



ANNUAL ENROLLMENT GUIDE

For the 2025 Plan Year

For Retirees of participating School Districts

In this guide you will find valuable information about the [Medical, Dental and Vision](#) Retiree plans you have available to you through your District.

If you want to maintain your current plans, no action is required! Your benefits will automatically roll over for the 2025 plan year at the 2025 plan year premiums if no action is taken during Annual Enrollment.

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WELCOME TO YOUR FSRBC ANNUAL ENROLLMENT GUIDE

The Florida School Retiree Benefits Consortium (FSRBC) is committed to providing Retirees of participating Districts with a program that is both comprehensive and competitive. FSRBC provides Medicare-eligible retirees with access to high-quality Medicare Medical, Dental, and Vision plans tailored especially for those age 65 or older, who have retired from the Florida public school system. This guide includes information about the benefits available to you that we believe you'll find valuable during this Annual Enrollment period.

What do you need to do this Annual Enrollment?

If you want to maintain your current plan enrollment(s) you don't need to do anything! Your benefits will automatically roll over for the 2025 plan year at the 2025 plan year premiums if no action is taken at Annual Enrollment.

Changes you can make during Annual Enrollment:

- Elect benefits for the first time
- Change plans
- Add dependents
- Remove dependents
- Drop coverage

Key changes and notes for the 2025 year:

Medicare Plans

- **All Prescription Drug Plans** (PDP¹ and MAPD²)
 - GAP coverage phase of prescription drug coverage eliminated in 2025
 - True Out-of-Pocket (TrOOP) Maximum for prescription drugs lowered to \$2,000 (previously \$8,000)
 - NEW! Medicare Prescription Payment Plan
- **United Healthcare AARP PDP** monthly premiums are changing
 - AARP Preferred PDP from \$103.50 in 2024 to \$92.20 in 2025
 - AARP Saver Plus PDP from \$80.60 in 2024 to \$112.60 in 2025
- **United Healthcare PDP** monthly premiums are changing
 - Comprehensive Rx from \$125.58 to \$110.58
 - Premier Rx from \$310.94 in 2024 to \$295.94 in 2025
- **CIGNA PDP** monthly premiums are increasing
 - Basic Rx PDP from \$203.99 in 2024 to \$206.10
 - High Rx PDP from \$310.14 in 2024 to \$322.34
- **Humana MAPD** monthly premium increasing for the Humana Comprehensive PPO from \$295.02 in 2024 to \$403.50 (Humana Zero Premium HMO remaining at \$0 premium)
- **Aetna MAPD** monthly premiums are decreasing
 - Basic from \$116.66 in 2024 to \$157.63 in 2025
 - Enhanced from \$462.01 in 2024 to \$508.51 in 2025
- **UnitedHealthcare & Florida Blue MAPD** plans monthly premiums are staying the same

Dental & Vision Plans

- **Dental**
 - **Great news!** Rates will remain the same in 2025 as they were in 2024
 - Plan designs will remain the same in 2025
 - **In case you missed it: Implants are covered** under Major Service on the **High PPO Dental Plan**
- **Vision**
 - **Great news!** Rates will remain the same in 2025 as they were in 2024
 - Plan designs will remain the same

¹Prescription Drug Plans

²Medicare Advantage with Prescription Drug Plans

Who is Eligible FSRBC?

FSRBC Medicare Medical Plans—Currently, Medicare-eligible retirees and Medicare-eligible spouses from participating Districts that are enrolled in Medicare Parts A and B.

Humana Dental and Vision Plans—If a retiree is enrolled in FSRBC, their spouse and dependents may also enroll in a dental and vision plan.



Who is FSRBC?

The FSRBC was established in 2012, under the Florida Statute 163.01, to provide benefits for Retirees and Dependents eligible for Medicare. Since its inception, FSRBC has grown and is now comprised of 19 School Districts throughout Florida and provides coverage to over 16,000 school district retired employees.

Retirees benefit from the Consortium’s collective purchasing power by gaining access to be high quality Group Plans. Also, retirees’ health insurance subsidy dollars are not considered taxable income by FRS if you have your premium dollars deducted from your pension check. FSRBC is able to offer Group Medicare Advantage Plans with Prescription Drug at a National rate, which do not require medical underwriting (unlike Medicare Supplement plans). Each year, FSRBC works with carriers to review group plan offerings to customize, based on Retiree needs.

What is included in this guide:

Medicare Plans

- Medicare Basics
- Choosing a Medicare Plan
- FSRBC Medicare Medical Plans
- How to Enroll
- Important Billing Information

Dental & Vision Plans

- Plan Details
- How to Enroll
- Important Billing Information

What if I have Additional Questions?

We are here to help! FSRBC is an extension of your district’s benefit offerings and is not a sales organization, we’re happy to help you evaluate your options so you can make the best decision for you! You can join us in a virtual classroom or send us an email. Our website also has extensive resources for you. Visit us at www.myfsrbc.com. Additional contact details are included in this booklet including numbers for the insurance companies.

ANNUAL ENROLLMENT SUPPORT CALENDAR

- FSRBC Annual Enrollment will be held from October 28th – November 15th.
- We will be holding General AE meetings to review all 2025 plans at a high-level (including PDP changes) and PDP Deep Dives to review the 2025 Prescription Drug Changes in detail. More information about these meetings can be found on the next page

October 2024				
Monday	Tuesday	Wednesday	Thursday	Friday
14	15	16	17	18
	General AE 10:00 AM EST		General AE 3:00 PM EST	
21	22	23	24	25
General AE 3:00 PM EST	PDP Deep Dive 10:00 EST	General AE 10:00 EST PDP Deep Dive 3:00pm EST		
28	29	30	31	1
AE Starts! First day to take action				
November 2024				
4	5	6	7	8
11	12	13	14	15
				AE Ends! Last day to take action



ANNUAL ENROLLMENT WEBINARS

Webinar Format: All FSRBC meetings will be held in Webinar format. The **presentation will start promptly at the start time** and take approximately 60 minutes. The remaining time will be used for questions and the meeting will end once all questions are answered. All meetings will be recorded and uploaded to www.myFSRBC.com.

How to Join on a Computer or Laptop: Webinars will be hosted by Microsoft Teams.

We highly recommend that you utilize a device with a large screen with working speakers and a microphone so you can ask questions. The information we will be reviewing is detailed and it's important you are able to see the screen.

Choose a web browser, visit www.myFSRBC.com, click on the “Annual Enrollment Webinars” link. You’ll see a list similar to what you see below with the various dates and a link to join the meeting.

Click the session you want to attend. Click “Continue on this browser” to join the meeting without creating an account (or installing anything on your computer). Follow the instructions to view the webinar and join audio by either phone or computer audio.

Webinar Topics:

- **General AE** – Meeting will cover all 2025 plans at a high-level (including PDP changes)
- **PDP Deep Dive** – Meeting will cover the 2025 changes coming to your prescription drug coverage in detail as well as where to find additional information

Unable to Attend?

All webinars will be recorded and posted on our website along with the presentation.

Tuesday
October 15, 2024

General AE
10:00 AM ET

Thursday
October 17, 2024

General AE
3:00 PM ET

Monday
October 21, 2024

General AE
3:00 PM ET

Tuesday
October 22, 2024

PDP Deep Dive
10:00 AM ET

Wednesday
October 23, 2024

General AE
10:00 EST
PDP Deep Dive
3:00 PM ET

2025 Plan Year Annual Enrollment Updates



2025 CENTER FOR MEDICARE SERVICES (CMS) CHANGES

These changes are implemented by the Center for Medicare and Medicaid Services (CMS) and will be effective beginning January 1, 2025.

		2024	2025
Part A	Monthly Premium	Free for most people	
	Inpatient Hospital Deductible	\$1,632	2025 details have not been released at the time this document was published
Part B	Monthly Premium	\$174.70	
	IRMAA Threshold	\$103,000	
	Deductible	\$240	
	Coinsurance	20%	

2025 MEDICARE PART D CHANGES

	Part D Changes
2023	<ul style="list-style-type: none"> Pharmaceutical manufacturers to pay rebates if drug prices rise faster than inflation* Limits insulin cost sharing to \$35 / month Eliminates cost sharing for adult vaccines
2024	<ul style="list-style-type: none"> Eliminates cost-sharing and establishes \$0 beneficiary liability in the Part D catastrophic phase Current maximum out-of-pocket is \$8,000 for beneficiaries
2025	<ul style="list-style-type: none"> Redesigns the Part D benefit by eliminating the coverage gap Establishes a \$2,000 out-of-pocket maximum for beneficiaries
2026	<ul style="list-style-type: none"> Medicare to begin negotiating drug prices on selected medications

What is it?

The Inflation Reduction Act (IRA) was signed into law in 2022. All Retiree Medicare Part D plans (MAPD and PDP) are impacted.

What does this mean?

Beginning January 1, 2025:

- The coverage gap phase (donut hole) is eliminated.** The drug phases will be the deductible, initial coverage phase and catastrophic coverage phase.
- The total Retiree out-of-pocket costs for Part D prescription drug costs will be limited to \$2,000.** That means that after Retirees have paid a combined total of \$2,000 for their Medicare Part D covered drugs, they will move from the initial coverage stage to the catastrophic coverage stage.
- Out-of-pocket cost may be less based on the revised TrOOP accumulation definition.
- All Medicare Part D enrollees will have the option to **pay their out-of-pocket prescription drug costs in monthly installments over the course of the year.** This is referred to as the Medicare Prescription Payment Plan.
- These changes will affect both Medicare Advantage with Prescription Drugs and Prescription Drug Plans.

2025 MEDICARE PART D CHANGES

What does it look like?

Elimination of the GAP Phase of Prescription Drug Coverage:

To the right is an example of how the elimination of the “Gap” phase will look in 2025 compared to the current benefits plan designs in 2024 for the UHC Premier MAPD plan.

Revised TrOOP:

Your actual out-of-pocket costs (the amount that you pay from your pocket) for prescription drugs on the MAPD or PDP formularies may actually be less than \$2,000 total due to the way that CMS calculates the “True Out-of-Pocket” accumulation.

New Prescription Payment Plan Options:

As a part of the Inflation Reduction Act, this new Medicare Prescription Payment Plan allows qualified plan participants to spread their covered Part D out-of-pocket spending over the remainder of the calendar year. All Part D enrollees in employer group plans are eligible to participate in the Medicare Prescription Payment Plan beginning on or after January 1, 2025. While this program is available to anyone with Medicare Part D, enrollees with high cost-sharing earlier in the plan year are more likely to benefit from the program.

How it works:

- A member can opt in to the program through their plan online, over the phone or by mail
- The member pays \$0 up front for their Part D medication, and the plan pays the pharmacy for the member's cost share
- The plan sends monthly bills to the member, which can be paid online, over the phone or by opting in to autopay
- Future payments increase as the member continues to fill prescriptions throughout the year
- The member won't pay interest or fees on the amount owed even if the payment is late

	2024 UHC Premier MAPD Pharmacy Benefits	2025 UHC Premier MAPD Pharmacy Benefits
Rx Deductible	\$0	\$0
Part D Initial Coverage		
Limit	\$5,030 total drug spend	N/A
Tier 1 Copay	\$5	\$5
Tier 2 Copay	\$30	\$30
Tier 3 Copay	\$60	\$60
Tier 4 Copay	\$80	\$80
Part D Gap Coverage		
Limit	Total out-of-pocket \$8,000	N/A
Tier 1 Copay	\$5	Gap Coverage Phase Eliminated for 2025
Tier 2 Copay	\$30	
Tier 3 Copay	\$60	
Tier 4 Copay	\$80	
Part D Catastrophic Coverage		
Limit	>\$8,000	>\$2,000 of out-of-pocket spend
Tier 1 Copay	\$0	\$0
Tier 2 Copay	\$0	\$0
Tier 3 Copay	\$0	\$0
Tier 4 Copay	\$0	\$0
Monthly Retiree Premium	\$357.58	\$357.58

Be sure to join a webinar to receive more information on changes to your prescription drug coverage. All webinars will be recorded and available for playback on our website. See page 7 of this guide for webinar details.

CONFIRM YOUR PRESCRIPTION DRUG COVERAGE

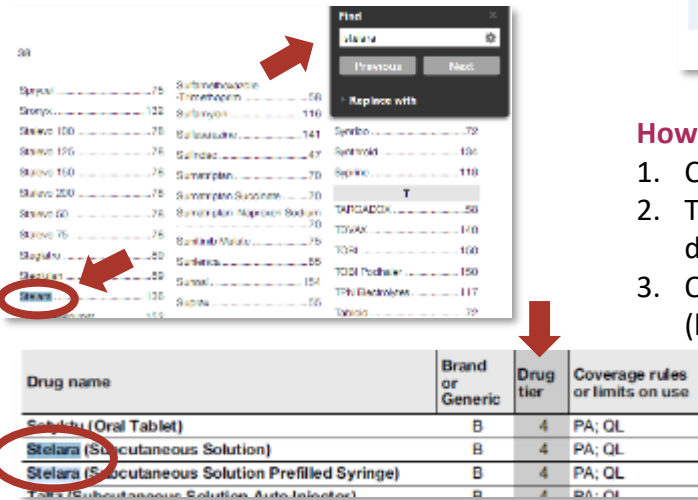
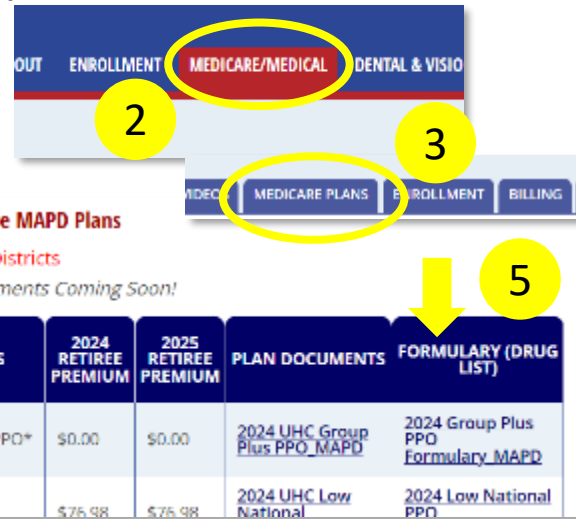
If you are enrolled in, or are consider enrolling in an FSRBC plan with Prescription Drug coverage, here is how you can confirm your prescription drugs are covered on the plan’s Formulary.

What is a Formulary?

A Formulary is a list of prescription drugs covered by a prescription drug plan or another insurance plan offering prescription drug benefits. Also called a drug list.

Finding Your Plan’s Formulary:

1. Visit our website at www.myfsrbc.com
2. Choose the tab labeled “Medicare/Medical” in the dark blue header
3. Then select the “Medicare Plans” tab in the light blue section of tabs
4. Scroll down to find the plan you are either enrolled in, or that plan(s) you want to look at enrolling in
5. Click the link under the “Formulary” column



How do I find my drug in the Formulary:

1. Click the link for the plan you want
2. The document will open, or you may be required to download the document
3. Once open, use the search feature to look up your drug (be sure to check your spelling)
4. Go to the page listed, here you will see the tier of the drug
5. If the drug is not listed, it is not covered

What is a Drug Tier?

A Formulary is organized into Drug Tiers. These tiers have different copays or coinsurances assigned to them that you’ll see when you look at the different plan designs.

Tier Definitions:

Tier 1	Preferred Generic	Most generic drugs
Tier 2	Preferred Brand	Many common brand name drugs, called preferred brands, and some higher-cost generic drugs
Tier 3	Non-Preferred	Non-preferred generic and non-preferred brand name drugs
Tier 4 and 5	Specialty	Unique and/or very high-cost brand and generic drugs

If you are enrolled in a plan outside of FSRBC, you’ll need to reach out to your carrier or representative to obtain a copy of your active formulary. Finding the drug in your formulary should be similar to what we have included above.

HOW TO COMPARE DRUG COVERAGE EXAMPLE

Medicare Advantage w/ Prescription Drug (MAPD)

Notes on Comparing Drug Tiers:

- Drug tiers can vary based on plan, which can impact your cost – know which drug tier your prescription drugs fall into.
- Premier, Comprehensive and Low National are GROUP plans with a richer formulary
- We suggest you request a printout, from your pharmacy, of your last year’s prescriptions showing the total cost, the cost the insurance covered and your cost. This will help you with determining your potential cost out of pocket cost.
- This chart is for example purposes only, please confirm drug tiers and cost with current plan documents.

On this page we’ve created an example comparing 4 of the UnitedHealthcare MAPD plans. On the next page there is a PDP example, and the following page contains a blank version of this table that you can use to input the drugs you take and the plans you want to compare. This example assumes that this member takes each of the drugs listed below on a regular monthly basis.

UnitedHealthcare Medicare Advantage Plans									
		Premier PPO		Comprehensive PPO		Low National PPO		Group PPO \$0	
Plan’s Pharmacy Deductible		None		None		\$590		None	
	Retail Cost of Drug (estimate per GoodRx website)	Tier	Monthly Cost (Based on Tier)	Tier	Monthly Cost (Based on Tier)	Tier	Monthly Cost (Based on Tier)	Tier	Monthly Cost (Based on Tier)
Eliquis	\$620	2	\$30	2	\$40	2	\$30	3	\$47
Lexapro	\$480	3	\$60	3	\$90	3	\$45	*Not Covered	\$480
Lipitor	\$1,700	3	\$60	3	\$90	3	\$45	*Not Covered	\$1,700
Metformin	\$25	1	\$5	1	\$7	1	\$10	1	\$15
Nexium	\$345	2	\$30	2	\$40	2	\$30	3	\$47
Novolog	\$396	3	\$60	3	\$90	3	\$45	*Not Covered	\$396
Synthroid	\$190	2	\$30	2	\$40	2	\$30	3	\$47
Ozempic	\$1,150	2	\$30	2	\$40	2	\$30	3	\$47
Xarelto	\$650	2	\$30	2	\$40	2	\$30	3	\$47
Zoloft	\$500	3	\$60	3	\$90	3	\$45	*Not Covered	\$500
Monthly Copay/Coinsurance Total Paid to Pharmacy		\$395.00		\$567.00		\$340.00		\$3,326.00	
Plan’s Monthly Premium		\$357.58		\$238.10		\$76.98		\$0.00	

*If a drug is not covered on the formulary (indicated either by the words “not covered” or by the omission of that drug name appearing in the formulary list for that plan) the member would be responsible for paying the full retail price of that drug. The member could also talk to their doctor about changing their medications to a similar drug that is covered.

HOW TO COMPARE DRUG COVERAGE EXAMPLE

Prescription Drug Plan (PDP)

Notes on Comparing Drug Tiers:

- Drug tiers can vary based on plan, which can impact your cost – know which drug tier your prescription drugs fall into.
- Premier and Comprehensive are Group plans and have a richer formulary
- We suggest you request a printout, from your pharmacy, of your last year’s prescriptions showing the total cost, the cost the insurance covered and your cost. This will help you with determining your potential cost out of pocket cost.
- This chart is for example purposes only, please confirm drug tiers and cost with current plan documents.

On this page we’ve created an example comparing 4 of the UnitedHealthcare PDP plans. On the next pages there is a blank version of this table that you can use to input the drugs you take and the plans you want to compare.

		UnitedHealthcare PDP Plans							
		Group Comprehensive PDP		Group Premier PDP		AARP Saver Plan		AARP Preferred Plan	
Plan’s Pharmacy Deductible		None		None		\$590		None	
	Retail Cost of Drug (estimate per GoodRx website)	Tier	Monthly Cost (Based on Tier)	Tier	Monthly Cost (Based on Tier)	Tier	Monthly Cost (Based on Tier)	Tier	Monthly Cost (Based on Tier)
Eliquis	\$620	2	\$45	2	\$30	3	17% - \$105	3	\$47
Lexapro	\$480	3	\$75	3	\$60	*Not Covered	\$480	*Not Covered	\$480
Lipitor	\$1,700	3	\$75	3	\$60	*Not Covered	\$1,700	*Not Covered	\$1,700
Metformin	\$25	1	\$10	1	\$7	1	\$2	1	\$5
Nexium	\$345	2	\$45	2	\$30	*Not Covered	\$345	*Not Covered	\$345
Novolog	\$396	3	\$75	3	\$60	*Not Covered	\$396	*Not Covered	\$396
Synthroid	\$190	2	\$45	2	\$30	3	17% - \$32	3	\$47
Ozempic	\$1,150	2	\$45	2	\$30	*Not Covered	\$1,150	3	\$47
Xarelto	\$650	2	\$45	2	\$30	3	17% - \$110	3	\$47
Zoloft	\$500	3	\$75	3	\$60	*Not Covered	\$500	*Not Covered	\$500
Monthly Copay/Coinsurance Total Paid to Pharmacy		\$535.00		\$397.00		\$4,820.00		\$3,614.00	
Plan’s Monthly Premium		\$116.58		\$295.94		\$112.60		\$92.20	

*If a drug is not covered on the formulary (indicated either by the words “not covered” or by the omission of that drug name appearing in the formulary list for that plan) the member would be responsible for paying the full retail price of that drug. The member could also talk to their doctor about changing their medications to a similar drug that is covered.

YOUR PRESCRIPTION DRUG WORKSHEET

You can use this page to look at your different drug costs across a few plans. When you ask your pharmacist for the list of your drugs, you can also ask them to include the “Retail Cost” of each drug. If they do not provide you can look at Good Rx for an estimate.

		Your Personal Plan Compare					
		Plan #1		Plan #2		Plan #3	
Plan's Pharmacy Deductible							
Your Drugs	Retail Cost of Drug (estimate per GoodRx website)	Tier	Monthly Cost (Based on Tier)	Tier	Monthly Cost (Based on Tier)	Tier	Monthly Cost (Based on Tier)
Monthly Copay/Coinsurance Total Paid to Pharmacy							
Plan's Monthly Premium							

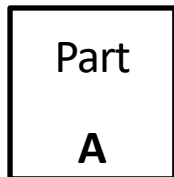
Medicare Medical & Prescription Drug Coverage Options



Medicare Basics

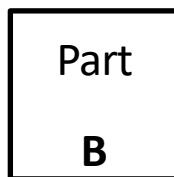
Original Medicare Plans

Provided by the federal government



Medicare Part A
Hospital Insurance

Covers inpatient hospital care, skilled nursing facility, hospice, lab tests, surgery and home health care.



Medicare Part B
Medical Insurance

Covers other medical benefits like doctor visits, ambulance services, durable medical equipment, mental health services, partial hospitalization, second opinions before surgery, and limited outpatient prescription drugs.

FSRBC Medicare Medical Plans

While Medicare Parts A and B help cover most hospital and medical costs, for many people its just not enough. You can buy additional insurance through FSRBC's carrier partners to help cover the gaps in Original Medicare.

Option 1:

Choose a Medicare Advantage Plan



Medicare Advantage Including Prescription Drug (MAPD)

Known as Part C

Medicare Advantage plans combine Parts A and B (Original Medicare) into one comprehensive plan. Advantage plans function similarly to an employer HMO or PPO plan. All FSRBC Advantage plans include prescription drug coverage.

Option 2:

Add the below to Original Medicare Plans A and B



Medicare Supplement

Known as Medigap

Helps cover some or all of the out-of-pocket costs that Original Medicare does not cover



Prescription Drug Plan (PDP)

Known as Part D

Covers most out-of-pocket prescription drug expenses

Choosing a FSRBC Medicare Plan

If you are a new retiree and are currently enrolled in your employer’s plan, below is an example to show how the typical services covered by your employer’s plan may compare to the FSRBC Medicare plans. These could vary depending on plan type and carrier. Please refer to specific plan documents to review covered benefits.

Medical Benefit	Employer	Original Medicare		FSRBC Plans		
	Traditional Employer PPO	Part A	Part B	MAP D	MED SUPP	PDP
Office Visits	✓		✓	✓	✓	
Inpatient Hospital Care	✓	✓		✓	✓	
Skilled Nursing Facility	✓	✓		✓	✓	
Hospice Care	✓	✓		✓	✓	
Home Health Care	✓	✓	✓	✓	✓	
Outpatient Care	✓		✓	✓	✓	
Durable Medical Equipment	✓		✓	✓	✓	
Preventive Services	✓		✓	✓	✓	
Labs & Imaging	✓		✓	✓	✓	
Prescription Drugs	✓			✓		✓

Plan Highlights:

- **Medicare Advantage Including Prescription Drug (Part C, MAPD)**
 - Similar to a traditional employer PPO or HMO Plan
 - Wide range of plan costs to fit your budget
 - Prescription Drug benefits included
- **Prescription Drug (Part D, PDP)**
 - Provides coverage solely for Prescription Drugs
 - Can enroll in a PDP with Original Medicare or in conjunction with a Medicare Supplement plan
- **Medicare Supplement (MedSupp, Medigap)**
 - Additional medical coverage to supplement Medicare Parts A and B
 - Prescription drug benefits NOT included, highly recommended to also enroll in a Prescription Drug Plan



Medicare Advantage Prescription Drug Plans (MAPD)

Please Note the Following Changes for the 2025 Plan Year:

- GAP coverage phase of prescription drug coverage eliminated in 2025
- True Out-of-Pocket (TrOOP) Maximum for prescription drugs lowered to \$2,000 (previously \$8,000)
- **NEW!** The Medicare Prescription Payment Plan is a new program created under the Inflation Reduction Act that allows participants to spread their covered Part D out-of-pocket spending over the remainder of the calendar year.
- **All United Healthcare MAPD** monthly premiums are remaining the same
- **Florida Blue MAPD** monthly premiums are remaining the same
- **Humana MAPD** monthly premium increasing for the Humana Comprehensive PPO from \$295.02 in 2024 to \$403.50 (Humana Zero Premium HMO remaining at \$0 premium)
- **Aetna MAPD** monthly premiums are increasing
 - Basic from \$1116.66 in 2024 to \$157.63 in 2025
 - Enhanced from \$462.01 in 2024 to \$508.51 in 2025

Districts Eligible	Carrier	Plan Names	2025 Retiree Premium	
MAPD	All Districts	United Healthcare	Group National PPO	\$0.00
			Low Premium National PPO	\$76.98
			Comprehensive National PPO	\$238.10
			Premier National PPO	\$357.58
MAPD	Polk	Florida Blue	Low PPO (closed to new enrollments)	\$189.98
			Group PPO	\$381.91
MAPD	Palm Beach, Sarasota, Volusia	Humana	Humana Zero Premium HMO	\$0.00
			Humana Comprehensive PPO	\$403.50
MAPD	Manatee	Aetna	Basic	\$157.63
			Enhanced	\$508.51

The benefits comparisons included in this booklet are for illustrative purposes only and shows the amount you pay for each service. Please note the benefits charts provide an overview of benefits. For additional details about your benefits please refer to the individual plan document provided by the carrier. If any discrepancy exists between this guide and the official documents, the official documents will prevail.

\$0 Premium UnitedHealthcare PPO Plan



The below comparison is for illustrative purposes only and shows the amount **you pay** for each service.

- Available to all Districts
- Some FL County restrictions (see below)

	Group PPO Plus
Calendar Year Deductible (CYD)	\$0
Medical Out-of-Pocket Max (OOP)	\$4,500
Coinsurance	20%
Physician Office Visits	
PCP	\$5
Specialist	\$30
Hospital Services	
Inpatient	\$270/Day for Days 1-6 \$0/Day for Days 7+
ER Copay	\$90
Urgent Care Copay	\$35
Outpatient Services	
Hospital	20%
Surgery	20%
Rx Benefits	
Deductible	\$0
Part D Initial Coverage	
Tier 1 Copay	\$15
Tier 2 Copay	\$15
Tier 3 Copay	\$47
Tier 4 Copay	\$100
Tier 5 Copay	\$100
Part D Catastrophic Coverage (>\$2,000)	
Tier 1 Copay	\$0
Tier 2 Copay	\$0
Tier 3 Copay	\$0
Tier 4 Copay	\$0
Tier 5 Copay	\$0
2025 Monthly Retiree Premium	\$0.00

Please Note: This plan is only available for Florida Residents who reside in the service areas. This plan is NOT available if you reside in any of the following Florida Counties:

- Baker
- Bay
- Broward
- Bradford
- Calhoun
- Citrus
- DeSoto
- Dixie
- Gilchrist
- Gulf
- Hamilton
- Jackson
- Lafayette
- Levy
- Liberty
- Madison
- Miami-Dade
- Monroe
- Okaloosa
- Putnam
- St. Lucie
- Suwannee
- Taylor
- Union

Please note this chart provides an overview of benefits. For additional details about your benefits please refer to the individual plan document provided by the carrier. If any discrepancy exists between this guide and the official documents, the official documents will prevail. This plan also includes out-of-network benefits that differ from in-network benefits.

UnitedHealthcare National PPO Plans



Available to all Districts

The below comparison is for illustrative purposes only and shows the amount **you pay** for each service.

Note: These plans offer out-of-network benefits, and the copays and coinsurance are the same amount. These plans can be used at any provider who accepts Medicare and will bill UnitedHealthcare.

	Premier	Comprehensive	Low
Calendar Year Deductible (CYD)	\$0	\$0	\$400
Medical Out-of-Pocket Max (OOP)	\$2,500	\$3,000	\$6,700
Coinsurance	20%	20%	20%
Physician Office Visits			
PCP	\$5	\$20	\$25
Specialist	\$15	\$30	\$45
Hospital Services			
Inpatient	\$175 Per Admit	\$230/Day for Days 1-7 \$0/Day for Days 8+	\$210/Day for Days 1-7 \$0/Day for Days 8+
ER Copay	\$65	\$65	\$65
Urgent Care Copay	\$35	\$35	\$35
Outpatient Services			
Hospital	\$15	20%	20%
Surgery	\$15	20%	20%
Rx Benefits			
Deductible	\$0	\$0	\$590
Part D Initial Coverage			
Tier 1 Copay	\$5	\$7	\$10
Tier 2 Copay	\$30	\$40	\$30
Tier 3 Copay	\$60	\$90	\$45
Tier 4 Copay	\$80	\$90	\$60
Part D Catastrophic Coverage (>\$2,000)			
Tier 1 Copay	\$0	\$0	\$0
Tier 2 Copay	\$0	\$0	\$0
Tier 3 Copay	\$0	\$0	\$0
Tier 4 Copay	\$0	\$0	\$0
2025 Monthly Retiree Premium	\$357.58	\$238.10	\$76.98

Please note the above chart provides an overview of benefits. For additional details about your benefits please refer to the individual plan document provided by the carrier. If any discrepancy exists between this guide and the official documents, the official documents will prevail.

Aetna Plans



The below comparison is for illustrative purposes only and shows the amount **you pay** for each service

Available to Manatee County

	Basic PPO		Enhanced PPO	
Calendar Year Deductible (CYD)	\$0		\$0	
Medical Out-of-Pocket Max (OOP)	\$2,000		\$2,000	
Coinsurance	15%		15%	
Physician Office Visits				
PCP	15%		15%	
Specialist	15%		15%	
Hospital Services				
Inpatient	\$500 Per Stay		\$500 Per Stay	
ER Copay	\$50		\$50	
Urgent Care Copay	\$50		\$50	
Outpatient Services				
Hospital	15%		15%	
Surgery	15%		15%	
Rx Benefits				
	Preferred Network	Standard Network	Preferred Network	Standard Network
Deductible	\$0		\$0	
Part D Initial Coverage				
Tier 1 Copay	\$0	\$5	\$0	\$10
Tier 2 Copay	\$5	\$20	\$20	\$20
Tier 3 Copay	\$40	\$40	\$35	\$35
Tier 4 Copay	\$75	\$75	\$35	\$35
Tier 5 Copay/Coinsurance	33%	33%	\$35	\$35
Part D Catastrophic Coverage (>\$2,000)				
Tier 1 Copay	\$0		\$0	
Tier 2 Copay	\$0		\$0	
Tier 3 Copay	\$0		\$0	
Tier 4 Copay	\$0		\$0	
Tier 5 Copay	\$0		\$0	
2025 Monthly Retiree Premium	\$157.63		\$508.51	

Please note the above chart provides an overview of benefits. For additional details about your benefits please refer to the individual plan document provided by the carrier. If any discrepancy exists between this guide and the official documents, the official documents will prevail.

Florida Blue Plans



The below comparison is for illustrative purposes only and shows the amount **you pay** for each service.

Available to Polk County

	Low PPO (closed to new enrollments)	Group PPO
Calendar Year Deductible (CYD)	\$0	\$0
Medical Out-of-Pocket Max (OOP)	\$5,900	\$1,000
Coinsurance	20%	20%
Physician Office Visits		
PCP	\$5	\$10
Specialist	\$45	\$30
Hospital Services		
Inpatient	\$225/Day for Days 1-7 \$0/Day for Days 8+	\$150/Day for Days 1-7 \$0/Day for Days 8+
ER Copay	\$75	\$75
Urgent Care Copay	\$10	\$30
Outpatient Services		
Hospital	\$75	\$75
Surgery	\$150	\$150
Rx Benefits		
Deductible	\$295	\$0
Part D Initial Coverage		
Tier 1 Copay	\$12	\$5
Tier 2 Copay	\$13	\$5
Tier 3 Copay	\$40	\$35
Tier 4 Copay	\$93	\$65
Tier 5 Copay/Coinsurance	26%	\$110
Part D Catastrophic Coverage (>\$2,000)		
Tier 1 Copay	\$0	\$0
Tier 2 Copay	\$0	\$0
Tier 3 Copay	\$0	\$0
Tier 4 Copay	\$0	\$0
Tier 5 Copay	\$0	\$0
2025 Monthly Retiree Premium	\$189.98	\$381.91

Please note the above chart provides an overview of benefits. For additional details about your benefits please refer to the individual plan document provided by the carrier. If any discrepancy exists between this guide and the official documents, the official documents will prevail.

The below comparison is for illustrative purposes only and shows the amount **you pay** for each service.

Available to Palm Beach County

	Comprehensive PPO	HMO 076-649 Rx 34 (No out-of-network benefits)
Calendar Year Deductible (CYD)	\$0	\$0
Medical Out-of-Pocket Max (OOP)	\$2,500	\$1,850
Coinsurance	20%	20%
Physician Office Visits		
PCP	\$5	\$0
Specialist	\$15	\$0
Hospital Services		
Inpatient	100% after \$175 copayment per admission	100% per admission
ER Copay	\$65	\$110
Urgent Care Copay	\$15	\$0
Outpatient Services		
Hospital	\$50	\$40
Surgery	\$50	\$40
Rx Benefits		
Deductible	\$0	\$0
Part D Initial Coverage		
Tier 1 Copay	\$5	\$0
Tier 2 Copay	\$30	\$5
Tier 3 Copay	\$60	\$55
Tier 4 Copay/Coinsurance	33%	33%
Part D Catastrophic Coverage (>\$2,000)		
Tier 1 Copay	\$0	\$0
Tier 2 Copay	\$0	\$0
Tier 3 Copay	\$0	\$0
Tier 4 Copay	\$0	\$0
2025 Monthly Retiree Premium	\$403.50	\$0.00

Please note the above chart provides an overview of benefits. For additional details about your benefits please refer to the individual plan document provided by the carrier. If any discrepancy exists between this guide and the official documents, the official documents will prevail.

Humana Plans



The below comparison is for illustrative purposes only and shows the amount **you pay** for each service.

Available to Sarasota

	Comprehensive PPO	HMO 076-178 Rx 34 (No out-of-network benefits)
Calendar Year Deductible (CYD)	\$0	\$0
Medical Out-of-Pocket Max (OOP)	\$2,500	\$1,850
Coinsurance	20%	20%
Physician Office Visits		
PCP	\$5	\$0
Specialist	\$15	\$5
Hospital Services		
Inpatient	100% after \$175 copayment per admission	100% after \$35 copayment/Day for Days 1-3
ER Copay	\$65	\$100
Urgent Care Copay	\$15	\$0
Outpatient Services		
Hospital	\$50	\$35
Surgery	\$50	\$35
Rx Benefits		
Deductible	\$0	\$0
Part D Initial Coverage		
Tier 1 Copay	\$5	\$0
Tier 2 Copay	\$30	\$5
Tier 3 Copay	\$60	\$55
Tier 4 Copay/Coinsurance	33%	33%
Part D Catastrophic Coverage (>\$2,000)		
Tier 1 Copay	\$0	\$0
Tier 2 Copay	\$0	\$0
Tier 3 Copay	\$0	\$0
Tier 4 Copay	\$0	\$0
2025 Monthly Retiree Premium	\$403.50	\$0.00

Please note the above chart provides an overview of benefits. For additional details about your benefits please refer to the individual plan document provided by the carrier. If any discrepancy exists between this guide and the official documents, the official documents will prevail.

Humana Plans



The below comparison is for illustrative purposes only and shows the amount **you pay** for each service.

Available to Volusia County

	Comprehensive PPO	HMO 076-178 Rx 252 (No out-of-network benefits)
Calendar Year Deductible (CYD)	\$0	\$0
Medical Out-of-Pocket Max (OOP)	\$2,500	\$1,850
Coinsurance	20%	20%
Physician Office Visits		
PCP	\$5	\$0
Specialist	\$15	\$5
Hospital Services		
Inpatient	100% after \$175 copayment per admission	
ER Copay	\$65	\$100
Urgent Care Copay	\$15	\$0
Outpatient Services		
Hospital	\$50	\$20
Surgery	\$50	\$20
Rx Benefits		
Deductible	\$0	\$0
Part D Initial Coverage		
Tier 1 Copay	\$5	\$0
Tier 2 Copay	\$30	\$35
Tier 3 Copay	\$60	\$80
Tier 4 Copay/Coinsurance	33%	33%
Part D Catastrophic Coverage (>\$2,000)		
Tier 1 Copay	\$0	\$0
Tier 2 Copay	\$0	\$0
Tier 3 Copay	\$0	\$0
Tier 4 Copay	\$0	\$0
2025 Monthly Retiree Premium	\$403.50	\$0.00

Please note the above chart provides an overview of benefits. For additional details about your benefits please refer to the individual plan document provided by the carrier. If any discrepancy exists between this guide and the official documents, the official documents will prevail.



Prescription Drug Plans & Supplement Plans

Please Note the Following Changes for the 2025 Plan Year:

- GAP coverage phase of prescription drug coverage eliminated in 2025
- True Out-of-Pocket (TrOOP) Maximum for prescription drugs lowered to \$2,000 (previously \$8,000)
- **NEW!** The Medicare Prescription Payment Plan is a new program created under the Inflation Reduction Act that allows participants to spread their covered Part D out-of-pocket spending over the remainder of the calendar year.
- **United Healthcare AARP PDP** monthly premiums are changing
 - AARP Preferred PDP from \$103.50 in 2024 to \$92.20 in 2025
 - AARP Saver Plus PDP from \$80.60 in 2024 to \$112.60 in 2025
- **United Healthcare PDP monthly premiums are changing**
 - Comprehensive Rx from \$125.58 to \$110.58
 - Premier Rx from \$310.94 in 2024 to \$295.94 in 2025
- **CIGNA PDP** monthly premiums are increasing
 - Basic Rx PDP from \$203.99 in 2024 to \$206.10
 - High Rx PDP from \$310.14 in 2024 to \$322.34

	Districts Eligible	Carrier	Plan Names	2025 Retiree Premium
MED PDP	All Districts	United Healthcare	Comprehensive PDP	\$116.58
			Premier PDP	\$310.94
			AARP Saver (FL rate)	\$112.60
			AARP Preferred (FL rate)	\$92.20
	Manatee, Orange, Osceola	Cigna	Basic Rx PDP	\$206.10
			High Rx PDP	\$322.34
MED SUPP	All Districts	United Healthcare	Plan A, F, G, and N	Cost varies based on age, gender, zip code and health status. Monthly Premium will be provided during enrollment process.
	Orange, Osceola	Cigna	Plan A, F, G, and N	

Supplement Plan premiums vary based on:

- Age
- Gender
- Zip code
- Smoker/non-smoker

Your monthly Premium will be provided during enrollment process. Each Supplement benefit chart includes a note on the detailed demographics used to obtain the sample rate.

To look up your exact monthly premium for a supplement plan, visit

<https://apps.fldfs.com/MCWS/CWSSearch>

UnitedHealthcare Prescription Drug Plan

The below comparison is for illustrative purposes only and shows the amount you pay for each service. Supplement Plan premiums vary based on age, gender, zip code and health status. Your monthly Premium will be provided during enrollment process. **2025 Plan Example G Premium will be based on an individual's age/tobacco status/gender/ zip code**

Available to all Districts

UHC Plan G – Medicare Supplement	
2024 Part B Deductible*	\$240
Medical Out-of-Pocket Max	\$0
Coinsurance	0%
Copays	
PCP Office Visit	\$0
Specialist Office Visit	\$0
ER Copay	\$0
Urgent Care Copay	\$0
Outpatient Hospital	\$0
Outpatient Surgery	\$0
Inpatient Hospital	\$0
2024/25 Plan Example G Monthly Premium	\$196.74 <i>(based on 65-year-old nonsmoking female, zip code 33830)</i>

Prescription Drug Benefits (Rx)	AARP Rx Preferred	AARP Rx Saver	GROUP Comprehensive	GROUP Premier
Deductible	\$0	\$590	\$0	\$0
Part D Initial Coverage				
Tier 1	\$5	\$2	\$10	\$7
Tier 2	\$10	\$8	\$45	\$30
Tier 3	\$47	17%	\$75	\$60
Tier 4	40%	44%	\$100	\$75
Tier 5	33%	25%		
Part D Catastrophic Coverage starts at \$2,000				
Tier 1	\$0	\$0	\$0	\$0
Tier 2	\$0	\$0	\$0	\$0
Tier 3	\$0	\$0	\$0	\$0
Tier 4	\$0	\$0	\$0	\$0
Tier 5	\$0	\$0	\$0	\$0
2025 Rx Plan Monthly Premium	\$92.60	\$112.60	\$116.58	\$295.94

* 2025 Part B Deductibles have not been published by CMS at the time this document was created.

Cigna Rx Plans

The below comparison is for illustrative purposes only and shows the amount you pay for each service. Supplement Plan premiums vary based on age, gender, zip code and health status. Your monthly Premium will be provided during enrollment process. **2025 Plan Example G Premium will be based on an individual's age/tobacco status/gender/ zip code.**

Available to Manatee, Orange and Osceola

Cigna Plan G – Medicare Supplement		Florida Residents living outside the 330XX-334XX zip codes	
2024 Part B Deductible*	\$240		
Medical Out-of-Pocket Max	\$0		
Coinsurance	0%		
Copays		Age Bracket*	2025 Monthly Premium – Plan G
PCP Office Visit	\$0	Issue Age <65	\$492.22
Specialist Office Visit	\$0	Issue Age 65-69	\$216.84
ER Copay	\$0	Issue Age 70-74	\$256.27
Urgent Care Copay	\$0	Issue Age 75-79	\$290.86
Outpatient Hospital	\$0	Issue Age 80+	\$328.28
Outpatient Surgery	\$0		
Inpatient Hospital	\$0		

*Please Note: you will retain the age bracket you first enrolled with Cigna

Prescription Drug Plans (Rx)	Rx Basic	Rx High
Deductible	\$0	\$0
Part D Initial Coverage		
Tier 1	\$20	\$7
Tier 2	\$45	\$30
Tier 3	50% (\$150 max)	\$60
Tier 4	33% (\$250 max)	\$75
Part D Catastrophic Coverage starts at \$2,000		
Tier 1	\$0	\$0
Tier 2	\$0	\$0
Tier 3	\$0	\$0
Tier 4	\$0	\$0
2025 Rx Plan Monthly Premium	\$206.10	\$322.34

* 2025 Part B Deductibles have not been published by CMS at the time this document was created

Dental & Vision Coverage Options





Humana Dental & Vision Plans

Don't forget: Retirees, their spouses and eligible dependent children are eligible for the dental and vision plans!

All dental and vision plan designs and premiums remain the same and at the same premiums in 2025 as in 2024

Plan Design Notes:

- Implants covered under Major Service on the High PPO Dental Plan only as of 1/1/2024

	Districts Eligible	Carrier	Plan Names	2025 Retiree Only Premium	2025 Retiree + 1 Premium	2025 Retiree + Family Premium
Dental Plans	All District	Humana	DPPO Low Plan	\$34.30	\$68.27	\$88.96
			DPPO Medium Plan	\$40.39	\$69.36	\$99.20
			DPPO High Plan	\$51.70	\$102.95	\$133.68
			DHMO Low Plan	\$10.53	\$20.85	\$37.07
			DHMO High Plan	\$17.10	\$33.85	\$60.17
Vision Plans	All Districts	Humana	Low Plan	\$6.24	\$12.48	\$20.33
			High Plan	\$7.25	\$14.50	\$23.33

To confirm if your preferred provider is in the network on the Humana Dental and Vision plans:

Dental:

Visit <https://www.humana.com/finder/dental> the Humana website and search using the network names below

Humana Dental PPO Plans Network - PPO/Traditional Preferred

Humana Dental HMO Plan Networks

HD205 DHMO/Prepaid Network (Low DHMO Plan)

HS195 DHMO/Prepaid Network (High DHMO Plan)

Vision:

Visit <https://www.humana.com/finder/vision> the Humana website and search using the network name Humana Insight Network

The benefits comparisons included in this booklet are for illustrative purposes only and shows the amount you pay for each service. Please note the benefits charts provide an overview of benefits. For additional details about your benefits please refer to the individual plan document provided by the carrier. If any discrepancy exists between this guide and the official documents, the official documents will prevail.

To look up additional details, visit <https://myfsrbc.com/dental-and-vision-plans/>

	PPO Plans		
	Low	Medium	High
Calendar Year Deductible	\$50	\$25	\$50
Calendar Year Annual Max	\$800	\$1,250	\$2,000
Plan Paid Benefits			
Preventive Coinsurance	100% after deductible	100%	100%
Basic Coinsurance	70%	80%	80%
Major Coinsurance	50%	50%	50%
2025 Monthly Premiums			
Retiree Only	\$34.30	\$40.39	\$51.70
Retiree + 1	\$68.27	\$69.36	\$102.95
Retiree + Family	\$88.96	\$99.20	\$133.68

Humana PPO Additional Details:

- Preventive Includes: Oral Examinations, X-Rays, Two regular cleanings per year, Three Periodontal cleanings per year.
- Basic Includes: Fillings, Emergency Visit.
- Major Includes: Extractions (Surgical), Crowns, Dentures and Implants (**High PPO Plan ONLY**).

	HMO Plans	
	Low	High
Calendar Year Deductible	\$50	\$50
Calendar Year Annual Max	\$800	\$2,000
Member Cost Share for Benefits		
Preventive	\$0	\$0
Emergency Visit	\$20	\$10
Extractions (Surgical)	\$40	\$30
Root Canal	\$110-\$250	\$100-\$210
Dentures	\$375	\$325
2025 Monthly Premiums		
Retiree Only	\$10.53	\$17.10
Retiree + 1	\$20.85	\$33.85
Retiree + Family	\$37.07	\$60.17

Humana DHMO Additional Details:

- High Plan includes up to 2 additional cleanings at \$25 - \$35 each

	Low	High
Member Cost Share for Benefits		
Exam Copay	\$10	\$5
Lens/Frame Copay	\$15	\$15
Benefit Frequency		
Exam	1 every 12 months	1 every 12 months
Frames	1 every 24 months	1 every 12 months
Lenses	1 every 12 months	1 every 12 months
Benefit Allowances		
Frames	up to \$130 (20% off balance over \$130)	up to \$130 (20% off balance over \$130)
Contact Lenses	up to \$130 (15% off balance over \$130)	up to \$130 (15% off balance over \$130)
2025 Monthly Premiums		
Retiree Only	\$6.24	\$7.25
Retiree + 1	\$12.48	\$14.50
Retiree + Family	\$20.33	\$23.33

Humana Vision Plan Differences:

- Low Plan:
 - **\$10** Exam copay
 - Frames every **24** months
 - **Lower** premiums
- High Plan:
 - **\$5** Exam copay
 - Frames every **12** months
 - **Higher** premiums

Billing & Enrollment





Options for Enrolling in Medicare Plans

TELEPHONICALLY



1-833-686-0983

Medicare Customer Service Center is available Monday through Friday from 8am – 8pm Eastern Time during Annual Enrollment (October 28th – November 15th 2024) and 9am-5pm Eastern Time throughout the rest of the year.

ONLINE



www.myfsrbc.bswift.com

or use your phone or tablet’s camera to scan the QR code featured here. You’ll be directed to the FSRBC enrollment website powered by BSwift.

Step 1: Log in

- **Non-Registered Users:** select “First time visiting, register now” and enter you Name, Zip Code and Date of Birth. You will then be prompted to enter a username and password.
- **Registered User:** if you have previously logged into the Bswift system, you can login with your user ID and password or follow the prompts to reset your password if needed.



Step 2: Start Enrollment

- On the web page, click “Start Your Enrollment”

Step 3: Confirm Your Information

- Make sure your information is complete and accurate, including your Medicare Number and Parts A and B effective dates

Step 4: Select Your Benefits and Compare Options Side-by-Side

- You can select which benefits you want to enroll in or choose to waive coverage
- You must continue to confirm your enrollment selections
- See how plans stack up against one another

Step 5: Choose Your Payment Method

- You can choose from several payment options (details on the following page)
- If you are new to FSRBC and wish to use your FRS to pay your monthly premiums, you must complete this step
- You can change your payment choice year-round from the retiree home page linked above or by calling the FSRBC Medicare Customer Service Center number noted above

Step 6: Save Your Confirm Statement

Once your enrollment is complete, you can print /save /email your confirmation statement for your records

Billing Options and Details for Medicare Plans

FRS/Pension



Payment Timing: Payment deducted on last business day of the month for following month (i.e. 12/31 for January coverage)

Billing Cycle: Payment preference due by 3rd of each month for preference to be reflected for that billing cycle. Billing team sends file to FRS on/around 7th of each month.

Set Up: Retirees enrolling in FSRBC benefits for the first time must attest by completing the FRS form on the enrollment site or by phone through Customer Service.

If you have any technical issues or questions, please call our Medicare Customer Service Center at **1 (833) 686-0983**. Representatives are available Monday through Friday from 8am – 8pm Eastern Time during the Annual Enrollment time (October 28th – November 15th 2024) and 9am-5pm Eastern Time throughout the rest of the year.

ACH/Bank Draft



Payment Timing: Payment deducted on the 5th of the month for the billing month (i.e. 1/5 for January coverage)

Billing Cycle: Payment preference due by 1st of each month for upcoming billing cycle (i.e. 2/1 for 2/1 coverage).

Set Up: Complete the setup online through the enrollment portal by entering the required information or through by calling customer service

If you have any technical issues or questions, please call our Medicare Customer Service Center at **1 (833) 686-0983**. Representatives are available Monday through Friday from 9am – 5pm Eastern Time.

Check



Payment Timing: Payment is posted when check is received by BSwift

Set Up: No set up needed. Billing statements are sent monthly by Bswift and due on the first of the month. Each month's invoiced premiums are due at the first of that billing month.

Payment Notes:

- You can view a statement with your elections online or, if paying by check, you will be mailed an invoice.
- While going through the Bswift enrollment site, you will be prompted to elect a substitute payment option. Doing so will help ensure you do not experience a lapse in coverage due to non-payment.



Billing and Enrollment: Dental & Vision Plans

Options for Enrolling in Dental and Vision Plans

If you're currently enrolled in Dental and/or Vision plans and would like to make plan changes during Annual Enrollment, please have your current ID card available when calling to speak to Humana Customer Service.

ONLINE



<https://myfsrbc.com/dental-and-vision-plans/#enrollment>

Click on the link under the “To enroll online” section or use your phone or tablet’s camera to scan the QR code featured here.

You’ll be directed to the Humana website.

Non-Registered Users: will securely authenticate your enrollment with your SSN, date of birth, and zip code.

Registered User: if already enrolled with Humana and previously registered at MyHumana.com, you can login with your user ID and password.



TELEPHONICALLY



1 (877) 589-4051

Dental and Vision NEW Enrollment customer service phone line

Please mention you are part of the Florida School Retiree Benefits Consortium when you speak with a Humana representative

PAPER FORM



<https://myfsrbc.com/dental-and-vision-plans/#enrollment>

Click on the link under the “To enroll online” section or use your phone or tablet’s camera to scan the QR code featured here. You can also request a paper form to be mailed to you by calling the Humana number above.

Once the form is completed, send it to Humana via email or via postal mail:

Email: NFLOpenEnrollment@humana.com

Postal Mail: 14260 West Newberry Road #183
Newberry, FL 32669



Billing Options and Details for Dental and Vision Plans

FRS/Pension



Payment Timing: Payment deducted on last business day of the month for following month (i.e. 12/31 for January coverage)

Billing Cycle: Payment preference due by 3rd of each month for preference to be reflected for that billing cycle. Billing team sends file to FRS on/around 7th of each month.

Set Up: On the FSRBC website (<https://myfsrbc.com/dental-and-vision-plans/#billing>), click on the link under the “FSRBC Dental and Vision Plan Billing and Payment” section or use your phone or tablet’s camera to scan the QR code featured here.

Once the form is completed, send it directly to Humana via email or via postal mail:

Email: FRSauthorization@humana.com

Postal Mail: Billing 8th Floor
101 E Main Street
Louisville, KY 40202



ACH/Bank Draft



Payment Timing: Payment deducted on the 5th of the month for the billing month (i.e. 1/5 for January coverage)

Billing Cycle: Payment preference due by 1st of each month for upcoming billing cycle (i.e. 2/1 for 2/1 coverage).

Set Up: Call Humana to establish ACH/Bank Draft at 1 (877) 829-5037 or follow the instructions included on your monthly statement for benefits. Humana customer service is available to assist Monday through Friday from 8am – 6pm Eastern Time.

Check



Payment Timing: Payment is posted when check is received by Humana

Set Up: No set up needed. Billing statements are sent monthly by Humana and due on the first of the month. Each month’s invoiced premiums are due at the first of that billing month.

If enrolled in a Humana Dental or Vision plan please contact Humana directly if you need to make updates to your contact information (address, phone # or emails). When calling Humana please be sure to have your member ID number available, which can be found on your Humana ID card. Additionally, when calling please state you are calling from the Florida School Retiree Benefits Consortium.

YOUR FSRBC CONTACT LIST

Annual Enrollment Changes:

Medicare Medical Changes 1-833-686-0983

Dental and Vision Changes 1-877-589-4051

Please note that benefits available vary by District. For a complete list of carrier contact information, please visit our website at www.myFSRBC.com/contact.

Additional Contact Details

1-833-686-0983 (TTY 711)
Monday –Friday 9am – 5pm ET
<https://myfsrbc.bswift.com>

Medicare Medical Customer Service Center

Medicare Medical Initial Enrollment
Medicare Medical Plan Changes
Medicare Medical Plan Terminations
Medicare Medical Billing Questions & Payment Preference

www.myFSRBC.com
benefits@myFSRBC.com

FSRBC Contact and Website

Website contains additional information on FSRBC plans including free recorded webinars, plan documents and additional carrier contact details

Humana Dental & Vision Contact Details

When calling, please be sure to have your member ID number available (can be found on your Humana ID card) and state you are calling from **Florida School Retiree Benefits Consortium**.

1-877-589-4051

Dental & Vision Initial Enrollment
Dental & Vision Plan Changes
Dental & Vision Add/Drop Dependent
Dental & Vision Plan Terminations

1-877—829-5037

Dental & Vision Billing Questions
Dental & Vision FRS Authorization Form
Dental & Vision Change Payment Preference

1-800-233-4013

Dental Claims	Dental Name or Address Change
Dental Benefits	Dental DHMO Provider Change
Dental Provider Search	Vision Name or Address Change

1-877-398-2980

Vision Benefits
Vision Claims



Additional Questions?

send us an email:
benefits@myfsrbc.com

Visit our extensive website:
www.myfsrbc.com

Thank you to our participating Districts!

