s) may continue group health coverage for up to 18 months from the date employment ends or until they become covered under another group plan, whichever is first. We are required by law to notify you of your COBRA rights.
  - **Supplemental Dental and Vision:** The enrollment forms in your COBRA information packet have information about your current state dental and/or vision plans (if any). You can only continue your dental and/or vision plans under COBRA provisions.
2. **Retiree enrollment packet (enclosed with this letter):**
  - **Your Benefits Statement:** Shows your current insurance coverage with the state. Please carefully review this statement and the benefit messages.
  - **New Retiree Health and Life Insurance Election Form:** Use to continue or end your coverage as a retiree. You must enroll within 31 days of your last day of work if you are currently enrolled in health and/or life insurance. You must also send the appropriate payments to remain covered (see Section C).

- **Premium Chart:** Shows retiree premium rates for the Preferred Provider Organization (PPO) Plan and Health Maintenance Organizations (HMO) Plans.
- **Authorization to Use and/or Disclose Personal Health Information Form:** Complete this form to give another person, such as your spouse, authorization to speak to People First about your benefits.

**Section C: To continue your coverage if you currently have insurance benefits**

❖ **Make smart choices:**

- **You must make health and life insurance elections through the State Group Insurance Program within 31 days after your employment ends. If you do not, you will not be able to enroll at a later time as a retiree.**
- Review your enclosed benefits statement to see your coverage options. Upon retirement, you can change from family to individual coverage, but you can only change plans if you have an appropriate qualifying event, such as moving out of an HMO service area. You're allowed to make any changes during open enrollment.
- Contact the insurance carriers directly to convert your supplemental policies or to buy an individual plan. Go to [MyFlorida.com/MyBenefits](http://MyFlorida.com/MyBenefits) for contact information.
- Call the People First Service Center (People First) at (866) 663-4735. TTY users call (866) 221-0268 for help.
- If you and your spouse are both State of Florida retirees with no eligible dependents, think about changing your level of coverage from family to two individual policies. This may be cheaper than the family plan.
- If your spouse is an active State of Florida employee, you should become a dependent under your spouse's health plan. You will be able to enroll in retiree health insurance later when your spouse retires or ends state employment; however, to keep life insurance, you must enroll now.

❖ **Complete the enclosed New Retiree Health and Life Insurance Election Form to continue coverage as a retiree.** If you call People First and make your choices over the phone, you don't need to complete the form. Mail and fax information are on the form.

❖ **Send the required premium payments for each month of coverage.** To continue state health and/or life as a retiree, you must send a personal check, money order, or cashier's check for the first month of coverage. Write your People First ID number on your payment, made payable to Division of State Group Insurance and send it to:

People First  
PO Box 863477  
Orlando, FL 32886-3477

You can pay up to six months in advance, but you must pay by the 10<sup>th</sup> of the month for the next month's coverage; for example, payments for July coverage are due to People First by June 10. To enroll before sending your payment, call People First. If your payment is not

received by the 10<sup>th</sup>, your coverage will be suspended for the next month and you will not be eligible for services until the full payment is received. If your payment is not received by the last day of the month in suspension, your coverage will be cancelled and you will not be able to re-enroll.

If you will receive a Florida Retirement System (FRS) monthly pension payment and it is large enough, you can have your premiums deducted each month. First call the Division of Retirement (DOR) at (888) 377-7687 to find out when your monthly pension payment will begin; Tallahassee residents call 488-4742. Then call People First to set up the deduction. You must continue to send payments to People First until your deductions start.

- ❖ **Submit your application for the Health Insurance Subsidy.** The health insurance subsidy is an employee benefit of the FRS. Retirees who carry any form of qualified health insurance receive a monthly supplemental payment based on years of service. If you are an FRS pension plan retiree, the DOR Payroll Section will send the HIS-1 form to you in your retiree packet. If you are continuing your State Group Health Insurance as a retiree or if you are a covered dependent under your spouse's State Group Health Insurance plan, complete the HIS-1 form and send or fax it to:

People First  
PO Box 6830  
Tallahassee, FL 32314  
  
Fax: (800) 422-3128

People First will process this form to certify to FRS that you have State Group Health coverage and return it to the DOR.

Investment Plan members are eligible for the HIS benefit only if they meet certain requirements. Go to <http://www.DMS.MyFlorida.com/Retirement> to learn more.

Note: If your retiree health insurance coverage will be strictly through a private vendor or Medicare, follow the instructions for submission on the HIS-1 form. People First can only certify State Group Health Insurance coverage.

- ❖ **We can send you coupons to pay directly.** Call People First if you are a retiree under an optional retirement plan or if your FRS monthly pension payment, including the Health Insurance Subsidy, will not cover your monthly health and life insurance premium deductions. If your monthly pension payment will not cover both, you should have your life insurance deducted and pay your health insurance directly by check, cashier's check, or money order.
- ❖ **If you are enrolled in a Medical Reimbursement Account (MRA) you can continue your benefit through the end of the reimbursement period.** Complete and submit an MRA Options When Employment Ends Form, located at [MyFlorida.com/MyBenefits](http://MyFlorida.com/MyBenefits) in the Forms and Publications section. This form gives you the option of paying the balance of your account on a pretax basis from your sick or annual leave payout, or you can pay by personal check on a post-

tax basis. Once you make the election, you will have until the end of the reimbursement period to file claims.

#### **Section D: To cancel your coverage**

- ❖ **Complete the enclosed New Retiree Health and Life Insurance Election Form** within 31 days after your employment ends to cancel your health and/or life plans.

**You should know:** If you decide not to continue your plans within this time frame, ***you will not be allowed to join the State Group Insurance health and/or life plans at a later date as a retiree.*** Program guidelines are clear that if you opt out of health and life insurance benefits at the time of retirement, you cannot re-enter the State Group Insurance Program unless you are re-employed with the state. If your spouse will continue to be actively employed, you can be covered as a dependent under your spouse's health plan. Once your spouse leaves employment, you can change your health coverage at that time.

- ❖ **To cancel your Medical Reimbursement Account**, complete and submit the MRA Options When Employment Ends Form, located at [MyFlorida.com/MyBenefits](http://MyFlorida.com/MyBenefits) in the Forms and Publications section.
- ❖ **Dental, vision and other supplemental plans** will automatically end the last day of the month following your termination date; for example, if your termination date is June 10, your coverage ends July 31.

#### **Section E: Medicare information**

Once you retire and become eligible for Medicare Parts A and B due to age (65) or disability, you should contact the Social Security Administration (SSA) about your Medicare benefits. Enrollment in Medicare is time sensitive and you may be subject to substantial financial penalties if you fail to meet federal deadlines. Contact your local SSA office three months before your 65<sup>th</sup> birthday: call 800-MEDICARE (800-633-4227), or visit [www.Medicare.gov](http://www.Medicare.gov) for more information. TTY users call (877) 486-2048.

If the SSA determines you are Medicare eligible, the State Group Insurance Plan pays health insurance claims secondary to (after) Medicare, even if you don't sign up for or purchase Medicare Part B, medical. This also applies to dependents on your plan who are eligible for Medicare. Failure to buy Medicare Part B means you will have significant out-of-pocket expenses for Part B eligible services because you will be required to pay the portion (approximately 80 percent) that Medicare would have paid. If you choose to continue your state health insurance coverage once you're eligible for Medicare, you should elect your Medicare Part B coverage. Although Medicare does not require you to purchase Part B, it is in your financial interest to do so.

**For proper enrollment and claims processing, send a copy of your or your dependent's Medicare ID card to People First as soon as you or your dependent(s) get it from the SSA.**

If the SSA determines you are not eligible for Medicare at age 65, send a copy of your Medicare ineligibility letter to People First to ensure your health insurance coverage continues without interruption. Mail or fax copies of Medicare documentation with your People First ID number to:

People First  
PO Box 6830  
Tallahassee, FL 32314  
Fax (800) 422-3128

**Section F: Important reminders**

- ❖ **Special life insurance provisions for total disability—Waiver of Premium.** Minnesota Life may waive premiums if you are disabled before age 60. If you become disabled, call Minnesota Life at (888) 826-2756 for more information on the Waiver of Premium provisions.
- ❖ **Home address:** Keep your home address up to date in People First to receive open enrollment materials and other important information timely.
- ❖ **Use the website:** To see your benefits information in People First, log in and go to Health & Insurance > Your Benefits. To see your monthly premium payments go to Health & Insurance > Premium History and select the month you want to see. Remember to keep your password updated every 90 days so that you can use the system during open enrollment or to make changes for qualifying events.

If you have questions about your insurance benefits upon retirement, call us at (866) 663-4735 or TTY (866) 221-0268. We are open Monday through Friday, from 8 a.m. to 6 p.m. Eastern time.

Sincerely,  
People First Service Center

## RETIREE HEALTH INSURANCE INFORMATION EFFECTIVE MAY 1, 2013

The PPO Plan is available nationwide. HMO eligibility is limited to the county in which you live (see below). Go to Page 2 (PPO) or 3 (HMO) to find the premium amounts for your coverage level. Your premium is based on whether you're 1) enrolled in a Standard or Health Investor plan, 2) less than age 65 or 65+, 3) covering just yourself or your entire family.

<b>Alachua</b> AvMed	<b>Columbia</b> AvMed	<b>Hamilton</b> AvMed	<b>Lake</b> AvMed	<b>Nassau</b> AvMed	<b>Sarasota</b> UnitedHealthcare	<b>Washington</b> UnitedHealthcare
<b>Baker</b> AvMed	<b>Desoto</b> UnitedHealthcare	<b>Hardee</b> AvMed	<b>Lee</b> UnitedHealthcare	<b>Okaloosa</b> UnitedHealthcare	<b>Seminole</b> AvMed	
<b>Bay</b> UnitedHealthcare	<b>Dixie</b> AvMed	<b>Hendry</b> Coventry	<b>Leon</b> Capital Health Plan	<b>Okeechobee</b> UnitedHealthcare	<b>St. Johns</b> AvMed	
<b>Bradford</b> AvMed	<b>Duval</b> AvMed	<b>Hernando</b> AvMed	<b>Levy</b> AvMed	<b>Orange</b> AvMed	<b>St. Lucie</b> AvMed Coventry	
<b>Brevard</b> Aetna	<b>Escambia</b> Coventry	<b>Highlands</b> AvMed	<b>Liberty</b> Capital Health Plan	<b>Osceola</b> AvMed	<b>Sumter</b> AvMed	
<b>Broward</b> AvMed Coventry	<b>Flagler</b> AvMed Florida Health Care Plans	<b>Hillsborough</b> AvMed	<b>Madison</b> Coventry	<b>Palm Beach</b> AvMed Coventry	<b>Suwannee</b> AvMed	
<b>Calhoun</b> Capital Health Plan	<b>Franklin</b> Capital Health Plan	<b>Holmes</b> UnitedHealthcare	<b>Manatee</b> AvMed	<b>Pasco</b> AvMed	<b>Taylor</b> UnitedHealthcare	
<b>Charlotte</b> UnitedHealthcare	<b>Gadsden</b> Capital Health Plan	<b>Indian River</b> AvMed	<b>Marion</b> AvMed	<b>Pinellas</b> AvMed	<b>Union</b> AvMed	
<b>Citrus</b> AvMed	<b>Gilchrist</b> AvMed	<b>Jackson</b> UnitedHealthcare	<b>Martin</b> AvMed	<b>Polk</b> AvMed	<b>Volusia</b> AvMed Florida Health Care Plans	
<b>Clay</b> AvMed	<b>Glades</b> UnitedHealthcare	<b>Jefferson</b> Capital Health Plan	<b>Miami-Dade</b> AvMed Coventry	<b>Putnam</b> UnitedHealthcare	<b>Wakulla</b> Capital Health Plan	
<b>Collier</b> UnitedHealthcare	<b>Gulf</b> UnitedHealthcare	<b>Lafayette</b> UnitedHealthcare	<b>Monroe</b> UnitedHealthcare	<b>Santa Rosa</b> Coventry	<b>Walton</b> UnitedHealthcare	

## RETIREE HEALTH INSURANCE INFORMATION EFFECTIVE MAY 1, 2013

### IMPORTANT REMINDERS FOR ALL RETIREES:

Once you retire and become eligible for Medicare Part A and Part B due to age (65) or disability, you should contact the Social Security Administration (SSA) about your Medicare benefits. Enrollment in Medicare is time sensitive and you may be subject to substantial financial penalties if you fail to meet federal deadlines. Contact your local SSA office, call 800-MEDICARE (800-633-4227), or visit [www.Medicare.gov](http://www.Medicare.gov) for more information. TTY users call (877) 486-2048.

### Paying Health Insurance Claims

If the SSA determines you are Medicare eligible, the State Group Insurance Plan will pay health insurance claims secondary to (after) Medicare, even if you don't sign up for or purchase Medicare Part B, medical. This also applies to dependents on your plan who are eligible for Medicare. Failure to buy Medicare Part B means you will have significant out-of-pocket expenses for Part B eligible services because you will be required to pay the portion (approximately 80 percent) that Medicare would have paid. If you choose to continue your state health insurance coverage once you're eligible for Medicare, you should elect your Medicare Part B coverage. Although Medicare does not require you to purchase Part B, it is in your financial interest to do so.

### Medicare Identification (ID) Card

For proper enrollment and claims processing, you must send a copy of your Medicare ID card to the Service Center as soon as you get it from the SSA. This includes ID cards for your Medicare-eligible dependents.

### If You're Not Eligible for Medicare

If the SSA determines you are not eligible for Medicare at age 65, send a copy of your Medicare ineligibility letter to the Service Center to ensure your health insurance coverage continues without interruption.

### Contact Information

Mail copies of Medicare documentation with your People First ID number to People First Service Center, PO Box 6830, Tallahassee, FL 32314 or fax to (800) 422-3128.

If you are moving or will be on extended travel, update your address information in People First.

### State Employees' PPO Plan - Premiums effective May 2013 for June 2013 coverage

	Less than 65 Years of Age		Medicare Eligible (age 65 or due to disability)		
	Individual	Family	<sup>1</sup> Medicare I	<sup>2</sup> Medicare II	<sup>3</sup> Medicare III
<b>Standard Plan</b>	\$587.74	\$1,329.14	\$326.92	\$942.64	\$653.84
<b>Health Investor (High Deductible Plans, No State HSA Contributions)</b>	\$511.08	\$1,130.11	\$246.43	\$771.99	\$492.85

<sup>1</sup>Medicare I is an individual plan for you if you are eligible for Medicare Parts A and B due to age 65 or disability.

<sup>2</sup>Medicare II is a family plan for two or more people if at least one family member is eligible for Medicare Parts A and B due to age 65 or disability.

<sup>3</sup>Medicare III is a family plan for only two people and both are eligible for Medicare Parts A and B due to age 65 or disability.

**RETIREE HEALTH INSURANCE INFORMATION EFFECTIVE MAY 1, 2013**

**HMO Plans - Premiums effective May 2013 for June 2013 coverage**

STANDARD PLANS:	Less than 65 Years of Age		Medicare Eligible (age 65 or due to disability)		
	Individual	Family	<sup>1</sup> Medicare I	<sup>2</sup> Medicare II	<sup>3</sup> Medicare III
Aetna	\$587.74	\$1,329.14	\$326.92	\$942.64	\$653.84
AvMed	\$587.74	\$1,329.14	\$326.92	\$942.64	\$653.84
Capital Health Plan	\$587.74	\$1,329.14	\$268.00*	\$921.83*	\$536.00*
Coventry	\$587.74	\$1,329.14	\$326.92	\$942.64	\$653.84
Florida Health Care Plans	\$587.74	\$1,329.14	\$48.00*	\$698.89*	\$96.00*
UnitedHealthcare	\$587.74	\$1,329.14	\$326.92	\$942.64	\$653.84

HEALTH INVESTOR HEALTH PLANS: (High Deductible Plans, No State HSA Contributions)	Less than 65 Years of Age		Medicare Eligible (age 65 or due to disability)		
	Individual	Family	<sup>1</sup> Medicare I	<sup>2</sup> Medicare II	<sup>3</sup> Medicare III
Aetna	\$511.08	\$1,130.11	\$246.43	\$771.99	\$492.85
AvMed	\$511.08	\$1,130.11	\$246.43	\$771.99	\$492.85
Capital Health Plan	\$511.08	\$1,130.11	\$259.98*	\$853.57*	\$519.96*
Coventry	\$511.08	\$1,130.11	\$246.43	\$771.99	\$492.85
Florida Health Care Plans	\$511.08	\$1,130.11	\$48.00*	\$579.10*	\$96.00*
UnitedHealthcare	\$511.08	\$1,130.11	\$246.43	\$771.99	\$492.85

<sup>1</sup>Medicare I is an individual plan for you if you are eligible for Medicare Parts A and B due to age 65 or disability.

<sup>2</sup>Medicare II is a family plan for two or more people if at least one family member is eligible for Medicare Parts A and B due to age 65 or disability.

<sup>3</sup>Medicare III is a family plan for only two people and both are eligible for Medicare Parts A and B due to age 65 or disability.

\* If you are eligible for Medicare and enroll in either CHP or FHCP through People First, you must also complete a Medicare Advantage plan application with CHP or FHCP.