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**MEMORANDUM HR04-2022**

To: Agency Administrators
From: Carolyn Horwich, Esq., Director of Human Resources
Subject: Calculating Health Insurance Premiums
Date: April 26, 2022

Calculating health insurance premiums for a new hire can be confusing. To assist you in these calculations, the Measurement Matrix, the 2022 Benefits Guide, the Premium Rate Table, and the current QSC Matrix are referenced below and attached.

**New Hire Measurement Period**

If an employee is less than .75 FTE or is OPS *when hired*, they have an initial (New Hire) measurement period. This measurement period starts the first day of the month following their hire date and continues for 12 months. (Please note: the New Hire Measurement Period is different than the Open Enrollment Measurement Period.)

**Calculating Premiums for a less than a 1.0 FTE New Hire**

In order to properly calculate the health insurance premiums for an employee who is less than a 1.0 FTE, the FTE at the time of hire will initially be the determining factor. For instance, if the employee is hired at less than .75 FTE, the employee will be responsible for the part-time contribution rate.

After the one year New Hire measurement period, the People First system will measure the hours to determine if the employee averaged 30 or more hours. If so, then the employee will be offered the premium rate that full-time employees pay on the 13th month.

However, If the FTE increases prior to the end of the 12 month New Hire measurement period to a .75 or more FTE, then the participant would be given the FTE rate the first of the following month after the increase in the employee's FTE amount.

In the two examples below, you will see that a .50 FTE and .75 FTE are subject to different measurement periods. A .50 FTE will be measured during the New Hire Measurement period and after that first year, will be measured during the Open Enrollment Measurement period. An employee hired at .75 FTE from the start is subject only the Open Enrollment Measurement period. (This is assuming the actual FTE status of either employee does not change.)

**Example1**: Hired 04/11/22 at .50 FTE. The New Hire Measurement period begins 05/01/23 and determines the average weekly hours during the period of 05/01/22-04/30/23. If the hours are 30

or more, then the participant gets the benefit of the full-time premium rate. The employee will also get a significant cost decrease QSC which in turn will allow the employee to enroll in health insurance coverage if not already enrolled.

If, during that New Hire Measurement period, the hours are fewer than 30, then nothing changes and the participant is measured again during Open Enrollment 2023 to determine the premium rate for plan year 2024.

The Open Enrollment Measurement period begins 10/03/XX of the previous year to 10/02/XX of the current year and measures the average number of hours for the next benefit year. For example, the measurement period of 10/03/22-10/02/23 determines benefit eligibility for the 2024 plan year

If the hours worked are 30 or more, then the participant gets the benefit of the full-time premium rate for the 2024 plan year (regardless of any other FTE changes).

For FTE employees, if the hours are fewer than 30, then the participant is given the rate based on the FTE or hours worked. For example, if the hours measured are 25, then the participant pays the rate based on 25 hours. If there is an FTE increase after this measurement, then the rate will be based on the new FTE, effective the first of the following month.

**Example 2**: Hired on 04/11/22 .75 FTE This employee's first measurement period would occur during 2023 Open Enrollment to determine the premium rate for the 2024 plan year.

If the hours worked are 30 or more, then the participant gets the benefit of the full-time premium rate for the 2024 plan year (regardless of any other FTE changes).

If the hours are fewer than 30, then the participant is given the rate based on the FTE or hours worked. For example, if the hours measured are 25, then the participant pays the rate based on 25 hours. If there is an FTE increase after this measurement, then the rate will be based on the new FTE, effective the first of the following month.

In this example, an FTE decrease does not affect the rate if it occurs <u>after</u> the initial hire at the .75 FTE. The only way the rate will change is during Open Enrollment Measurement period or a break in service occurs (agency 13 weeks or university 26 weeks) where the participant is deemed to work less than the .75 FTE. However, if the employee was an FTE upon termination and rehired as an FTE, the break in service is calculated as one calendar month.

**Part-Time Calculation** - The participant calculation is the percentage of the employer rate the employer will pay. The instructions for this calculation are found at the bottom of the Premium Rate Table.

For example: If the participant is senior management and working at .50 FTE with family coverage, then the employee would be responsible for 50% of $1801.08 <u>in addition</u> to the $30 the employee would normally be responsible for. The employee total would be $930.50 ($30 Employee and $900.50 Employer)

If the participant is not senior management and working at .50 FTE with family coverage, then the employee would be responsible for the 50% of $1651.08 <u>in addition</u> to the $180 the employee

would normally be responsible for. The employee total would be $1,005.54 ($180 Employee and $825.54 Employer).

**Employee who Transfers from One Agency to Another**

The QSC Matrix explains how a break in service is defined (please see #16 and #18). This link https://www.mybenefits.myflorida.com/work_and_life/life_events/moving_to_a_different_agency Addresses when an employee moves from one agency to the other:

> **Update your health and life insurance coverage.** If changing agencies does not result in a break in service, your state group insurance enrollments will transfer with you, assuming your new agency or university participates in the State Group Insurance Program. You experience a break in service if you are off the payroll for a full calendar month, if your position was SES/SMS or Career Service; or you were in an OPS position and you are off the payroll for 13 weeks (employed by a state agency) or 26 weeks (employed by a university). Check to ensure that enrollments in other voluntary plans are transferable. If you are moving to a different county within the state that does not offer your current medical or dental plan, you may be eligible to change plans.

# Measurement Matrix

| | Initial Measurement Period(IMP)<br>(also known as the New Hire Measurement Period) | Open Enrollment Measurement Period (OEMP) |
|---|---|---|
| Definition | The period of 12 consecutive months for which hours of services are measured to determine eligibility for coverage. | |
| Who is measured? | Part-time salaried FTE (less than 0.75) and OPS employees expected to work less than 30 hours per week at the point of initial hire.<br><br>**Note**: salaried FTE of 0.75 or greater and OPS employees expected to work 30 hours or more on average per week do *not* have an IMP. They are only measured during OEMP after they have worked for a full 12 month OEMP. **Example**: OPS employee hired February 2016 is expected to work 30 hours or more per week on average. He elects coverage, which begins, at the earliest April 2016 and continues through December 2017. He is measured at the 2017 OEMP for coverage effective in 2018. | • All salaried FTE employees<br>• All OPS employees who were employed on or before the first day of the measurement period and have not had a break in service as of the last day of the measurement period |
| When are they measured? | Starting the first day of the month following the initial hire date and ending the last day of the twelfth month of continuous employment. | October 3 through the following October 2 each year |
| What is measured? | Hours of service, including paid leave (salaried FTE employees only).<br><br>Employees of academic institutions are credited with up to 501 hours for academic breaks. Academic breaks must be recorded in People First (PAR or file, as applicable).<br><br>As long as recorded in People First, the following unpaid leave types do *not* count against the average: FMLA (PAR), military leave (PAR) and jury duty (timesheet). | |
| What coverage is available? | For OPS employees: health, basic life, dental, vision, supplemental plans and dependent care FSA<br><br>For FTE (full and part-time salaried) employees: above plus optional life and health care FSA and limited purpose FSA | |
| When does coverage begin? | See the QSC Matrix for new hire and qualifying event effective dates.<br><br>For employees who are measured for -IMP and meet 30-hour eligibility requirement, the earliest effective date is as follows:<br>• Health insurance – the first day of the second month that follows the IMP<br>• Health care FSA and limited purpose FSA – not eligible to enroll<br>• Dependent care FSA – the date of election<br>• All other plans – the first day of the month following a full payroll deduction and receipt of underwriting approval, if required | January 1 of the plan year following the open enrollment measurement |

| | Initial Measurement Period(IMP)<br>(also known as the New Hire Measurement Period) | Open Enrollment Measurement Period (OEMP) |
|---|---|---|
| When does coverage end? | For salaried FTE employees and OPS employees who maintain eligibility: coverage ends when they cancel elections during open enrollment or when they experience a qualifying status change (QSC) event (see QSC Event Matrix) that results in ineligibility for the program. | |
| | | For employees who do not meet the 30-hour per week average requirement: coverage ends Dec. 31 of the OEMP calendar year. |
| What is the associated stability period? | Gains eligibility at end of IMP:<br>• If measured at the END of the IMP and initial period end is between 01/31/Y2 and 09/30/Y2<br>  ○ Stability period is through 12/31/Y2<br>  ○ OE measurement is in Y2 for Y3 eligibility<br>• If measured at the END of the IMP and initial period end is between 10/31/Y2 and 12/31/Y2<br>  ○ Stability period is through 12/31/Y3<br>  ○ OE measurement is in Y3 for Y4 eligibility | Examples assume eligible during initial period, regardless of WHEN eligibility is gained in the period (eligible upon hire or experiences an employment status change):<br>• If hired between 01/01/y1 – 09/30/Y1<br>  ○ Eligibility is through 12/31/Y2<br>  ○ OE measurement is in Y2, for Y3 eligibility<br>• If hired between 10/01/Y1 – 12/31/Y1<br>  ○ Eligibility is through 12/31/Y3<br>  ○ OE measurement is in Y3 for Y4 eligibility<br>Once measured for OE, the OE measurement drives the next plan year, each year, unless the employee has a qualified break in service in which case they fall back to the initial measurement period rules. |
| Special circumstances? | The IMP does not change if employees to be measured are subsequently hired by additional agencies, unless there is a Break in Service. | |
| How does the Break in Service work? | After a Break in Service, the employee is treated as a new hire upon reemployment. A Break in Service occurs when:<br>• Moving from one salaried FTE position to another salaried FTE position (includes part-time salaried FTE): termination of employment lasts one full calendar month.<br>• For all other position changes: termination of employment that lasts at least 13 consecutive weeks (26 weeks for employees of educational organizations); or a break between four weeks and 13 weeks (26 weeks for employees of educational organizations) if the period of service prior to the break is less than the period of the break. | |

| | Initial Measurement Period(IMP)<br>(also known as the New Hire Measurement Period) | Open Enrollment Measurement Period (OEMP) |
|---|---|---|
| | If a Break in Service does not occur and the employee was enrolled in benefits before termination, upon reemployment benefits will automatically reinstate. If the employee gained benefits before reemployment, the employee must contact the service center within 60 days of hire to cancel reinstated benefits. | |
| Are there employment status changes? | See the QSC Matrix for a complete listing.<br><br>Specifically occurring during the IMP: the employee changes positions and work hours are expected to increase to an average of 30 hours or more per week. The effective date for health is the first day of the third month following and including the status change or the first day of the second month following the IMP, whichever is earlier. | See the QSC Matrix for a complete listing. |
| How are employee contributions determined if an employee changes positions? | The employee contribution is determined by looking at the position the employee is moved to (e.g., SES/SMS, Career Service, OPS), regardless of the position held or contribution paid prior to the change in positions. MA 11-007 still applies. | |

<table>
<tr><th></th><th>New Hire Measurement Period (NHMP)</th><th>Open Enrollment Measurement Period (OEMP)</th></tr>
<tr><td>What about retirees who return to work?</td><td colspan="2">They are now active employees and therefore subject to measurement.<br><br>Upon hire, if eligible for employee benefits, the People First system will automatically move retiree coverage to employee coverage. If the employee is Medicare-eligible and chooses one of the options below, the employee must contact the service center within 60 days of hire to make the change.<br><br>Note regarding Medicare-eligible retirees: once Medicare retirees are reemployed and if they are eligible for state group health insurance, Medicare becomes the secondary payer. Under Medicare rules, Medicare retirees are not allowed to continue retiree coverage as an employee. Medicare retirees may either:<br><br>1. Stay enrolled in employee health insurance to have primary coverage and pay the employee contribution. They will be able to continue coverage as a retiree upon termination; or<br>2. Cancel retiree coverage and enroll in a Medigap supplement plan that coordinates with Medicare which will once again become primary. Medicare retirees who choose this option will not be allowed to re-enroll in state group health insurance upon termination of employment.</td></tr>
<tr><td rowspan="2">What kinds of communications are sent to employees?</td><td>New Hire ID letter – gives employees their People First ID so that if they are eligible, they can make online elections; receiving this letter does not indicate eligibility.<br><br>Benefits package – sent to employees if they are eligible for benefits as a new hire or after the Initial Measurement Period and includes the benefits statement, COBRA information and enrollment instructions.</td><td>Open Enrollment package – mailed to all eligible employees (based on eligibility as of 1/1 of the new plan year) to their mailing address in People First before annual Open Enrollment.</td></tr>
<tr><td colspan="2">Underpayment Notices – up to three notices are sent during the coverage month that is underpaid.<br><br>Emails – various reminders are sent to eligible employees who enter a notification email address in People First.<br><br>Confirmation of Benefits – for employees who make changes to benefits, People First mails confirmation to their mailing address in People First or, if there is a notification email address, People First emails instructions for viewing online. The confirmation is also available anytime from the Quick Links section of the employee's homepage in People First.<br><br>Employee correspondence history is available in People First under Personal Information. Document IDs that begin with "E" are emails; all others are sent via the U.S. Postal Service.</td></tr>
</table>

Department of
MANAGEMENT
SERVICES
State Group Insurance

# BENEFITS GUIDE

# 2022

# PLAN YEAR

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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, Part I of Chapter 110, Florida Statutes, and Chapter 60P, Florida Administrative Code. Plan documents, statutory provisions, and rules prevail if there are any discrepancies with this benefits guide.

# 6 REASONS TO PAY ATTENTION DURING OPEN ENROLLMENT

Open Enrollment is the one time of the year when all eligible employees have the opportunity to sign up for or change their health, life, dental, vision, or other insurance coverage. Many people think Open Enrollment is only for those who are either starting their coverage or know they want to make a change to their plans, but Open Enrollment is important for everyone. Here are six reasons you should check your benefits during Open Enrollment every year:

1

**Check to see if there are changes in your plan.**

The Florida Legislature meets each spring and often passes legislation that affects health insurance coverage. The changes implemented may be big or small and could affect your insurance and/or benefits. Checking during Open Enrollment gives you the opportunity to learn about upcoming changes and make sure your current plan is still the best choice for you.

2

**Check the dollar amounts in your Savings and Spending Accounts.**

Flexible spending accounts (FSAs) are continuous until cancelled; therefore, if you have an active FSA this year and don't make changes, the same contribution amount will be made for the following year. Make sure your contributions accurately reflect your need for the following year so that you'll be reimbursed for all the money you put into the account. Keep in mind the FSA now has the carryover feature. If you had a carryover, you may need to decrease your annual contribution. Pay close attention to deadlines to spend these funds and submit claims.

3

**Make sure your dependents are still eligible.**

There are specific rules for which dependents are eligible for benefits and for how long. Continually enrolling a dependent who is no longer eligible is considered fraud. Make sure that all of your dependents are still eligible and know when they will lose eligibility so you can make other arrangements.

4

**Explore new programs and opportunities.**

The State Group Insurance Program is constantly working to roll out new benefits and opportunities to better serve Florida's state employees and retirees. Various programs are offered throughout the year, and by closely reviewing Open Enrollment materials, you can take advantage of amazing opportunities.

5

**Browse other plans.**

As you move through different stages of life, you will have different needs and your insurance plans can help to cover them. The plan you were on last year may have worked for you then, but you and your family may have experienced a life changing event, and your current plan may not be the best fit anymore. Be sure that you are enrolled in the plan that will do the most for you during this stage of your life.

6

**Earn rewards and save money by utilizing the Shared Savings Program.**

Earn tax-free rewards to pay for out-of-pocket medical, dental, vision, and prescription costs. This program is available to all State Group Insurance health plan enrollees and their dependents.

**Healthcare BlueBook** - Members can earn rewards by searching online and having their medical procedures completed at high quality, low cost facilities. Download the Healthcare Bluebook Mobile App Today! Access code: SOF

**SurgeryPlus** - Having a planned, non-emergency surgery? By using SurgeryPlus to schule your procedure, you can earn a reward and share in the savings.

Earned rewards are credited to your FSA, HSA, or HRA. Learn more about the Shared Savings Program by visiting myBenefits.myFlorida.com, or capturing the QR code to the right with your smartphone.

Beginning Oct. 1, 2021, visit mybenefits.myflorida.com to learn what's new this Open Enrollment period and check out the 2022 Benefit Guide. You can make changes to your benefits online in People First beginning Oct. 11. All changes are effective Jan. 1, 2022.

# OPEN ENROLLMENT CHECKLIST FOR 2022

Use this checklist to help make your benefit choices for 2022 in People First. To learn more about each plan go to mybenefits.myflorida.com/health.

| Health | ☐ Individual | ☐Family | | |
|---|---|---|---|---|
| **State Employees' PPO Plan - Florida Blue** | | | ☐ Standard PPO | ☐ High Deductible PPO |
| **Aetna (must live or work in service area)** | | | ☐ Standard HMO | ☐ High Deductible HMO |
| **AvMed (must live or work in service area)** | | | ☐ Standard HMO | ☐ High Deductible HMO |
| **Capital Health Plan (must live or work in service area)** | | | ☐ Standard HMO | ☐ High Deductible HMO |
| **UnitedHealthcare (must live or work in service area)** | | | ☐ Standard HMO | ☐ High Deductible HMO |
| ☐ Health Savings Account (if enrolling in a High Deductible Health Plan) | | | | $ |
| Chard Snyder will automatically open the HSA Advantage™ account after HSA enrollment in PeopleFirst. | | | | |

## Life

| | | | |
|---|---|---|---|
| **Basic Coverage** | | | |
| **Basic Term Life** | ○ Career Service and SES/SMS employees (automatically enrolled)<br>○ OPS / Variable hour class employees ($3.58/month - employee-elected and employee-paid)<br>○ $25,000 Policy | | |
| **Employee-elected coverage (for employees enrolled in basic term life)** | | | |
| **Optional Term Life Coverage Level**<br>**(medical underwriting may be required)** | ☐1x ☐2x ☐3x ☐4x ☐5x ☐6x ☐7x (annual salary)<br>○ Maximum coverage: $1,000,000<br>○ Includes matching AD&D benefit<br>○ OPS/Variable hour class employees are not eligible | | |
| **Spouse Optional Life**<br>**(underwriting required if not first time eligible)** | Elect one of the below:<br>☐ $15,000 ($5.18/month)<br>☐ $20,000 ($6.90/month) | | |
| **Child Optional Life**<br>**(covers all registered dependent children for $0.85/month)** | ☐ $10,000 ($0.85/month) | ○ Children are eligible from live birth to age 26<br>○ Elections are guaranteed without answering health questions | |

## Savings and Spending Accounts (annual amounts)

| | | | |
|---|---|---|---|
| **Healthcare FSA** | Applies to benefit-eligible employees | $ | |
| **Limited Purpose FSA** | Applies to benefit-eligible employees | $ | |
| **Dependent Care FSA** | Applies to benefit-eligible employees | $ | |
| **Health Savings Account (HSA)** | Employees enrolled in an HDHP | $ | |
| **Health Reimbursement Account (HRA) and Post-Deductible HRA** | Enrollees who have a State Group Insurance health plan are eligible. If you enroll in an HDHP, you are only eligible for the Post-Deductible HRA. Your HRA becomes active once your first reward has been credited to the account (for Shared Savings Program rewards only). | | $ |

## Dental

| | | | | |
|---|---|---|---|---|
| **Ameritas** | ☐ Indemnity with PPO | ☐ Standard PPO | ☐ Preventive PPO | |
| **CIGNA** | ☐ Prepaid | | | |
| **Humana** | ☐ Prepaid HD205 | | | |
| **Indemnity Humana** | ☐ Schedule B 4084 | | | |
| **MetLife** | ☐ Indemnity with PPO | ☐ Standard PPO | ☐ Preventive PPO | |
| **Sun Life** | ☐ Prepaid | ☐ Indemnity with PPO | | |

## Vision

| | | | |
|---|---|---|---|
| ☐ **Humana Vision Plan -Exam and Materials (Plan 3004)** | | | |

## Other Supplemental

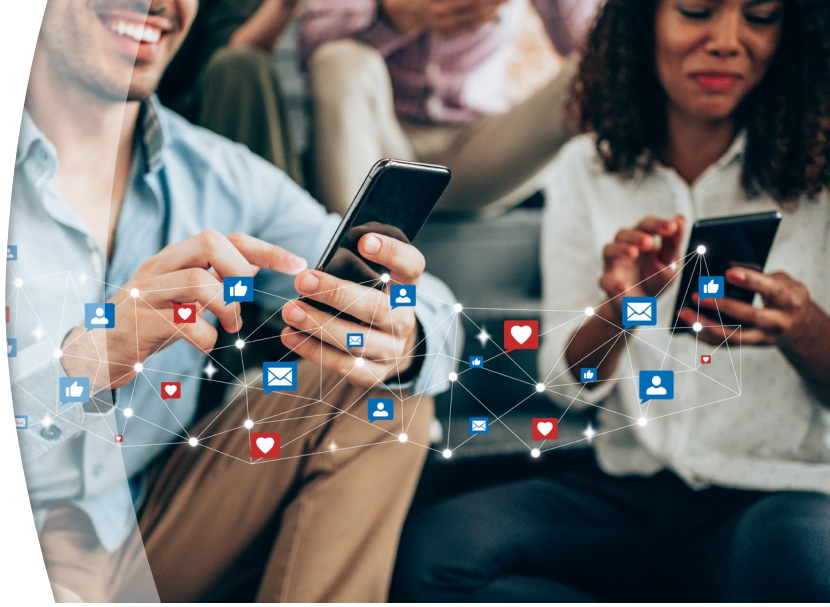
| | | | | | |
|---|---|---|---|---|---|
| **Aflac** | ☐ Cancer | ☐ Hospital Intensive Care | | | |
| **CHLIC** | ☐ PPP Plan | ☐ 30/20 Plan | ☐ 365 Plus $100/Day Plan | ☐ 365 Plus $200/Day Plan | ☐ SIS Plan |
| **Colonial** | ☐ Cancer | ☐ Accident | ☐ Disability | | |
| **New Era** | ☐ $100 Per Day | ☐ $200 Per Day | ☐ $100/Day/ECR | | |

# CONTACT INFORMATION

Need help? Contact the insurance carrier if you have questions about what's covered, network providers, and other plan benefits. Contact People First about premiums, eligibility, or enrollment. Contact Chard Snyder about FSAs, HSAs, and HRAs. Contact Healthcare Bluebook or SurgeryPlus for questions related to their services.

| State Group Insurance Plans | Plan Types | Phone | Website |
|---|---|---|---|
| **Health, Prescription, and Life Plans** | | | |
| **Florida Blue** | State Employees' PPO Plan (Medical) | 800-825-2583 | www.floridablue.com/state-employees |
| **Aetna** | HMO Plan (Medical) | 877-858-6507 | www.aetnastateflorida.com |
| **AvMed** | HMO Plan (Medical) | 888-762-8633 | www.avmed.org /state |
| **Capital Health Plan**<br>**Capital Health Plan MA-PD** | HMO Plan (Medical)<br>HMO Plan (Medical) | 850-383-3311 | www.capitalhealth.com/state |
| **UnitedHealthcare** | HMO Plan (Medical) | 877-614-0581 | www.florida.welcometouhc.com |
| **UnitedHealthcare MA-PD** | PPO Plan (Medical) | 877-352-7794, TTY 711 | https://www.uhcretiree.com/myflorida/home.html |
| **Humana MA-PD** | HMO Plan (Medical) | 800-555-7997, TTY 711 | our.humana.com/sof |
| **CVS Caremark** | State Employees' Prescription Drug Plan | 888-766-5490 | www.caremark.com/sofrxplan |
| **Securian Financial** | Basic, Optional, and Dependent Life | 888-826-2756 | www.lifebenefits.com/florida |
| **Dental Plans** | | | |
| **Ameritas** | Preventive PPO, Standard PPO, and PPO w/ Indemnity | 877-721-2224 | www.ameritas.com/group/olbc/florida |
| **MetLife** | Preventative PPO, Standard PPO, and PPO w/ Indemnity | 844-222-9104 | www.metlife.com/stateoffl |
| **Sun Life Financial** | Indemnity PPO | 800-442-7742 | www.sunlife.com/STofFL |
| **Sun Life Financial Employee Benefits** | Prepaid Dental | 800-443-2995 | www.sunlife.com/STofFL |
| **Cigna Dental** | Prepaid Dental | 800-244-6224 | www.capitalins.com |
| **Humana Dental** | Prepaid Dental/Indemnity | 866-879-3630 | https://www.compbenefits.com/custom/stateofflorida/ |
| **Supplemental Plans** | | | |
| **Humana Vision** | Exam Plus | 800-939-5369 | www.compbenefits.com/custom/state-of-fla-vision/ |
| **Aflac** | Cancer/Intensive Care | 800-780-3100 | www.capitalins.com |
| **Cigna Health and Life Insurance Company** | Hospitalization | 800-780-3100 | www.capitalins.com |
| **Colonial Life** | Accident/Cancer/Disability | 888-756-6701 | www.visityouville.com/stateoffl |
| **New Era** | Hospitalization | 800-277-2300 | www.ssc-life.com |
| **Other** | | | |
| **People First** | Call for help or enroll online | 866-663-4735 | https://peoplefirst.myflorida.com/peoplefirst |
| | Mail documents to or Submit documents online in People First | P.O. Box 6830, Tallahassee, FL 32314 | https://peoplefirst.myflorida.com/peoplefirst |
| | Mail payments to | P.O. Box 863477, Orlando, FL 32886 | |
| **Healthcare Bluebook** | Online Transparency Portal | 800-513-6118 | www.healthcarebluebook.com/cc/sof |
| **SurgeryPlus** | Bundled Surgical Services | 844-752-6170 | www.florida.surgeryplus.com |
| **KEPRO** | Employee Assistance Program (EAP) | 1 (833) 746-8337<br>TTY: 1 (877) 334-0499 | For more information, click the EAP link on your People First home page.<br>www.MyLifeExpert.com<br>Company Code: FLORIDA |
| **Chard Snyder** | Healthcare FSA, Limited Purpose FSA, Dependent Care FSA, Health Savings Account, Health Reimbursement Account, and Post-Deductible HRA | 855-824-9284 | www.mybenefits.myflorida.com |
| **Social Security Administration** | To enroll in or inquire about Medicare | 800-633-4227 | www.medicare.gov |
| **myBenefits Website** | N/A | N/A | www.mybenefits.myflorida.com |

# STAY IN TOUCH WITH MOBILE APPS



Download free mobile software applications in the App Store or Google Play to complete these tasks from the palm of your hand:

Download from the App Store | Download from Google Play

**Your health insurance plan (if mobile app is available)**

Aetna | Florida Blue | UnitedHealthcare

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

**CVS Caremark for prescription drugs**

- Easy Refill – refill mail-order prescriptions without registering or signing in (Easy Refill).
- Scan a prescription for refill.
- See the number of refills due and orders in progress without signing in.
- Check the order status.
- Check drug costs and coverage.
- View prescription history.
- Find a pharmacy in your network.
- View, print, add to wallet, request or order your member ID card and use at a retail pharmacy.
- Identify unknown pills.
- Check for potential drug interactions.
- View, download, print preferred, Specialty, and Maintenance Drug Lists.

**Healthcare Bluebook**

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

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

Log in with your PF information or personal Bluebook Code.

- Enter Access Code – SOF.
- Enter Zip Code.
- Click My Employer Provides Bluebook.
- Search rewards that may be available at designated healthcare procedures.
- View the cost and quality of healthcare providers and facilities.
- Look for the "Go Green to Get Green" tile.

**Chard Snyder for spending and savings accounts**

- View your account balances.
- View transaction details.
- Scan items to see if they are eligible expenses.
- File claims and attach receipts.
- Add receipts to claims already submitted on the website.
- View receipts and claims.
- Receive text alerts by submitting your phone number.
- For questions, you can chat with a customer service representative using the Live Chat feature.

# INTRODUCTION

The State of Florida offers a comprehensive insurance benefits package through the State Group Insurance Program (Program) as part of your total compensation package. The Program allows you to choose benefit plans that best suit your individual needs. We offer coverage to current eligible employees, retirees, spouses and other dependents, surviving spouses, and COBRA participants, as identified in section 110.123(2)(b), (c), (f), (h), and (o), Florida Statutes.

We continually foster a culture of health through our health plans' wellness and disease management programs, publication of our Wellness Wire e-newsletter, and promotion of the state's Employee Assistance Program (EAP) that is offered to health plan-eligible employees. If eligible, you are automatically enrolled in this free benefit. Click the EAP link on your People First home page to determine if you are eligible. We offer tools and resources to help you make positive lifestyle choices for a healthier you.

The overview contained in this benefits guide contains links to online materials that further explain the benefits, limits, and exclusions, and how to access services.

1. Read this guide to learn about all of your options.
2. Review online information while considering what's most important to you.
3. Go to a benefit plan's website to learn about coverage, network access, and other plan benefits.
4. Enroll or make changes in People First before open enrollment ends or during the year within 60 calendar days of a qualifying status change event.

## HEALTH INSURANCE MANDATES

Since 2014, the Patient Protection and Affordable Care Act (ACA) (P.L. 111-148, as amended) requires most people to maintain health insurance coverage (or "minimum essential coverage.") Minimum essential coverage is a term defined in the ACA and its implementing regulations, and the health insurance offered through the State Group Health Insurance Program meets the ACA's requirement.

We must offer this coverage to all eligible employees and their dependents and report on a month-by-month basis to the Federal Internal Revenue Service (IRS) those who were offered coverage and those who enrolled in coverage.

For this tax reporting year, we will submit the required forms to the IRS indicating that we offered health insurance coverage to you and your dependents and noting who enrolled.

**MOVING?**
Remember to keep your address current in People First.

# WHAT IS OPEN ENROLLMENT?

Open Enrollment is your once-a-year opportunity to make changes to your State Group Insurance benefits and learn about new benefits or changes to your current benefits.*

**Open enrollment starts at 8 a.m. ET, Monday, Oct. 11, and ends at 6 p.m. ET, Friday, Oct. 29, 2020.**

**The Division of State Group Insurance is partnering with vendors to host online webinars. Check them out here.**

Make changes online in People First or call the People First Service Center weekdays from 8 a.m. to 6 p.m. ET, at (866) 663-4735 or TTY (866) 221-0268.

- Avoid the rush—make changes early and online whenever it's convenient for you.
- Review your personalized benefits statement carefully. The benefits statement shows your current selection and options for the next plan year, including the monthly cost.
- Make changes as many times as you would like during open enrollment. Elections become final at 6 p.m. ET on the last day of the Open Enrollment period.
- If you don't make changes during Open Enrollment, all of your elections will continue into the new plan year, including the dollar amount deductions toward your Healthcare Flexible Spending Account (FSA), Limited Purpose FSA, Dependent Care FSA, and/or Health Savings Account (HSA).

If you make changes, you will receive a confirmation statement in the mail, or you may view your confirmation statement online in People First. Select the Insurance Benefits tile on your home page, then Confirmation Statement. Be sure all changes are correct. Confirm you've enrolled your eligible dependents and removed those who are now ineligible (e.g., as a result of divorce).

**How Do You Make Changes in People First?**

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

1. Know your People First password. Passwords expire every 90 days for your protection.
2. Turn off the browser's pop-up blocker and log in to People First.
3. Select the "Complete Open Enrollment Now" task in your Inbox.
4. Review your covered dependents and elected plans.
5. If you are enrolled in a health plan for 2022, make your Shared Savings Program selections.
6. Enter your password and select "Complete Enrollment."

**Where do I submit documents?**

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

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

* Remember that you can make changes to your elections during Open Enrollment as many times as you want. However, once Open Enrollment ends, a qualifying status change (QSC) event is required to make election changes to your benefits. However, if you are participating in the Shared Savings Program, you can select an account for your reward payments at any time during the year.

# WHAT'S NEW FOR 2022?


## DIABETES MANAGEMENT PILOT PROGRAM (DMPP)

Effective Jan. 1, 2022, the Florida Department of Management Services' Division of State Group Insurance (DSGI) will implement the Diabetes Management Pilot Program which will utilize a digital health platform for diabetes management within DSGI's participating health plans to monitor eligible diabetic enrollees' HbA1c and hypoglycemia levels. Members of Aetna, AvMed, Florida Blue, and UnitedHealthcare may enroll. See other eligibility requirements by capturing the QR code below with your smartphone. Participants are responsible for all applicable medical and Prescription (Rx) co-payments, co-insurance, deductibles, and out-of-pocket expenses.

## WEIGHT MANAGEMENT

The Weight Management Program will be offered again for the 2022 Plan Year. Members of Aetna, AvMed, Florida Blue and UnitedHealthcare receive lifestyle coaching, CDC-approved curriculum, and FDA-approved medications (as approved by their provider). See other eligibility requirements by capturing the QR code below with your smartphone. Participants are responsible for all applicable medical and Prescription (Rx) co-payments, co-insurance, deductibles, and out-of-pocket expenses.

## HEALTH SAVINGS ACCOUNT (HSA) CONTRIBUTIONS & COVERAGE LIMITS

Please visit the myBenefits.MyFlorida.com website by capturing the QR code to the right with your smartphone, for updated rates for the 2022 Plan Year.

## DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT (DCFSA) CONTRIBUTION CHANGES

The Dependent Care FSA annual contribution maximum is reduced from $10,500 to $5,000 effective Jan. 1, 2022.

## SAVINGS & SPENDING ACCOUNTS

Over-the-counter drugs: As part of the Federal Coronavirus Aid, Relief, and Economic Security (CARES) Act, over-the-counter drugs were permanently reinstated as eligible for reimbursement under a Healthcare Flexible Spending Account (HFSA), Health Reimbursement Account (HRA), or Health Savings Account (HSA).

## TELEHEALTH

Effective Jan. 1, 2022, telehealth services are covered for all eligible primary or specialist care benefits. Telehealth services are provided remotely through a two-way interactive electronic device that includes both audio and visual communication. Telehealth services may be provided through a telehealth vendor, or through a virtual visit with your network or non-network provider (PPO plan only). Contact your health plan to learn more about telehealth services. Applicable copays apply.

## PREMIUM RATES

You can review the Premium Rate Chart on the myBenefits.MyFlorida.com website, under the Premium Rates tab. There are no premium rate increases for health plans in 2022 for early retiree, COBRA, or non-active enrollees.

## MEDICARE ADVANTAGE PRESCRIPTION DRUG (MA-PD) CHANGES

Lower premiums and more benefits? Yes, please! United Healthcare MA-PD plan rates will decrease for the 2022 Plan Year. Humana MA-PD plan rates will have a slight increase for the 2022 Plan Year. You can review the Premium Rate Chart on the myBenefits.MyFlorida.com website, under the Premium Rates tab. For coverage and participating provider questions, we encourage you to contact the plan or plans of your choosing directly. Contact information for each MA-PD plan is also available on our website. Humana is expanding their MA-PD coverage area to include Bradford, DeSoto, and Indian River counties.

## DENTAL RATE INCREASE

MetLife and Ameritas dental plan rates will increase for the 2022 Plan Year. Please review your annual Benefits Statement.

# WHAT IS A CAFETERIA PLAN?

A cafeteria plan, per section 125 of the Internal Revenue Code, is a program that employers can use to offer a variety of benefits (like options on a cafeteria menu) to employees, who may use pretax payroll dollars to pay for the benefits they select. By using benefits offered under a cafeteria plan, employees have more take-home pay and employers save FICA payroll taxes.

Cafeteria plans have specific enrollment requirements under the Internal Revenue Code that employees must follow in exchange for pretax savings.

Choose your plans carefully. Once enrolled, you must remain in the selected plan(s) unless you experience an eligible qualifying status change (QSC) event during the year. For example: Getting married or divorced? Having a baby or adopting? Spouse changing jobs? For many major-life QSC events, you may be allowed to enroll in, or cancel, your insurance coverage within 60 calendar days of the QSC event. If you miss the 60-day window, you must wait until you experience another major-life QSC event or until the next Open Enrollment to make a change.

Cafeteria plans also have specific dependent eligibility requirements. For example, you can enroll your legal spouse but not your domestic partner or fiancé(e). You can also enroll your children, legally adopted children, and legally appointed foster children. To cover stepchildren, you must be married to their parent. To cover grandchildren over the age of 18 months, nieces, nephews, and other children, you must be the legally appointed guardian.

If your dependent's eligibility changes, you must notify People First within 60 calendar days of the change. For example, if you and your spouse divorce, you must send a copy of the divorce decree to People First within 60 days of the divorce. By following this timeline, you will not have to repay the state for claims an ineligible dependent incurred or pay COBRA premiums to cover that ineligible dependent; if you're in the spouse program, you won't have to pay back premiums for underpaid months (up to $165 per month). Enjoy the pretax benefits of a cafeteria plan, but make sure you understand your responsibilities. Visit mybenefits.myflorida.com or call People First at (866) 663-4735 to learn about your options.

## FOR MORE INFORMATION

Read more about the cafeteria plan **here**!

## STAY IN THE KNOW

Important! Set up your notification email. In People First, follow this trail: Employee Information > Personal Information > Contact Information. Select Notification Email and enter your email address. To receive your tax Form 1095-C electronically, check the box.

If you move, remember that you must update your home and mailing address in People First to ensure you receive timely and important information such as benefit changes and insurance cards.

Open Enrollment packets are mailed out in October each year, which contains important information about your benefits changes. Check your mail to ensure you receive your Open Enrollment packet.

# ELIGIBILITY

Read this section to increase your understanding of the rules that govern the Program, including important deadlines, changes allowed during the plan year, and dependent eligibility. We cover eligible state employees, retirees, surviving spouses, enrollees who continue insurance through COBRA, and eligible dependents.

## EMPLOYEE ELIGIBILITY

To be eligible to participate in the Program, you must be a full-time or part-time employee as defined in section 110.123(2)(c) and (f), Florida Statutes. Upon hire, your position or expected hours of service will determine if you are eligible to participate in the Program.

- Full-time – includes salaried career service and Select Exempt Service/Senior Management Service (SES/SMS) positions working 0.75 Full-Time Equivalency (FTE) or more, and Other Personal Services (OPS) employees expected to work an average of 30 or more hours per week. Employees in these positions are eligible to participate in all plans offered under the Program upon hire.
- Part-time – includes salaried career service and SES/SMS positions working fewer than 0.75 FTE. Employees in these positions are eligible to participate in all plans offered under the Program upon hire, but pay a pro-rata share of the health and life insurance employer premium based on the FTE, plus their employee share.

OPS employees expected to work fewer than 30 hours per week on average are not eligible to participate in the Program upon hire. Similarly, seasonal employees for which the customary annual employment is six months or less and begins each year at approximately the same time of year (such as summer or winter), are not eligible to participate in the Program upon hire.

Eligibility is determined at the point of hire, and eligibility for subsequent plan years is determined using a look-back measurement method. The look-back measurement method is based on IRS final regulations under the ACA. Its purpose is to provide greater predictability for eligibility determinations. The State of Florida uses a 12-month look-back measurement method to determine who is a full-time employee for purposes of Program eligibility.

### MEMBERS MAY NOT 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.

# ELIGIBILITY MEASUREMENT PERIODS

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.

      Example:

      Assume you are hired on Oct. 5, 2021, and you are not employed full time. Your initial measurement period will run from Nov. 1, 2021, through Oct. 31, 2022.

      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 Dec. 1, 2022.

   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 Oct. 3 through the following Oct. 2 of each year and will determine eligibility for the plan year that follows the measurement period.

      If you are a new employee who is reasonably expected to work an average of 30 hours or more per week, you are eligible. Eligibility will continue until your hours are measured during the next or second (depending on your date of hire) Open Enrollment measurement period to determine eligibility for the next plan year.

      Example:

      Assume you are hired Jan. 5, 2021, 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 Dec. 31, 2022. You will then be measured on Oct. 2, 2022, to determine your eligibility for the 2023 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 specific changes in employment status. For ongoing employees, the stability period lasts 12 consecutive months. Newly hired full-time employees may have a stability period longer than 12 months, depending on their date of hire.

3. **Administrative Period –** the time between the measurement period and the stability period when administrative tasks, such as determining eligibility for coverage and facilitating enrollment, are performed. If you are determined to be eligible, a benefits package showing your available options, costs and effective dates will be mailed to the mailing address on file in People First, the system of record.

Special rules apply when employees are rehired by the State of Florida. If you are an OPS employee who

experiences a break in service of at least 13 weeks (26 weeks for employees of academic institutions), you will be treated as a new hire upon your return. If you return to state employment in fewer than 13 weeks (26 weeks for employees of academic institutions), you will automatically be enrolled in the plans you had before you left employment, if those plans are still available.

The rules for the look-back measurement method are very complex, and this is a general overview of how the rules work. More complex restrictions may apply to your situation. The State of Florida intends to follow the IRS final regulations (including any future guidance issued by the IRS) when administering the look-back measurement method. If you have any questions about this measurement method and how it applies to you, call the People First Service Center at (866) 663-4735 weekdays from 8 a.m. to 6 p.m. ET.

# RETIREE ELIGIBILITY

You are eligible to continue health and life insurance if you are a state officer or state employee when you:

1. Retire under a State of Florida retirement system or a state optional annuity or state retirement program or go on disability retirement under the State of Florida retirement system, as long as you were covered under health and life insurance at the time of your retirement and you begin receiving retirement benefits immediately after you retire; or

2. Retire under the Florida Retirement System Investment Plan, and you

    a. Meet the age and service requirements to qualify for normal retirement as set forth in s. 121.021(29), Florida Statutes; or have attained the age specified by s. 72(t)(2)(A)(i), Internal Revenue Code, and you have six years of creditable service; and

    b. Take an immediate distribution; and

    c. Either

        i. Maintained continuous coverage under the Program from termination until receiving your distribution (you must continue health insurance coverage through COBRA until you take your immediate distribution); or

        ii. Retired before Jan. 1, 1976, under any state retirement system and you are not eligible to receive any Social Security benefits.

If you do not continue health insurance coverage at retirement, or if you cancel retiree coverage, you will not be allowed to re-enroll in a State Group Insurance Program health plan at a later date as a retiree.

If you are a retiree that returns to active employment in a benefits-eligible position and you continued your health insurance coverage through your retirement, you will be enrolled in active employee health insurance coverage. When you later terminate employment or return to retirement, you will then be allowed to continue retiree coverage.

To learn more, see the benefits package for new retirees.

To see your premium rates for 2022, visit the Premium Rate Table.

## CHECK YOUR ELIGIBILITY BEFORE CHOOSING A PLAN

Before you choose a plan and complete your Open Enrollment selections, check your eligibility here.

# DEPENDENT ELIGIBILITY

The following dependents are eligible for coverage:

- **Your spouse —** The wife or husband of the employee or retiree.
- **Your child —** Your biological child, legally adopted child, or child placed in the home for the purpose of adoption in accordance with Chapter 63, F.S., through the end of the calendar year in which he/she turns age 26, if they are dependent upon you for support and are either living with you or enrolled in any school, college or university which provides training or educational activities, and which is certified or licensed by a state or foreign country.
- **Your stepchild —** The child of your spouse for whom the employee or retiree is financially responsible, for as long as you remain legally married to the child's parent, through the end of the calendar year in which he/she turns age 26, if they are dependent upon you for support and are either living with you or enrolled in any school, college or university which provides training or educational activities, and which is certified or licensed by a state or foreign country.
- **Your foster child —** A foster child, or any other unmarried children for whom you have been granted court-ordered temporary or other custody, through the end of the calendar year in which he/she turns age 26.
- **Legal guardianship —** A child for whom you have legal guardianship in accordance with Chapter 744, F.S., or an unmarried child for whom you are granted court-ordered temporary or other custody through the end of the calendar year in which he/she turns age 26, if they are dependent upon you for support and are either living with you or enrolled in any school, college or university which provides training or educational activities, and which is certified or licensed by a state or foreign country.
- **Your over-age dependent —** After the end of the calendar year in which he/she turns 26, through the end of the calendar year in which he/she turns 30 – if he/she is unmarried, has no dependents of his/her own, is a resident of Florida or a full- or part-time student, and has no other health insurance.
- **Your over-age dependent with a disability —** Your covered child with mental or physical disabilities. This child may continue health insurance coverage after reaching age 26 and while remaining continuously covered in a State Group Insurance health plan, or the child was over the age of 26 at the time of your initial enrollment. The child must be incapable of self-sustaining employment because of the mental or physical disability and be dependent on you for care and financial support.
- **Newborn child of a covered dependent —** A newborn dependent of a covered dependent – a newborn child born to a dependent while the dependent is covered under the Plan. The newborn must have been added within 60 days of the birth. Coverage may remain in effect for up to 18 months of age as long as the newborn's parent remains covered.
- **Children of law enforcement, probation, or correctional officers —** Children of law enforcement, probation, or correctional officers who were killed in the line of duty, who are attending a college or university beyond their 18th birthday.
- **Surviving spouse and dependents —** The widow or widower of a deceased state officer, state employee, or retiree, if the spouse was covered as a dependent in the State Group Insurance health plan at the time of death; or an employee or retiree who died before July 1, 1979; or a retiree who retired before Jan. 1, 1976, under any state retirement system who is not eligible for any Social Security benefits. The surviving spouse may participate in the State Group Insurance health

plan with family coverage if there are eligible children to be covered; otherwise, the surviving spouse may only participate under an individual coverage per Rule 60P-2.002(3), F.A.C. Upon remarriage, the widow or widower is no longer considered a surviving spouse. A surviving spouse shall report remarriage within 60 days of the remarriage. The surviving spouse and dependents, including any eligible children of a surviving spouse, if any, must have been covered in the State Group Insurance health plan at the time of the enrollee's death and the coverage must have been continuous.

**NOTICE: The following acts may constitute a violation of section 831.01, Florida Statutes, a third degree felony, punishable by up to five (5) years in prison, five (5) years of probation, and a $5,000 fine:**

- Falsifying dependent information.
- Falsifying the occurrence of QSC events.
- Falsely certifying ineligible persons as eligible.
- Falsely enrolling ineligible persons in coverage.
- Falsifying dependent documentation.
- Falsifying QSC event documentation.

**If you have any questions, please call People First at (866) 663-4735 and ask to speak to the Dependent Verification Team.**

# ELIGIBILITY UNDER THE CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT (COBRA)

COBRA allows qualified participants to continue coverage of their healthcare FSA, HRA, and health, dental, and vision benefits through their employer's group insurance plan for a limited period of time under certain circumstances, including the following:

- Voluntary or involuntary job loss.
- Reduction in hours worked.
- Transition between jobs.
- Death.

- Divorce.
- Other life events.

People First will mail a COBRA package to your address on record in People First when one of these events is reported. COBRA enrollees pay the entire monthly premium plus a two percent administrative fee. You and/or your dependents lose eligibility for COBRA when you become eligible for other group insurance, including Medicare, or if you fail to pay the premium by the last day of the coverage month.

If you are the spouse of an enrollee and have been dropped from coverage in anticipation of a divorce, please report this event to the People First Service Center. You may be eligible to enroll in COBRA at the time your divorce is finalized.

To see your premium rates for 2022, visit the Premium Rate Table.

## MORE ON ELIGIBILITY

Use the camera on your smart phone to scan the QR code to the left to find out more!

# ENROLLMENT

You may enroll when you first become eligible for coverage. For example, when you're hired, when you experience a QSC event during the year, or during Open Enrollment. Common QSC events include marriage, divorce, birth, or change in employment status. All eligible state employees, enrolled retirees, surviving spouses, and COBRA participants may participate in Open Enrollment.

Make your State Group Insurance elections online in People First. You'll have convenient access with no forms to complete (except for Spouse Program members), and no phone hold time. You can see all available options, enroll your eligible dependents, and confirm your benefit selections instantly.

## ENROLLMENT TIPS

- Watch for your benefits statement online or in the mail. It will show all your options, costs, and explain possible effective dates of coverage.
- Enroll online in People First during Open Enrollment or within 60 days of your QSC event. If you miss either of these deadlines, you must wait until the next Open Enrollment unless you have another QSC event during the year that allows you to make a change.
- Obtain correct Social Security numbers, birth dates, and required documentation to enroll your eligible dependents.
- Choose your options carefully. When you make an election during Open Enrollment or within the 60-day QSC event window, you cannot cancel or change to another plan (e.g., switch health insurance plans) until the next Open Enrollment or a QSC. 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 (Jan. 1 through Dec. 31).

## WHAT NEW HIRES NEED TO KNOW

- Optional life insurance is guaranteed issue up to five times salary ($500,000 max) when you are an eligible new hire. If you miss this opportunity to enroll, or want to enroll for up to seven times salary ($1 million max), you will have to complete the medical underwriting process if you decide to enroll later. Use Securian Financial's Benefit Scout to help you determine the amount of life insurance you need.
- Dependent spouse life insurance is also guaranteed issue if you are married when you are an eligible new hire or if you later marry. Your spouse will have to complete the medical underwriting process if you decide to enroll later.
- The State Group Insurance Program offers prepaid dental plans, which have a limited network. Be sure the plan you want has dentists in your area, and the offices are accepting new patients. You won't be able to change (until the next Open Enrollment or a QSC event) dental plans because you don't like the dentists or because your dentist leaves the network.
- If you enroll in a State Group Insurance Program health plan, you and your dependents are eligible to participate in the Shared Savings Program. Visit the Shared Savings Program page, to learn how you can earn rewards.

- Health saving accounts and flexible spending accounts (healthcare, limited purpose healthcare, and dependent care accounts) contributions are based on your plan year (January to December) election. Be careful—especially if you're enrolling mid-year. You may want to choose a lower annual amount now and then increase it during open enrollment for the next year. For example, if you are hired in October, and you choose a $5,000 annual contribution amount, that amount is divided by the number of payroll periods left in the plan year and that amount will be deducted from each paycheck (i.e. you elect $5,000, there are five pay periods remaining in the year, $1,000 will be deducted from each paycheck).
- If you are hired during open enrollment, make new hire elections for the current year first, and then make open enrollment changes for the next plan year.

# SPOUSE PROGRAM HEALTH INSURANCE

The Spouse Program provides family health insurance for two-state employees married to each other. One spouse serves as the primary account holder. Each pays $15 per month for family coverage. To enroll, you and your spouse must complete and sign the Spouse Program Election Form and submit the form online through People First or send it to People First at the address on the form.

You have 60 days to enroll after you become eligible. You become eligible for the Spouse Program when you or your spouse works for the state, and the other starts working for the state, or when you marry another state employee and you're already employed by the state. If you miss your opportunity to enroll when you are first eligible, you must wait until open enrollment to enroll.

If you and your spouse elect enrollment under the Spouse Program, you will be enrolled in a family health plan. You and your spouse will be required to designate a "primary" and "secondary" spouse for your account. The primary spouse is considered the enrollee while the secondary spouse and dependents are covered under the family health plan as dependents.

If the family is enrolled in a high deductible health plan (HDHP), the primary and secondary spouse should individually enroll in a health savings account (HSA). Each spouse will receive the individual state contribution.

Rewards earned through participation in the Shared Savings Program will be deposited in the Savings and Spending Account as designated by the primary spouse.

# SURVIVING SPOUSE HEALTH INSURANCE

If you are the employee or retiree and your spouse dies, contact People First and ask to be enrolled in single coverage if you have no other covered dependents.

If you were covered by your spouse's health insurance at the time of his or her death, you are entitled to continue health insurance coverage as a surviving spouse by paying the full premium for the rest of your life or until you remarry. To enroll, call People First to request an enrollment package. The completed application with a copy of the death certification, must be returned within 60 calendar days of receipt of enrollment package. Health insurance coverage must be continuous, and you may be required to pay underpayments if your enrollment is delayed.

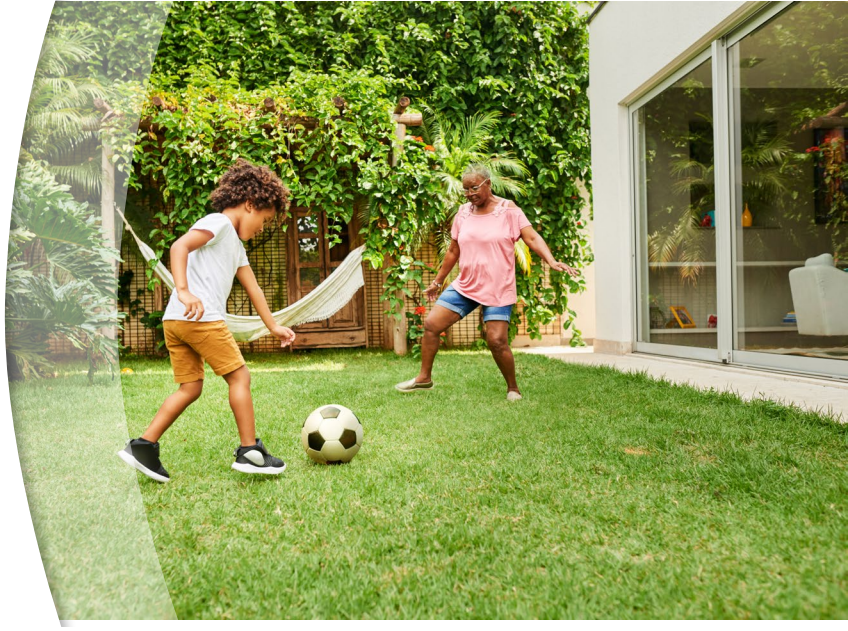
If you remarry, call People First within 60 calendar days. If you provide your marriage certificate, you and your new spouse may continue health insurance coverage through COBRA for a limited time.

# COVERAGE

## WHEN COVERAGE IS EFFECTIVE

Enrollment and changes made during open enrollment are effective Jan. 1 of the next year. Payroll deductions for most plans begin the preceding December. Enrollment and permitted changes made as a result of a QSC event are effective as follows:

- Health insurance may be effective as soon as the first day of the month following the month you elect coverage in People First. For births and adoptions, call People First to request coverage for the child effective on his or her date of birth or on the date that he or she is placed in the home for adoption, respectively.
- Basic life insurance is effective on the first day that a full-time salaried employee is actively at work, or the first day of the month following the payroll deduction after a part-time salaried or eligible OPS employee elects coverage.
- Optional life insurance, dependent spouse life insurance, and certain supplemental plans are effective on the first day of the month after completion of the medical underwriting process, if required, and after a full payroll deduction is taken. Plans that do not require medical underwriting, such as dependent child life insurance, are effective the first day of the month for which a full payroll deduction is taken.
- Healthcare, limited purpose, and dependent care FSAs start on your enrollment date.
- Your HSA becomes active on the date you deposit money through payroll deduction and/or the state deposits money into your HSA.
- Your HRA becomes active on the date that you receive a reward payment through the Shared Savings Program.



## WHEN COVERAGE SUSPENDS

Premium payments for State Group Insurance plans are made one month in advance of the coverage month (e.g., you pay for July coverage in June). If your account becomes underpaid, the underpayment will be deducted from your next payroll (up to $180 for employees paid bi-weekly or up to $360 for employees paid monthly) in addition to your regular monthly premium payroll, and payroll deductions will continue each payroll cycle until the outstanding balance is paid in full. In addition to, or in lieu of payroll deductions, you may coordinate payment with People First.

Any time your insurance premium is underpaid by more than one month, coverage will be suspended. This means that your insurance is temporarily unavailable. If you go to the doctor's office or the pharmacy, you will have to pay out-of-pocket for services and prescriptions. Once you pay the underpayment in full, you can file a claim with your insurance provier to seek reimbursement for eligible expenses that were incurred during the period of suspension.

Avoid this situation by keeping your address updated in People First, reading notices from People First, and taking

quick action to pay any underpayments.

# WHEN COVERAGE ENDS

All coverage ends as follows, unless you elect COBRA for a COBRA-eligible benefit (e.g., health, dental, vision):

- **Employees:** When you end employment with the state, coverage ends for you and any covered dependents the last day of the month following the month of termination. For example, if your last day of work is June 23, coverage ends July 31.
- **Retirees, COBRA participants, layoff participants, and surviving spouses:** You have until the last day of the coverage month to pay the premium. If you have made no payment, coverage will end, and you will not be permitted to re-enroll. Avoid this situation by submitting your payment to People First by the tenth day of the month before next month's coverage. For example, submit July's payment before June 10. COBRA participants may have coverage for up to 18, 29, or 36 months depending on your event; layoff participants may have coverage for up to 24 months.
- **Surviving spouse:** If you remarry, coverage ends the last day of the month of your marriage. You and your new spouse may continue health insurance through COBRA for a limited time.
- **Dependents:** Coverage ends for dependents when your coverage ends or when they lose eligibility—the last day of the month of a divorce (ex-spouse and ex-stepchildren), their death or your death, or the last day of the calendar year in which they meet the age limits (see page 8). Dependent grandchildren lose coverage at the end of the month in which they turn 18 months of age, or if their parent ceases to be covered under the plan.

## TAKE NOTES

There are notes sections throughout the guide for your convenience.

## NOTES

# 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 take advantage of free preventive services to monitor your health.

## HEALTH INSURANCE PLANS

We offer four health insurance plans to members throughout Florida. Each plan provides comprehensive major medical and prescription drug coverage, as well as preventive care benefits and wellness programs.

1. The standard Preferred Provider Organization (PPO), administered by Florida Blue, provides coverage in and out-of-network. You must meet a deductible and pay coinsurance or pay copayments. You can self-refer to many specialists, and you have access to a nationwide network (BlueCard Program®) and the international BCBS Global® Core Program.

2. The high deductible PPO works like the standard PPO, except you have a higher deductible to meet before the plan pays for anything (except for certain preventive services). Once you meet your deductible, you pay coinsurance for all services and prescription drugs. You may enroll in an HSA if you meet eligibility requirements to help offset your out-of-pocket costs.

3. Standard health maintenance organization (HMO) services are provided by Aetna, AvMed, Capital Health Plan, and UnitedHealthcare. One of these HMO plans is offered in each county in the State of Florida. HMOs cover only in-network services, except in certain emergency situations. You pay copayments for services provided in the HMO's network, and you may be required to have a primary care provider and referrals to some specialists.

4. The high deductible HMO works like the standard HMO, except you have a higher deductible to meet before the plan pays for anything (except for certain preventive services). Once you meet your deductible, you pay coinsurance for all services and prescription drugs. You may enroll in an HSA if you meet eligibility requirements to help offset your out-of-pocket costs.

### $0 COPAY - TELEHEALTH VENDOR VISIT

Check with your provider about available telehealth opportunities.

aetna™ AvMed Embrace better health.® Capital Health PLAN An Independent Licensee of the Blue Cross and Blue Shield Association United Healthcare® Florida Blue In the pursuit of health®

# USE EMERGENCY ROOMS FOR EMERGENCIES

Did you know that going to an emergency room costs you **four times** as much as going to urgent care? Did you also know that it can cost the plan **10 times** more, sometimes higher? A procedure that costs your health plan $100 in an urgent care facility can cost more than $1,000 in 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 on 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.

## $0 COPAY - TELEHEALTH VENDOR VISIT

Check with your provider about available telehealth opportunities.

# LEARN MORE

Compare these side-by-side.

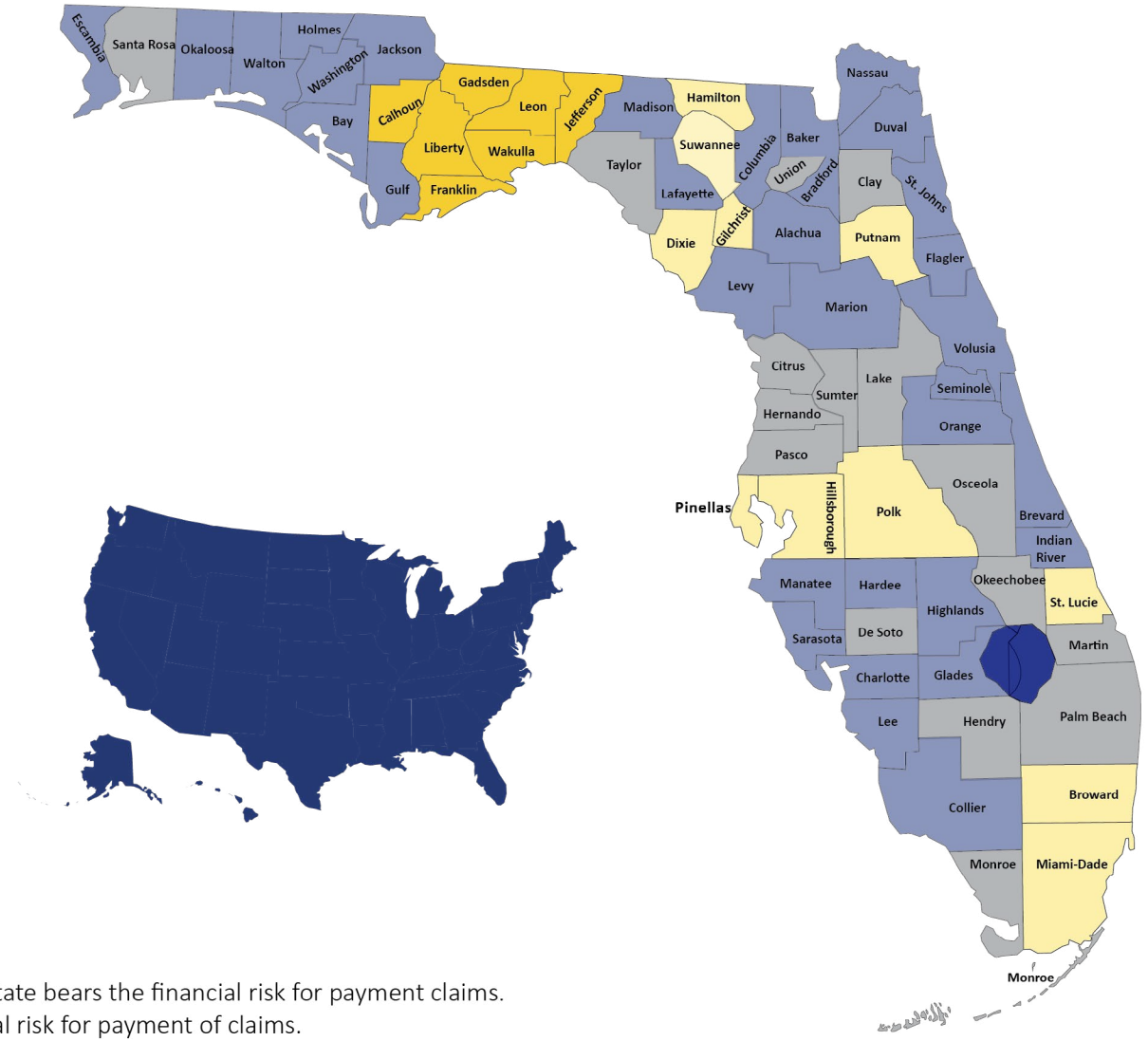
- Review the online provider directory to ensure that your desired doctors and specialists are in the network.
- Read your health plan's Summary Plan Description (SPD) for detailed coverage information and exclusions.

To see a comparison of the wellness benefits of each plan, view the Wellness Benefits Comparison Chart.

## NOTES

Department of MANAGEMENT SERVICES
State Group Insurance

# 2022 CONTRACTED SERVICE AREAS




**HMO**
- Capital Health Plan[2]
- AvMed[1]
- UnitedHealthcare[1]
- Aetna[1]

**PPO**
- Florida Blue

**PRESCRIPTION DRUG PROGRAM[1]**
- CVS Caremark

[1]Self-insured/third party administrator: the State bears the financial risk for payment claims.
[2]Fully insursured: the HMO bears the financial risk for payment of claims.

# HEALTH PLAN SUMMARY COMPARISON CHART (EXCLUDING MA-PD PLANS)

| | Standard | | | High Deductible (Pair with Health Savings Account) | |
|---|---|---|---|---|---|
| | HMO | PPO | | HMO and PPO | PPO Only |
| Your Costs: | Network Only | Network | Out of Network | Network | Out of Network |
| Annual Deductible<br>(You pay this amount first before the plan pays anything, except for preventive care.) | None | $250 \| $500<br>Single \| Family | $750 \| $1,500<br>Single \| Family | $1,400 \| $2,800<br>Single \| Family | $2,500 \| $5,000<br>Single \| Family |
| Global In-Network Annual Out-of-Pocket Maximum | $8,700 \| $17,400<br>per indiv. \| per family (combined pharmacy and medical) | $8,700 \| $17,400<br>per indiv \| per family (combined pharmacy and medical) | N/A | $4,400 \| $8,800 (PPO)<br>$3,000 \| $6,000 (HMO)<br>per indiv. \| per family (combined pharmacy and medical) | N/A |
| Preventive Care[1] | No charge | No charge; no deductible | Amount between charge and out-of-network allowance; no deductible | No charge; no deductible | Amount between charge and out-of-network allowance; no deductible |
| Primary Care | $20 copayment | $15 copayment | 40% of out-of-network allowance plus the amount between the charge and the out-of-network allowance | Deductible then 20% of network allowed amount | Deductible then 40% of out-of-network allowance plus amount between charge and out-of-network allowance |
| Specialist | $40 copayment | $25 copayment | | | |
| Urgent Care | $25 copayment | $25 copayment | $25 copayment | | Deductible then 20% of out-of-network allowance |
| Emergency Room | $100 copayment | $100 copayment | $100 copayment | | |
| Hospital Stay | $250 copayment | 20% after $250 copayment | 40% after $500 copayment plus the amount between charge and out-of-network allowance | Deductible then 20% of network allowed amount | Deductible, $1,000 copay, then 40% of out-of-network allowance plus the amount between charge and out-of-network allowance |
| Generic Drugs \| Preferred Brand \| Non-Preferred Brand | $7 \| $30 \| $50<br>Network Retail (up to 30-day supply)<br>$14 \| $60 \| $100<br>Mail Order or Participating 90-Day Retail (up to 90-day supply) | | Pay in full; file claim for reimbursement | After paying deductible,<br>30% \| 30% \| 50%<br>Network Retail and Mail Oder | Pay in full; file claim for reimbursement |
| Monthly Premiums: | We Deduct Your Premium a Month in Advance (e.g., December 2020 for January 1, 2021, coverage) | | | | |
| Career Service/OPS | $50.00 Single | $180.00 Family | | $15.00 Single | $64.30 Family |
| Select Exempt Service/ Sr. Management Service | $8.34 Single | $30.00 Family | | $8.34 Single | $30.00 Family |
| Spouse Program | $30.00 ($15 each employee) | | | $30.00 ($15 each employee) | |
| Over-age Dependents (age 26- 30) | $813.46 Each | | | $736.80 Each | |
| COBRA | $829.73 Single | $1,867.70 Family | | $751.54 Single | $1,664.69 Family |
| Retiree < Age 65 | $813.46 Single | $1,813.08 Family | | $736.80 Single | $1,632.05 Family |
| Medicare Tiers[2]: | Medicare I | Medicare II | Medicare III | Med I | Med II | Med III |
| Retiree ≥ Age 65 or on SSI Disability | $430.18 | $1,243.63 | $860.35 | $324.26 | $1.061.06 | $648.52 |
| Capital Health Plan | $282.62 | $1,054.31 | $565.24 | $257.23 | $950.54 | $514.46 |

1. Preventive care based on age and gender.
2. Medicare I = single coverage for retired participant eligible for Medicare. Medicare II = family coverage for two or more and at least one is Medicare eligible. Medicare III = family coverage for retiree and one dependent, and both are Medicare eligible.

# MEDICARE ADVANTAGE & PRESCRIPTION DRUG PLANS

The Division of State Group Insurance offers Medicare-eligible retirees three qualified group Medicare Advantage and Prescription Drug Plans (MA-PDs) for 2022:

- Capital Health Plan (CHP) MA-PD
- Humana MA-PD
- UnitedHealthcare MA-PD

An MA-PD is a Medicare Advantage plan that includes Part A (hospitalization coverage), Part B (medical coverage), and Part D (prescription drug coverage). You keep your Medicare Parts A & B, and you will continue to pay your Medicare Part B premium.

Along with lower monthly premiums, MA-PD plans may offer:

- Defined out-of-pocket costs for preventative care, specialist visits, and home health services.
- Expanded benefits for routine vision, hearing, and dental services.
- Access to fitness programs and caregiver support.

Enrollment in a new MA-PD plan is optional and you can enroll year-round. If you enroll in an MA-PD plan during Open Enrollment, your effective date of coverage is Jan. 1, 2022. Please see the service area map on the following page, and links to the available MA-PD plans that provide coverage in specific service areas. To see premium rates for 2022, see the MA-PD Premium Rate Table.

## NOTES

Humana.

Capital Health PLAN

An Independent Licensee of the Blue Cross and Blue Shield Association

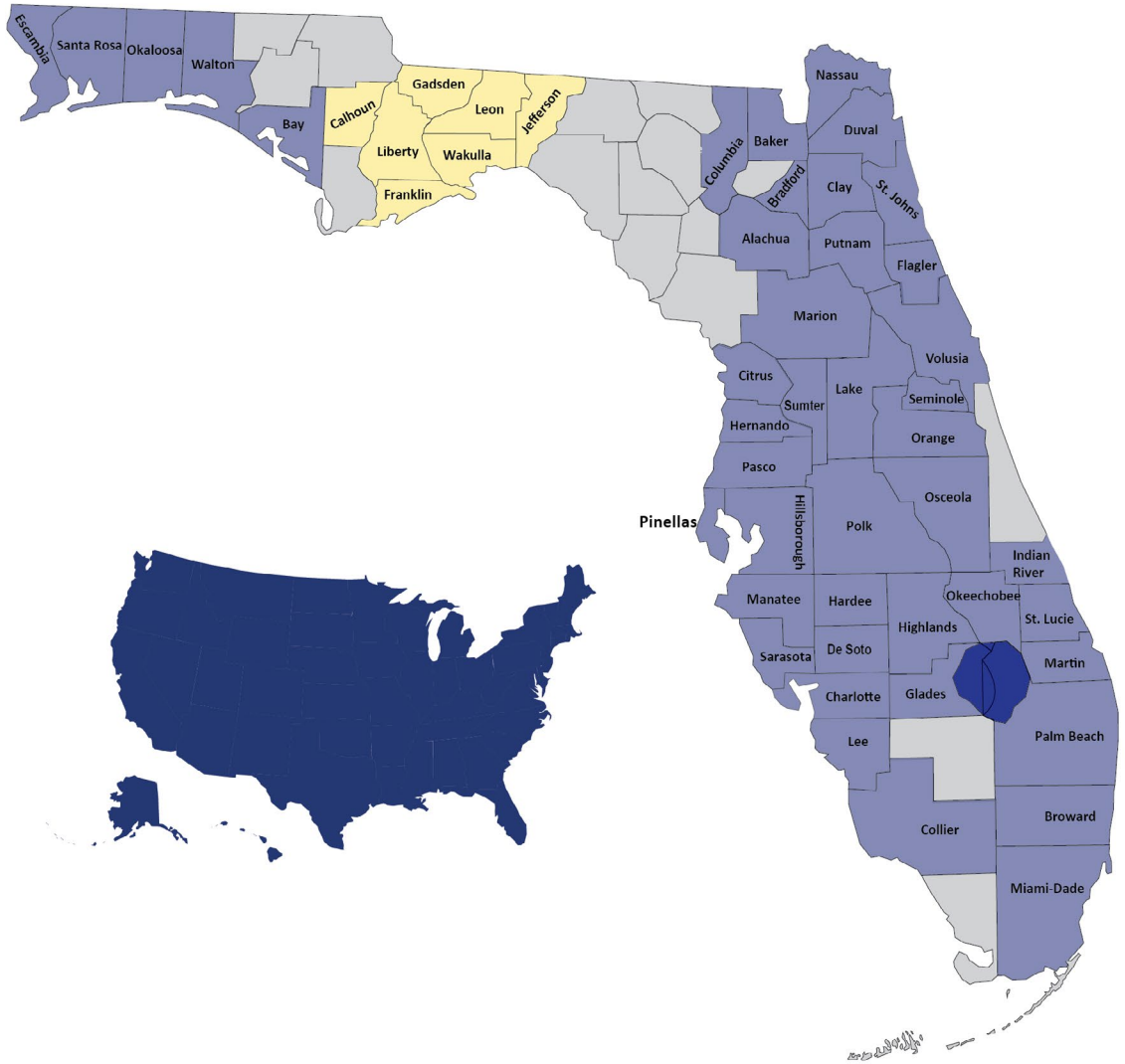
United Healthcare

Department of MANAGEMENT SERVICES
State Group Insurance

# 2022 CONTRACTED MEDICARE ADVANTAGE & PRESCRIPTION DRUG (MA-PD) PLAN SERVICE AREAS

**HMO**
- Capital Health Plan (MA-PD HMO Plan)
- Humana (MA-PD HMO Plan)
- Counties with no MA-PD HMO Plans

**PPO**
- UnitedHealthcare (MA-PD PPO Plan)[1]




[1]Available naitonwide, including all 67 counties in FL.

# PRESCRIPTION DRUG PLAN

CVS Caremark administers prescription drug benefits for all health insurance enrollees (except Medicare Advantage members). Prescription drug costs can differ depending on your health plan, the number of days' supply, and whether you buy generic, preferred brand, or non-preferred brand drugs.

You and your covered family members can get your no-cost routine vaccinations, including flu shots, at any In-Network pharmacy participating in the CVS Caremark Broad Vaccination Network. Before you go, call the pharmacy to make sure the immunization you need is available and if an appointment is required. Retail pharmacies practice within the parameters of state and federal laws and regulations; it is possible that not all vaccinations will be available for everyone, i.e., some pharmacies may not be legally allowed to vaccinate children.

To locate an In-Network retail pharmacy participating in the Broad Vaccination Network, go to www.Caremark.com/sofrxplan or log in at www.Caremark.com; click on Find a Pharmacy or Pharmacy Locator; enter the applicable zip code or city and state; click on Advanced Options; and click on Vaccine Network. Pharmacies that participate in the Broad Vaccination Network are identified with a syringe icon.

You can create an account at www.Caremark.com to see your prescription drug history, order refills, and check the status of your mail-order drugs. CVS Caremark offers an online transparency tool to allow employees to see the cost of their prescription drugs, find out about generic options, and get the best value for their medications. You can access this tool by logging into your CVS Caremark account online or via the CVS Caremark App.

## GO MOBILE

Download CVS Caremark's mobile app by scanning the QR code below with your smartphone. Use the app to manage your account, see your ID card and more.

Download from the App Store

Download from Google Play

# TELEHEALTH

Effective Jan. 1, 2022, telehealth services are covered for all primary care and specialty appointments. Telehealth services are provided remotely through a two-way interactive electronic device, and must include both audio and visual communication.

Telehealth options include visits through:

- A telehealth vendor using the vendor's network of providers.
- A virtual visit with your network/non-network (non-network for PPO plan only) doctor using their selected technology.

The benefits of using telehealth:

- No co-pay when a telehealth vendor is used.
- Increased access.
- Convenient, easy to schedule and no travel necessary.

Contact your plan/provider to learn more about covered telehealth services.

| TELEHEALTH VENDOR | | |
|---|---|---|
| | **Standard** | **HDHP** |
| **FL Blue (PPO)** | Network: $0; Non-Network: N/A | Network: No Per Visit Fee, subject to Calendar Year Deductible; Non-Network: N/A |
| **Aetna, AvMed & UHC** | $0 | Network: No Per Visit Fee, subject to Calendar Year Deductible; Non-Network: N/A |
| **CHP** | $0 | Network only: No Per Visit Fee, subject to Calendar Year Deductible |

| PROVIDER VIRTUAL/TELEHEALTH VISIT | | |
|---|---|---|
| | **Standard** | **HDHP** |
| **FL Blue (PPO)** | Network: $15 (PCP), $25 (Spec, per applicable, approved Spec); Non-Network: Coinsurance 40% plus 100% of amount over the allowance (balance bill) | Network: Calendar Year Deductible and Coinsurance of 20%; Non-Network: Calendar Year Deductible and Coinsurance of 40% plus 100% of amount over the allowance (balance bill) |
| **Aetna, AvMed & UHC** | $20 Network (PCP); $40 Specialist; $25 Urgent Care | Network only: 20% coinsurance, subject to Calendar Year Deductible |
| **CHP** | $20 Network (PCP); $20 Network (PCP); $25 Urgent Care | Network only: 20% coinsurance, subject to Calendar Year Deductible |

# WEIGHT MANAGEMENT PROGRAM

Lose weight and live a healthier lifestyle with the State of Florida's Weight Management Program!

## Program Benefits

Take advantage of the benefits offered by the Weight Management Program.

### CDC-Approved Curriculum on Healthy Lifestyle Changes

- Lessons
- Handouts
- Other Resources

### Porgram Lifestyle Coach

- Leads the program
- Helps you learn new skills
- Encourages you to set & meet goals
- Keeps you motivated
- Facilitates discussions
- Helps make the programs fun & engaging

### Program Support Group

- Share ideas
- Celebrate successes
- Work to overcome obstacles

**2,243**
Total number of participants*

**14 lbs**
Average annual participant weight loss*

**9,090 lbs**
Total weight lost by participants*

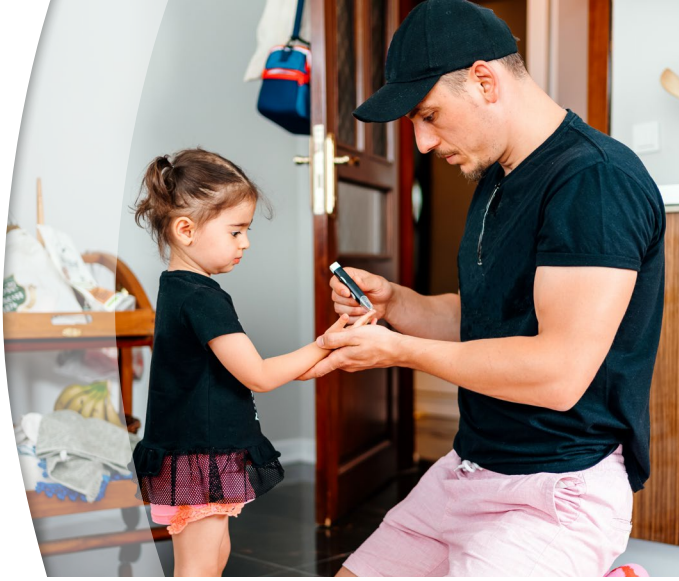
That's more than the combined weight of the 2021 Florida State University football team linebackers TRIPPLED!**

aetna™ AvMed Embrace better health® Florida Blue UnitedHealthcare®

To learn more about the Weight Management Program by capturing the QR code to the left with your smartphone, or vist mybenefits.myflorida.com.

*Data accumulated since pilot program inception in 2018. | **Source: Noles247 Website, Aug. 6, 2021

# DIABETES MANAGEMENT PILOT PROGRAM



One in ten State Group Insurance Program members has Type 2 Diabetes*

**37,956**

Number of State Group Insurance Program members with Type 2 Diabetes*

## Added Benefits

Participants will become aware of ways to manage their Type 2 Diabetes.

- **Lose weight**
- **Eat healthy food**
- **Be active**
- **Take medicine as prescribed**
- **Diabetes education and support**
- **Keep health care appointments**

## Program Goal and Benefits

The Program's goal is to measure meaningful clinical outcomes of participants including a reduction in HbA1c and hypoglycemia levels.

- A cellular meter that provides real time feedback for glucose readings.
- Continuous remote monitoring with emergency outreach.
- Live coaching from certified diabetes educators.

To learn more about the Diabetes Management Pilot Program, scan the QR code to the left, with your smartphone, or visit mybenefits.myflorida.com.

aetna™ AvMed Embrace better health. Florida Blue UnitedHealthcare®

*Data Source: 2019 Claims, Benefitfocus Health Analytics

# EMPLOYEE ASSISTANCE PROGRAM (EAP)

KEPRO EAP is available to provide free services to all benefits-eligible employees. The EAP has an abundance of resources to help you manage everyday challenges or significant life events through a robust support network of local resources.

**Legal and financial consultations.**
You can schedule a free, first-time consultation (up to 30 minutes) with an attorney or financial consultant on a variety of legal and money management concerns.

Please see KEPRO's contact information below, to learn more about your EAP or to request services.

Call Toll-Free: 1 (833) 746-8337
TTY: 1 (877) 334-0499
www.MyLifeExpert.com
Company Code: FLORIDA

The Employee Assistance Program is available to provide:

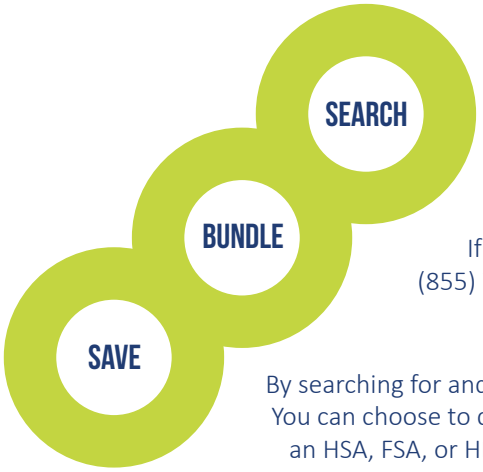
24 hours a day, 7 days a week, 365 days a year, confidential counseling and support. Any time of the day or night, weekends, and holidays, you will be able to reach an EAP professional. The EAP offers counseling sessions, and all discussions between you and your EAP professional are confidential.

## GO MOBILE

EAP provides online and mobile access to resources and referrals. The EAP website allows you to connect to a robust offering of childcare, eldercare, and daily living resources in addition to other useful information and self-assessment tools.

Scan the QR code to the left to visit mylifeexpert.com from your mobile device.

# SHARED SAVINGS PROGRAM




Are you in need of a healthcare procedure? Search for your procedure online using the Healthcare Transparency Tool through Healthcare Bluebook.

If you need a non-emergency surgery, call SurgeryPlus at (855) 752-6170 and a SurgeryPlus Care Advocate will assist you in bundling all surgery costs into one, lower rate.

By searching for and bundling your services, you can save money and earn rewards. You can choose to deposit your reward to your HSA, FSA, or HRA. If you don't have an HSA, FSA, or HRA — your reward amount will automatically credit to an HRA account that will be created for you.

**To date, the Shared Savings Program has generated:**

**$15.1 MILLION* IN NET SAVINGS & $3.4 MILLION* IN REWARDS**

***Totals for Jan. 2019 through June 2021.**

Take the Shared Savings Program with you wherever you go!

## HEALTHCARE BLUEBOOK

Download on the App Store

GET IT ON Google Play

Use the app to search & save!

Mobile Access Code: SOF

## SURGERYPLUS


Call (855) 752-6170 to bundle & save!

FLORIDA DEPARTMENT OF MANAGEMENT SERVICES shared savings.

*Check out more reward-eligible procedures at* mybenefits.myflorida.com/health/shared_savings_program.

*Rewards based on 2021 figures and are subject to change annually.

# SHARED SAVINGS PROGRAM

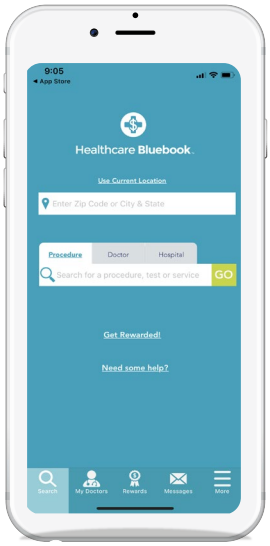
## HEALTHCARE TRANSPARENCY TOOL

Examples of reward-eligible procedures at GREEN-rated facilities for you and your dependents through Healthcare Bluebook.

Ear Tube Placement | $500

Arm ACT | $145

Ankle MRI | $500



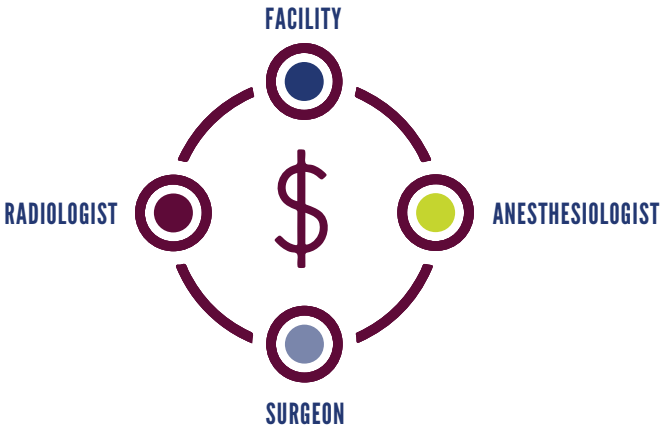

$1,850 | Complex Ear Drum Repair

$145 | Leg CT

$500 | Leg CT

## ONE SIMPLE, BUNDLED RATE

Bundle your healthcare services with the help of a SurgeryPlus Care Advocate by calling (855) 752-6170.




FLORIDA DEPARTMENT OF MANAGEMENT SERVICES shared savings.

*Check out more reward-eligible procedures at* mybenefits.myflorida.com/health/shared_savings_program.

*Rewards based on 2021 figures and are subject to change annually.

# SAVINGS AND SPENDING ACCOUNTS

## HEALTH REIMBURSEMENT ACCOUNT (HRA)

Chard Snyder is the administrator of two types of HRAs that reimburse you for eligible out-of-pocket expenses. Use the prepaid Chard Snyder Benefit Card at the time of service as a convenient payment option wherever most credit cards are accepted.

- HRA—is a pretax account available to you if you are enrolled in a standard health plan. You can use the funds to pay for eligible medical, dental, and vision expenses.
- Post-deductible HRA—is a pretax account that is available to you if you are enrolled in a high deductible health plan. After you meet the annual, federal deductible, you can use the funds to pay for eligible medical, dental, and vision expenses.

For the HRA and post-deductible HRA, Dec. 31, 2022, is the last day to incur claims for the 2022 plan year, and you must submit all claims by April 15, 2023. However, unlike an FSA, if you have funds remaining at the end of 2022, all funds will carry over to the next plan year. The HRA is employer-funded only, which means you cannot contribute to the account. There is no limit on the amount of funds in an HRA.

As long as you are enrolled in a State Group Insurance health plan, you may continue your HRA. This applies to COBRA coverage, retiree coverage, and surviving spouse coverage.

Find out how each account works or visit the chart.

## FLEXIBLE SPENDING ACCOUNT (FSA)

Chard Snyder is the administrator of three types of Flexible Spending Accounts (FSA) that give you a tax break on eligible out-of-pocket expenses. Use the prepaid Chard Snyder Benefit Card at the time of service as a convenient payment option wherever most credit cards are accepted. Employees must contribute a minimum of $60 per year to initiate an FSA.

- Healthcare FSA—you contribute up to $2,750 each plan year on a pretax basis to pay for eligible healthcare expenses.
- Limited purpose FSA—you contribute up to $2,750 each plan year on a pretax basis to pay for eligible dental and vision expenses (can be paired with a health savings account).
- Dependent care FSA—you contribute up to $5,000 each plan year on a pretax basis to pay for the care of your natural, adopted, and foster children who have not reached their 13th birthday, and family members who cannot physically or mentally care for themselves.

For the healthcare FSA and limited purpose FSA, Dec. 31, 2021, is the last day to incur claims for the 2021 plan year, and you must submit all claims by April 15, 2022. Otherwise, if you have funds remaining at the end of 2021, a maximum of $550 will carry over to the next plan year, while any funds in excess of $550 will be forfeited.

# SAVINGS AND SPENDING ACCOUNTS CONT.

For the dependent care FSA, March 15, 2022, is the last day to incur claims for the 2021 plan year, and you must submit all claims by April 15, 2022. Otherwise, you lose any remaining money.

## HEALTH SAVINGS ACCOUNT (HSA)

An HSA is a tax-advantaged account available to you if you enroll in a high deductible health plan. You don't pay taxes on any money you deposit into it, and you won't pay taxes when you use money from the account to pay for eligible healthcare expenses like deductibles and coinsurance. Once enrolled and your HSA Advantage bank account is opened through Chard Snyder, you will receive the state's monthly deposit of $41.66 for single coverage and $83.33 for family coverage ($500 and $1,000 annually, respectively). Unused funds roll over each year, and you can take your HSA with you when you leave state employment.

Find out how this account works or visit the comparison chart.

## CHARD SNYDER BENEFIT CARD

Swipe your Benefit Card at the cash register in stores and at doctors, dentists, orthodontists and optical providers. The card recognizes which items and services are eligible for your plan. Use it at some dependent care locations, too.


## CHARD SNYDER MOBILE APP

You can quickly check your account balances and details with the Chard Snyder mobile app.

CHARDSNYDER™ Benefit Solutions

Scan the QR code to the right with your smartphone and download the Chard Snyder mobile app on your Apple or Android device.

Download from the App Store

Download from Google Play

# 2022 Savings and Spending Accounts Comparison Chart

| Flexible Spending Accounts (FSA) | | | Health Savings Account (HSA) | Health Reimbursement Account (HRA) and Post-Deductible HRA |
|---|---|---|---|---|
| Healthcare FSA | Limited Purpose FSA | Dependent Care FSA | | |
| **How it Works** | | | | |
| You contribute pretax money into the account through payroll deductions to pay for eligible medical, dental and vision expenses, prescriptions, over-the-counter medications and menstrual hygiene products.<br>▪ Use the Benefit Card to pay for eligible services and items;<br>▪ Pay your provider directly from your account online; or<br>▪ Pay out of pocket for eligible medical expenses, then submit claims to be reimbursed. | You contribute pretax money into the account through payroll deductions to pay for eligible dental and vision expenses.<br>▪ If you are enrolled in a High Deductible Health Plan (HDHP), you can choose a Limited Purpose FSA. You cannot choose a Healthcare FSA if you are enrolled in an HDHP and eligible for the HSA.<br>▪ Use the Benefit Card to pay for eligible services and items;<br>▪ Pay your provider directly from your account online; or<br>▪ Pay out of pocket for certain eligible expenses, then submit claims to be reimbursed. | You contribute pretax money into the account through payroll deductions. You get reimbursed for eligible services (not healthcare related) to care for children 12 years and younger or a dependent age 13 and older who live with you at least 8 hours a day and who need supervised care, such as an elderly parent or spouse with a disability. Use funds to care for your natural, adopted and foster children 12 years and younger and for family members who cannot physically or mentally care for themselves while you are working or going to school.<br>▪ Use the Benefit Card to pay for eligible dependent care services;<br>▪ Pay your provider directly from you account online; or<br>▪ Pay out of pocket for eligible dependent care expenses, then submit claims to be reimbursed. | 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 into the account. Enroll in an HDHP online in People First, which automatically opens your HSA Advantage™ account.<br>▪ The State contributes $41.66/month for single coverage (up to $500/yr) and $83.33/month for family coverage (up to $1,000/yr).<br>▪ Pay for eligible expenses from this savings account at time of service or purchase;<br>▪ Pay your provider directly from your account online; or<br>▪ Pay out of pocket for eligible expenses, then reimburse yourself from the account.<br><br>Employees can contribute to their HSA at age 65 as long as they are an eligible individual and have not enrolled in Medicare Parts A, B, or D. In addition, the employee is required to obtain a letter from Medicare that shows they have deferred enrollment and provide that letter to the People First Service Center. Once enrolled in Medicare, they can no longer continue making contributions to their HSA account. | Shared Savings Program rewards are credited to your account as they are earned. HRA money is used to pay for eligible medical, dental and vision expenses, prescriptions, over-the-counter medications and menstrual hygiene products.<br>▪ Use the Benefit Card to pay for eligible services and items;<br>▪ Pay your provider directly from your account online; or<br>▪ Pay out of pocket for eligible expenses, then submit claims to be reimbursed.<br><br>The Post-Deductible HRA works the same way except funds are not available for use until you have met the federal health plan deductible. Single deductible is $1,400 and Family deductible is $2,800. |
| **Who is Eligible** | | | | |
| Active employees, who are benefits eligible. | Active employees, who are benefits eligible. | Active employees, who are benefits eligible. | Active employees, who are enrolled in an HDHP. | All State Group Insurance Program health plan enrollees are eligible. If you enroll in an HDHP, you are only eligible for the Post-Deductible HRA. Your HRA becomes active once your first reward has been credited to the account. |
| **Shared Savings Program Rewards** | | | | |
| Yes. Earn up to $500 in Shared Savings rewards. Earnings over $500 will be deposited into an HRA.<br><br>Shared Savings Program rewards are credited to your account on January 1st of the following plan year (the plan year after the reward is earned). | Yes. Earn up to $500 in Shared Savings rewards. Earnings over $500 will be deposited into an HRA.<br><br>Shared Savings Program rewards are credited to your account on January 1st of the following plan year (the plan year after the reward is earned). | No. Shared Savings Program rewards are only credited to one of the health spending or savings plans. | Yes. Earn up to the annual contribution limit in Shared Savings rewards.<br><br>Shared Savings Program rewards are credited to your account as they are earned. | Yes. There is no limit in the amount of Shared Savings rewards earned.<br><br>Shared Savings Program rewards are credited to your account as they are earned. |

# 2022 Savings and Spending Accounts Comparison Chart

| Flexible Spending Accounts (FSA) | | | Health Savings Account (HSA) | Health Reimbursement Account (HRA) and Post-Deductible HRA |
|---|---|---|---|---|
| **Healthcare FSA** | **Limited Purpose FSA** | **Dependent Care FSA** | | |
| **Employee Contribution Limit** | | | | |
| Yes.<br>$60 minimum/year.<br>$2,750 maximum/year | Yes.<br>$60 minimum/year.<br>$2,750 maximum/year. | Yes.<br>$60 minimum/year.<br>$5,000 maximum/year/ household. | Yes. No minimum contribution.<br>$3,650/year for single coverage<br>$7,300/year for family coverage<br>(Limits include the state's contribution.)<br>Employees ages 55+ may make catch-up contributions of an additional $1,000/year. | Employer funded, through rewards earned by utilizing the Shared Savings Program. |
| **When is Money Available** | | | | |
| The total amount of your annual election is available January 1 (for open enrollment) or on your enrollment date (for new hires or if you have an appropriate Qualifying Status Change (QSC) event). Shared Savings Program rewards are not available until January 1st of the year after the reward is earned and credited to the account. | The total amount of your annual election is available January 1 (for open enrollment) or on your enrollment date (for new hires or if you have an appropriate QSC event). Shared Savings Program rewards are not available until January 1st of the year after the reward is earned and credited to the account. | Money is credited to your account after each payroll deduction. You can use only the balance in your account at the time of payment for dependent care services. | Money is credited to your account as the State deposits amounts into your Chard Snyder HSA Advantage™ personal savings account. | HRA funds will be available within 5 business days of the reward notification to Chard Snyder.<br>If you choose a Post-Deductible HRA, funds are available for use after you have met the deductible. Single deductible is $1,400 and Family deductible is $2,800. |
| **Payment Card** | | | | |
| Yes. The Chard Snyder Benefit Card. | Yes. The Chard Snyder Benefit Card. | Yes. The Chard Snyder Benefit Card. | Yes. The Chard Snyder Benefit Card. | Yes. The Chard Snyder Benefit Card. |
| **Deadline to Use Funds** | | | | |
| Yes. Incur eligible expenses by December 31 and submit claims to Chard Snyder by April 15 of the next plan year. If any funds are remaining, up to $550 will be carried forward into the following plan year. Amounts over $550 will be forfeited. | Yes. Incur eligible expenses by December 31 and submit claims to Chard Snyder by April 15 of the next plan year. If any funds are remaining, up to $550 will be carried forward into the following plan year. Amounts over $550 will be forfeited. | Yes. Grace period to incur eligible expenses ends March 15 of the next plan year. All claims must be submitted to Chard Snyder by April 15 of the next plan year. Any amount remaining will be forfeited. | No. HSA works just like your savings account. Balance rolls over from year to year; take the money with you if you leave state employment. | Yes. Incur eligible expenses by December 31 and submit claims to Chard Snyder by April 15 of the next plan year. Balance rolls forward to next plan year, as long as enrolled in a State Group Insurance Program health plan. |
| **Health Plan** | | | | |
| No requirement to be in a State Group Insurance Program health plan. | High Deductible PPO or High Deductible HMO. | No requirement to be in a State Group Insurance Program health plan. | High Deductible PPO or High Deductible HMO. | Any State Group Insurance Program health plan. |
| **Enroll in Another Savings or Spending Account** | | | | |
| Yes. Dependent Care FSA and/ or HRA. | Yes. HSA, Dependent Care FSA, and/or Post-Deductible HRA. | Yes. Healthcare and Limited Purpose FSA, HSA, HRA or Post-Deductible HRA. | Yes. Limited Purpose FSA, Dependent Care FSA, and/or Post-Deductible HRA. | Yes. Healthcare FSA, Limited Purpose FSA, and/or Depended Care FSA. If enrolled in an HDHP, you must choose the Post-Deductible HRA. |

# LIFE INSURANCE

The State Group Insurance Program offers group term life insurance to eligible employees and retireesnthrough Securian Financial. Designate your beneficiary or beneficiaries when you enroll and review your designations periodically to account for changes. Learn about some of the available plan features.

securian FINANCIAL

## LIFE INSURANCE OPTIONS

| Type | Benefit Amount | Enrollment | Monthly Premium |
|---|---|---|---|
| **Basic Life** | $25,000 | • Salaried, full-time employees automatically enrolled<br>• Part-time and OPS employees must enroll | • Salaried, full-time: no premium<br>• Part-time: pro-rated premium<br>• OPS: $3.58 |
| **Optional Life (salaried employees only)** | One to seven times your base annual earnings ($1 million max) | Guaranteed issue for new hires up to 5x salary ($500,000 max); up to 7x if you qualify ($1 million max) | Varies by coverage level, salary, and age |
| **Dependent Spouse** | $15,000 \| $20,000 | Guaranteed issue if you enroll when first hired or you marry | $5.18 \| $6.90 |
| **Dependent Child** | $10,000 per each child | Guaranteed issue | $0.85 (covers all eligible children) |
| **Basic Life for Retirees** | $2,500 \| $10,000 | Continue life insurance when you retire | $5.32 \| $21.26 |

## ADDITIONAL LIFE BENEFITS

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

# SUPPLEMENTAL INSURANCE

The State Group Insurance Program offers dental, vision, and other supplemental insurance plans to eligible employees on a pretax basis. You pay the full premium for all supplemental plans. The state does not contribute. You may continue dental and vision through COBRA upon the termination of employment, including retirement, or convert other plans by calling the insurance company directly.

## DENTAL PLANS

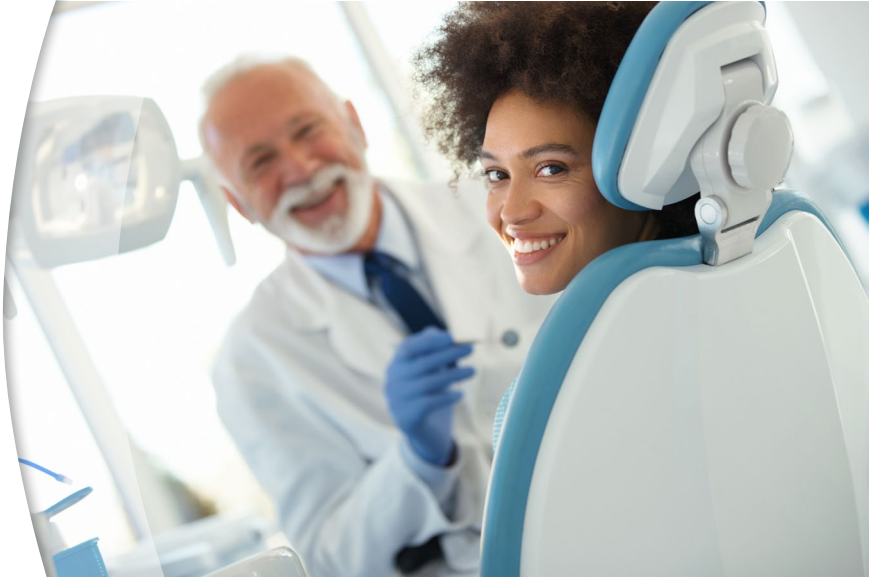
Take control of your total health. Review the dental plan options carefully. Some have limited networks and pay only for services performed by network dental care providers. Some provide in and out-of-network benefits.

Be sure the plan you select has plenty of dentists in your area who are accepting new patients. You can't change dental plans because you don't like the dentists or because your dentist leaves the network.

**Dental Plans Comparison Chart**

| | Prepaid Dental (DHMO)<br><br>(Sun Life, Cigna, Humana) | Dental Preferred Provider Organization (DPPO)<br><br>(Ameritas, MetLife) | Dental Indemnity with a DPPO Network Plan<br><br>(Ameritas, MetLife, Sun Life) | Dental Indemnity Plan<br><br>(Humana) |
|---|---|---|---|---|
| **Definition** | Must use only network dental providers. No coverage for out-of-network services. | May use any dental provider, but you pay less when using network dental providers. | May use any dental provider, but pay discounted rates when using network dental providers. | May use any dental provider, but you pay first and then get reimbursed a set fee (scheduled amount) for covered services. |
| **Choice of Providers** | Network only. | In-or-out of network. | In-or-out of network. | Any you choose. |
| **Preventive Care (no deductible)** | No charge for most preventive services. | No charge in network; you pay 20% of costs for out of network. | You pay cost above set dollar amount. | You pay cost above set dollar amount. |
| **Deductible** | No. | Yes, for basic and major care. | Yes, for basic and major care. | Yes, for basic and major care. |
| **Basic and Major Care** | You pay set copays or a percentage of cost. | You pay a percentage of cost for the Standard plan. However, for the Preventive plan you will pay the full negotiated rate for major care. | You pay cost above a set dollar amount or a percentage of cost. | You pay cost above a set dollar amount. |
| **Calendar Year Maximum** | No. | Yes. | Yes. | Yes. |
| **You Should Know** | Your dentist could leave the network at any time. This is not a qualifying status change (QSC) event to cancel or change dental plans or coverage levels. | You pay all charges above the annual maximum each calendar year. Thus, your costs will be higher if you see an out-of-network dental provider. | | You pay all charges above the annual maximum each calendar year. Dentist fee are not negotiated by insurer and dentists may charge any amount they choose per procedure. |
| **People First Plan Code and Plan Name** | 4025 Sun Life Prepaid 225<br><br>4034 Cigna Dental<br><br>4044 Humana HD205 | 4022 Ameritas Standard PPO<br>4023 Ameritas Preventive PPO<br>4032 MetLife Standard PPO<br>4033 MetLife Preventive PPO | 4021 Ameritas Indemnity w/PPO<br><br>4031 MetLife Indemnity w/PPO<br><br>4074 Sun Life Indemnity PPO | 4084 Humana Schedule B |

# DENTAL PLAN MONTHLY PREMIUMS



| People First Plan Code | Plan Name | Employee Only | Employee + Spouse | Employee + Child(ren) | Employee + Family |
|---|---|---|---|---|---|
| 4021 | Ameritas Indemnity w/PPO | $46.50 | $86.24 | $98.20 | $141.80 |
| 4022 | Ameritas Standard PPO | $38.60 | $72.32 | $80.96 | $117.88 |
| 4023 | Ameritas Preventive PPO | $27.98 | $52.92 | $56.64 | $82.96 |
| 4031 | MetLife Indemnity w/PPO | $51.92 | $96.04 | $107.32 | $155.80 |
| 4032 | MetLife Standard PPO | $36.60 | $67.72 | $75.66 | $109.86 |
| 4033 | MetLife Preventive PPO | $25.08 | $46.38 | $51.84 | $75.24 |
| 4025 | Sun Life Prepaid 225 | $14.93 | $25.17 | $33.26 | $43.54 |
| 4074 | Sun Life Indemnity PPO | $43.55 | $ 83.61 | $ 98.83 | $130.35 |
| 4034 | Cigna Prepaid | $ 24.01 | $ 47.31 | $ 56.41 | $72.06 |
| 4044 | Humana HD205 | $ 12.64 | $ 21.20 | $ 23.00 | $ 32.98 |
| 4084 | Humana Schedule B | $ 14.74 | $ 21.96 | $ 23.30 | $ 37.10 |

## DENTAL PLANS MOBILE APPS AVAILABLE

Cigna

Cigna

Humana

Humana

MetLife

MetLife

Download from the App Store

Download from Google Play

Sun Life Dental and Ameritas Dental do not have mobile apps available at this time. You can access your account online by clicking on the respective logo below.

Sun Life

Ameritas fulfilling life.

# VISION PLAN

Humana®

Humana offers eye exams and materials coverage.

Caring for your eyes is an essential part of your overall health and wellness. That's why the State offers you competitive vision coverage at affordable rates through Humana Vision. Coverage is also available to retirees through COBRA and COBRA participants if they were enrolled prior to termination. Click here to find out if you are eligible for these benefits.

| VISION PLAN CHART | | |
|---|---|---|
| **Exam and Materials** | | |
| | Benefit Frequency (based on the service date and not per calendar year) | |
| **Exam Every** | 12 months | |
| **Lenses Every** | 12 months | |
| **Frames Every** | 24 months | |
| **Benefits** | **In Network** | **Out of Network** |
| **Eye Exam** | 100% after you pay $10 copay | $40 allowance |
| **Lenses:** | | |
| **Single** | 100% after you pay $10 copay | $40 allowance |
| **Bifocal** | 100% after you pay $10 copay | $60 allowance |
| **Trifocal** | 100% after you pay $10 copay | $80 allowance |
| **Scratch Resistance Lenses** | $25 allowance | Not Covered |
| **Anti-Reflective Lenses** | $50 allowance | Not Covered |
| **Frames** | $75 wholesale allowance | $60 retail allowance |
| **Contact Lenses** | | |
| **Elective** | $150 allowance | $75 allowance |
| **Medically Necessary** | 100% | $100 allowance |
| **LASIK** | Receive a 25% discount off the usual and customary price or 5% off advertised promotions or specials for LASIK services from in-network providers. Discount covers consultations, laser procedure, follow-up visits, and any additional necessary corrective procedures. | |

| Monthly Premium | Employee Only | Employee + Spouse | Employee + Child(ren) | Employee + Family |
|---|---|---|---|---|
| | $6.96 | $13.74 | $13.60 | $21.36 |

# OTHER SUPPLEMENTAL PLANS

The following supplemental plans pay benefits directly to you, in addition to the coverage you receive from your health plan. Specific requirements apply before these plans pay. Some plans require you to complete their medical underwriting process and may also exclude coverage if you have pre-existing conditions.

## SUPPLEMENTAL PLANS COMPARISON CHART

| Plan | Benefit Examples | Offered By |
|---|---|---|
| **Accident** | • Specified benefit amount(s) payable directly to the insured for covered accidents in which a doctor's office or hospital is visited for treatment of an accidental injury.<br>• Additional payments for follow-up visits and when crutches, wheelchairs or other covered medical aids are needed for covered accidental injuries.<br>• Covers work and non-work related accidental injuries. | Colonial Insurance Company<br>(888) 756-6701 |
| **Cancer** | • Specified benefit amount(s) payable directly to insured for cancer screenings, diagnosis and treatment.<br>• Utilize benefit payments as needed.<br>• Benefit amounts dependent upon coverage level selected. | Aflac* (through Capital Insurance Agency)<br>(800) 780-3100<br>Colonial Insurance Company<br>(888) 756-6701 |
| **Disability** | • Supplements income loss during short-term disability to help pay living expenses.<br>• Can choose elimination period for accident and sickness related disabilities based upon need. | Colonial Insurance Company<br>(888) 756-6701 |
| **Hospitalization** | • Specified payment amounts directly to covered individual when hospitalized.<br>• Additional payments, depending on the coverage selected, for ancillary services related to hospitalization. | Cigna Health and Life Insurance Company (CHLIC), through Capital Insurance Agency<br>(800) 780-3100<br><br>New Era<br>(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)<br>(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.

Capital Insurance Agency, Inc. Cigna Colonial Life New Era Health Plans

# MONEY SAVERS

## HEALTH AND WELLNESS MONEY SAVERS

- Earn financial rewards by shopping for healthcare services through Healthcare Bluebook and SurgeryPlus.
- Learn more about your prescription drug costs by using CVS Caremark's online transparency tool.
- Ask for generic drugs. If no generic drug is available, ask for preferred brand drugs over non-preferred ones. See the Preferred Drug List.
- 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 Emergency Room (ER) if you have a life-threatening emergency). Your primary care provider may be part of an urgent care center. Be sure to ask.
- Get fit and take advantage of any gym membership reimbursement.
- Pay nothing for your annual physical and certain preventive screenings. Track your biometric numbers to see positive movement.
- For your maintenance prescription drugs, use 90-day retail fills at participating pharmacies or mail order. You'll pay only two copayments for three months' supply, saving you a copayment. Ask your prescribing provider to write your maintenance drug's prescription for up to a 90-day supply with three refills.
- Take advantage of all the resources your health plan has to offer:
  - ☐ Information about events.
  - ☐ Healthy recipes.
  - ☐ Resources to help you understand food nutrition labels.
  - ☐ Resources to help with quitting smoking.
  - ☐ Tips to prevent chronic disease.
  - ☐ Management and education programs if you have a chronic disease.

## SAVINGS AND SPENDING ACCOUNT MONEY SAVERS

- Deduct money from your paycheck before payroll taxes are calculated.
- You save money because you pay less income tax.
  - ☐ Access the lump sum of your healthcare or limited purpose FSA on Jan. 1.
  - ☐ Your FSA essentially works like an interest-free, tax-free loan.
- Pay for predictable costs like orthodontic braces with funds in your healthcare/limited purpose FSA (annual limits and participation rules apply).
- Estimate how much you can save on your taxes with the Tax-Savings Calculator.

# MONEY SAVERS

## DENTAL MONEY SAVERS

Review your dental plan's plan documents for benefit limits and exclusions, based on your needs, including:

- Confirming your dentist and dental specialists participate in-network for your specific plan;
  - If looking for a dentist:
    - Search your dental plan's online provider directory for dentists accepting new patients.
    - Call the dentist's office to confirm it has a reasonable appointment schedule, especially for first-time patients.
    - Before making an appointment, call your prepaid dental insurance company to be added to your dentist's roster of patients; otherwise, you will have no coverage when you go.
    - Ask your dentist for prior-treatment cost evaluation to avoid expensive surprises.
    - Talk to the dental plan about prior authorization requirements and other special processes.

## NOTES

# IMPORTANT INFORMATION

Take time to review these important notices:

- State Group Insurance Program Privacy Notice
- Employees and Their Dependents Eligible for Medicare
- Retirees and Their Dependents Eligible for Medicare
- Medicare Part D Notice

LEARN MORE ABOUT MEDICARE.

## NONDISCRIMINATION TESTING

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

## NOTES

# NOTES

STATE EMPLOYEES' GROUP HEALTH SELF-INSURANCE TRUST FUND

# PREMIUM RATE TABLE

Effective December 2021 for January 2022 Coverage

(Premium rate change for all participants)

Department of MANAGEMENT SERVICES

| Subscriber Category/Contribution Cycle | | Coverage Types | PPO/HMO Standard | | | PPO/HMO HDHP | | |
|---|---|---|---|---|---|---|---|---|
| | | | Employer | Enrollee | Total | Employer (4) | Enrollee | Total |
| Career Service/OPS | Monthly Full-Time Employees (1) | Single | 763.46 | 50.00 | 813.46 | 763.46 | 15.00 | 778.46 |
| | | Family | 1,651.08 | 180.00 | 1,831.08 | 1,651.08 | 64.30 | 1,715.38 |
| | | Spouse | 1,801.08 | 30.00 | 1,831.08 | 1,685.40 | 30.00 | 1,715.40 |
| | Bi-Weekly Full-Time Employees (1) | Single | 381.73 | 25.00 | 406.73 | 381.73 | 7.50 | 389.23 |
| | | Family | 825.54 | 90.00 | 915.54 | 825.54 | 32.15 | 857.69 |
| | | Spouse | 900.54 | 15.00 | 915.54 | 842.70 | 15.00 | 857.70 |
| SES/SMS | Monthly Full-Time Employees (1,2) | Single | 805.12 | 8.34 | 813.46 | 770.12 | 8.34 | 778.46 |
| | | Family | 1,801.08 | 30.00 | 1,831.08 | 1,685.38 | 30.00 | 1,715.38 |
| | Bi-Weekly Full-Time Employees (1,2) | Single | 402.56 | 4.17 | 406.73 | 385.06 | 4.17 | 389.23 |
| | | Family | 900.54 | 15.00 | 915.54 | 842.69 | 15.00 | 857.69 |
| COBRA (Non-Medicare) | Monthly (3) | Single | 0.00 | 829.73 | 81346 | 0.00 | 751.54 | 751.54 |
| | | Family | 0.00 | 1,867.70 | 1,867.70 | 0.00 | 1,664.69 | 1,664.69 |
| Early Retirees | Monthly | Single | 0.00 | 813.46 | 813.46 | 0.00 | 736.80 | 736.80 |
| | | Family | 0.00 | 1,831.08 | 1,831.08 | 0.00 | 1,632.05 | 1,632.05 |
| Overage Dependents | | Single | 0.00 | 813.46 | 813.46 | 0.00 | 736.80 | 736.80 |

## Medicare Monthly Premium Rates

| Plan Name | Plan Type | Medicare I One Eligible (5) | Medicare II One Under/Over (6) | Medicare III Both Eligible (7) | MA-PD Plan |
|---|---|---|---|---|---|
| Self-Insured PPO/HMO | Standard | 430.18 | 1,243.63 | 860.35 | |
| | HDHP | 324.26 | 1,061.06 | 648.52 | |
| Capital Health Plan (8) | Standard | 282.62 | 1,038.30 | 565.24 | |
| | HDHP | 257.23 | 936.15 | 514.46 | |
| | MA-PD (9) | | | | 165.00 |
| Humana | MA-PD (9) | | | | 35.98 |
| UnitedHealthcare | MA-PD (9) | | | | 195.00 |
| COBRA Self-Insured PPO/HMO (3) | Standard | 438.78 | 1,268.50 | 877.56 | |
| | HDHP | 330.75 | 1,082.28 | 661.49 | |
| COBRA Capital Health Plan (3,8) | Standard | 288.27 | 1,059.07 | 576.54 | |
| | HDHP | 262.37 | 954.87 | 524.75 | |

## Notes

(1) Premium contribution for Part-Time Employees (FTE < 0.75) is to be calculated as follows:
Step 1. State Contribution x FTE% = Calculated State Contribution
Step 2. Total Contribution - Calculated State Contribution = Employee Contribution

(2) SES/SMS – Includes executive, legislative and judicial branch agencies for employees with enhanced benefits, excluding Spouse Program participants.

(3) Includes an additional 2% for administrative costs as permitted by federal regulations.

(4) The employer monthly HSA contribution of $41.66/single ($500 annually) and $83.33/family ($1,000 annually) is included in the listed employer rates.

(5) Single coverage for participant eligible for Medicare Parts A&B. Does not include monthly Medicare Part B premium.

(6) Family coverage for two or more participants, if at least one participant is eligible for Medicare Parts A&B. Does not include Medicare Part B premium.

(7) Family coverage for two participants and both are eligible for Medicare Parts A&B. Does not include Medicare Part B premium.

(8) Must be enrolled in Medicare and must complete the HMO's Retiree Advantage application process to be eligible for this coverage.

(9) You must be enrolled in Medicare Parts A&B to be eligible for an MA-PD plan. If you are enrolled in family coverage, all covered family members must be enrolled in Medicare Parts A&B to be eligible for one of these MA-PD plans. The premiums listed above are per member. If you have yourself and a dependent under your family plan, multiply the premium by 2, etc. Premiums do not include Medicare Part B premium. COBRA premiums include an additional 2% for administrative costs as permitted by federal regulations. The People First Service Center must have your Medicare information. If your Medicare enrollment cannot be verified, you will be moved to the PPO plan through Florida Blue. Call the People First Service Center to confirm your Medicare information is on file if you have not done so.

Department of MANAGEMENT SERVICES

# State of Florida Qualifying Status Change Event Matrix

## Effective October 1, 2020

**Authority:** The State of Florida Salary Reduction Cafeteria Plan (Cafeteria Plan), in compliance with Section 125 Internal Revenue Code 1986. Centers for Medicare and Medicaid Services (CMS), as well as s. 110.123, Florida Statutes.

**Definitions:**

1. **Break In Service -** for OPS employees, termination of employment or unpaid leave (other than FMLA, jury duty or military leave) that exceeds 13 consecutive weeks (26 weeks for employees of academic institutions); or a break between four weeks and 13 (26) weeks if the period of service prior to the break is less than the period of the break.

2. **Effective Date of Coverage –** Except as otherwise indicated, the effective date of coverage shall depend on the date of the qualifying event, the date the election is made, and receipt of premium.

- Health insurance - see QSC event #10 for salaried employees and see #11 for OPS employees. Requirements for an MA-PD plan effective date are provided later in this notice.
- Supplemental plans, optional life, and dependent life - the first day of the month following a full-payroll deduction.
- Basic life - the first day a full-time salaried employee is actively at work, or the first day of the month following full payroll deduction once an election is made by part-time salaried and OPS employees.
- Health care FSA and dependent care FSA - the date of enrollment.
- HSA - the day a payroll deduction can be taken and deposited into the HSA Advantage™ account.

3. **Enrollee** - All state officers and employees, retired state officers and employees, surviving spouses of deceased state officers and employees, and terminated employees or individuals with continuation coverage who are enrolled in an insurance plan offered by the State Group Insurance Program. Including all state university officers and employees, retired state university officers and employees, surviving spouses of deceased state university officers and employees, and terminated state university employees or individuals with continuation coverage who are enrolled in an insurance plan offered by the State Group Insurance Program.

4. **Personnel Action Request (PAR) -** request that is entered and completed in People First to trigger benefit eligibility.

5. **QSC Event Window -** A QSC event window is defined as the period of time to provide required documentation and make allowable changes

to benefits, as defined by the Internal Revenue Code. All QSC event windows are 60 calendar days from, and including the day of the event, unless otherwise specified. Calendar days is defined as all days in a month, including weekends and holidays.

**Background:**

Enrollees may make mid-year coverage changes when an enrollee experiences a life event that affects eligibility (gain or loss) of coverage. This Qualifying Status Change (QSC) Event Matrix is provided to assist you, in determining if you have experienced a life event that would allow you to make mid-year benefit changes due to a life event that affects eligibly (gain or loss) of coverage. All allowable election changes must be consistent with the qualifying event, based on gain or loss of eligibility.

This QSC Event Matrix applies to all enrollees under the State Group Insurance Program. If you have a permissible mid-year election change, you can make your changes online in People First, or if your specific event is not listed in People First, contact the People First Service Center at 866-663-4735.

**PLEASE NOTE:**

- A QSC event is not required to enroll in or make changes to a Health Saving Account (HSA), however, you must be enrolled in a High Deductible Health Plan to enroll in an HSA.
- OPS employees must meet the 30-hour per week average for subsequent 12-month measurement periods to continue coverage or to be eligible to enroll.
- If on Military Leave, an employee may continue coverage or cancel coverage within 60 days of commencement of leave, and may re-enroll within 90 days of discharge. An employee cannot reenroll in a health care FSA and/or dependent care FSA in the same plan year.
- If an employee cancels coverage as allowed by one of the following QSC events, the employee cannot reenroll in coverage unless they experience a QSC event that will allow reenrollment or until the next annual Open Enrollment, unless expressly allowed in this document.

All enrollees are required to submit documentation to establish dependent eligibility for new dependents before or after enrollment based on the QSC event. See page 19 for a list of eligible dependents and pages 20 & 21 for document requirements to verify each dependent relationship. Dependent Verification should be submitted to the People First Service Center within 60 days of the addition of a new dependent.

**Special Notice regarding Medicare Advantage and Prescription Drug (MA-PD) plans:**
Enrollment is open year-round for MA-PD plans, however, you must meet certain requirements before you enroll in an MA-PD plan. You and your dependents (if any) must be enrolled in Medicare Parts A & B, and the People First Service Center must have a copy of your and your dependent's Medicare card on file before MA-PD enrollment is approved. If the People First Service Center does not have a copy of your Medicare card, you will remain enrolled in your current health plan and you will pay the premium for that plan.

The effective date of coverage after enrollment into one of the MA-PD plans depends upon the date in which all of the required information is supplied to the People First Service Center. All enrollment requests received after the 20th of any month will be effective on the first of the second month following your request.

- Example 1: You contact the People First Service Center on March 23 and upload the required Medicare card on the same date. The effective date of your MA-PD plan will be May 1.
- Example 2: You contacted the People First Service Center on March 3 and send in the required Medicare card on March 7. The effective date of your MA-PD plan will be April 1.

Disenrollment from an MA-PD plan would follow the same timeline.

| Definition | Required Documentation and/or HR Action | Health and Supplemental Plans | Basic, Optional & Dependent Life | Healthcare FSA/Limited Purpose FSA | Dependent Care FSA |
|---|---|---|---|---|---|
| **A. Change in Enrollee's Legal Marital Status** | | | | | |
| **Marriage** | | | | | |
| **1.** Legally recognized marriage between two persons under any state or foreign law at the time the marriage was entered into by the parties. Common law marriages, domestic partnerships, civil union partnerships, or other relationships do not constitute marriage. | Married < 12 months and no joint federal income tax return filed, a government-issued marriage certificate, **OR**<br><br>Married =/> 12 months, a Tax Return Transcript of most recently filed federal joint income tax return.<br><br>See pages 19-21 for additional information. | Employee may:<br>- enroll in the plan or enrollee may increase to a family tier for newly eligible spouse and any eligible dependents including preexisting dependents.<br>- cancel or decrease coverage only when coverage becomes effective or is increased under the new spouse's plan.<br><br>Enrollee may change coverage option (e.g. HMO to PPO). | Basic – Employee may enroll or cancel.<br><br>Optional/Dependent – Employee may enroll, cancel, increase, or decrease. | Employee may enroll, increase, or decrease election if enrollee or dependents become eligible under new spouse's health plan. | Employee may:<br>- enroll or increase election to accommodate newly-eligible dependents.<br>- if eligibility is lost because new spouse does not work, decrease the annual election to no less than the amount that has been contributed through payroll deduction as of the date the request is approved and end date the account. |

| Definition | Required Documentation and/or HR Action | Health and Supplemental Plans | Basic, Optional & Dependent Life | Healthcare FSA/Limited Purpose FSA | Dependent Care FSA |
|---|---|---|---|---|---|
| **Loss of Spouse** | | | | | |
| **2.** Legal divorce | Copy of final judgment or marital settlement agreement defining insurance coverage.<br><br>Court order showing custody or guardianship to cover previously eligible dependents, such as stepchildren, made ineligible by the divorce. | Enrollee must remove spouse and other dependents made ineligible by the event.<br><br>Enrollee may:<br>- decrease coverage tier if no other covered dependents but cannot cancel.<br>-change coverage option (e.g. HMO to PPO) | Basic – Employee may enroll or cancel.<br><br>Optional/Dependent – Employee may enroll, cancel, increase or decrease. | Employee may:<br>- decrease annual election to no less than the greater of the amount contributed or the amount of claims submitted as of the date the request is approved. - enroll or increase election where coverage is lost under ex-spouse's plan. | Employee may:<br>- enroll or increase election to accommodate newly eligible dependents - decrease the annual election to no less than the amount that has been contributed through payroll deduction as of the date the request is approved and end date the account if eligibility is lost (e.g., because dependents now reside with ex-spouse). |
| **3.** Death of spouse | Court order showing custody or guardianship to cover previously eligible dependents, such as stepchildren, made ineligible by the death. | Enrollee:<br>- must remove spouse and other dependents made ineligible by the event.<br>- may decrease election if no other covered dependents but cannot cancel.<br>- change coverage option (e.g. HMO to PPO).<br><br>Employee may elect coverage for self or dependents who lose eligibility under spouse's plan if lost due to the death. | Basic – Employee may enroll or cancel.<br><br>Optional/Dependent – Employee may enroll, cancel, increase or decrease. | Employee may:<br>- decrease annual election to no less than the amount contributed as of the date the request is approved<br>- may enroll or increase election. | Employee may enroll or increase election to accommodate newly eligible dependents. |
| **B. Change in Number of Enrollee's Eligible Dependents** | | | | | |
| **Dependent Gains Eligibility** | | | | | |
| **4.** Birth of child, adoption, or placement in the home for purposes of adoption in | Adoption or placement for adoption - documentation is required before changes can be made. | Employee may enroll or enrollee may increase to a family tier. | Basic – Employee may enroll or cancel. | Employee may enroll or increase election to accommodate newly eligible dependents. | Employee may:<br>- enroll or increase election to accommodate newly eligible dependents and |

| Definition | Required Documentation and/or HR Action | Health and Supplemental Plans | Basic, Optional & Dependent Life | Healthcare FSA/Limited Purpose FSA | Dependent Care FSA |
|---|---|---|---|---|---|
| compliance with applicable Florida state and federal laws | For a child in your custody or under your guardianship: A copy of the court order naming you or your spouse as the child's legal guardian or custodian.<br><br>For a foster child: A copy of the records showing you or your spouse as the dependent's foster parent. | Health plan only: if requested, enrollment or an increase in coverage may be retroactive to the first day of the month and the effective date for the child is as follows:<br>• Coverage for the enrollee's newborn is effective as of the date of birth.<br>• Coverage for the adopted child is effective as of the date of the adoption or placement; or if a written adoption agreement is in place before the child is born, coverage is effective as of the date of birth.<br><br>Other eligible dependents may be added the first day of the month following the month the newborn or adopted child is enrolled.<br><br>Enrollee may change coverage option (e.g.,HMO to PPO). | Optional/Dependent – Employee may enroll, cancel, increase or decrease. | | any other eligible dependents who were not previously covered<br>-cancel or decrease contributions if spouse ceases to work following a birth or adoption. |
| **Dependent Loses Eligibility** | | | | | |
| **5.** Dependent no longer meets eligibility requirements (e.g., end of the month in which dependent turns 13 for dependent care FSA or end of | Based on the event; e.g., affidavit, letter from employer, etc. | Enrollee must remove the ineligible dependent and may decrease election only if no other covered dependents but cannot cancel. | Basic – Employee may enroll or cancel.<br><br>Optional/Dependent – Employee may enroll, cancel, increase, or decrease. | Employee may cancel or decrease annual election to no less than the amount contributed as of the date the request is approved. | Employee may cancel or decrease the annual election to no less than the amount that has been contributed through payroll deduction as of the date the request is |

| Definition | Required Documentation and/or HR Action | Health and Supplemental Plans | Basic, Optional & Dependent Life | Healthcare FSA/Limited Purpose FSA | Dependent Care FSA |
|---|---|---|---|---|---|
| the calendar year in which dependent turns 26 for insurance plans). | | Enrollee may change coverage option (e.g., HMO to PPO). | | | approved and end date the account. |
| **6.** Death of dependent | | Enrollee may:<br>- decrease election if no other covered dependents but cannot cancel.<br>- change coverage option (e.g., HMO to PPO). | Basic – Employee may enroll or cancel.<br><br>Optional/Dependent – Employee may enroll, cancel, increase or decrease. | Employee may cancel or decrease annual election to no less than the amount contributed as of the date the request is approved. | Employee may cancel or decrease the annual election to no less than the amount that has been contributed through payroll deduction as of the date the request is approved and end date the account. |
| **Placement, Judgments, Decrees or Orders** | | | | | |
| **7.** Court order that requires coverage for the enrollee's child, for legal guardianship, or for foster child in compliance with applicable state law. | For a child in your custody or under your guardianship: A copy of the court order naming you or your spouse as the child's legal guardian or custodian.<br><br>For a foster child: A copy of the records showing you or your spouse as the dependent's foster parent. documentation required before changes can be made. | Enrollee may:<br>- enroll or increase election. Other dependents who were not previously covered may also be enrolled in coverage.<br>- change coverage option (e.g., HMO to PPO). | No changes allowed. | Enrollee may increase election for newly eligible dependent as required under the order. | No changes allowed. |
| **8.** Court order that requires enrollee's ex-spouse to provide coverage for the child or that allows enrollee to cancel coverage for the child. | Official document from the courts or other authorized authority before changes can be made. | Enrollee may:<br>- decrease election if no other covered dependents but cannot cancel.<br>- change coverage option (e.g., HMO to PPO). | No changes allowed. | Employee may decrease annual election to no less than the amount contributed as of the date the request is approved. | No changes allowed. |
| **9.** National Medical Support Order | Official document from a governmental entity before changes can be made. | Enrollment in or election increase will comply with the order. Coverage option may change based on the order. | No changes allowed. | Enrollee may increase election for newly eligible dependent as required under the order. | No changes allowed. |

| Definition | Required Documentation and/or HR Action | Health and Supplemental Plans | Basic, Optional & Dependent Life | Healthcare FSA/Limited Purpose FSA | Dependent Care FSA |
|---|---|---|---|---|---|
| **C. Change in Employment Status of Enrollee, Spouse, or Dependent that Affects Eligibility** | | | | | |
| **Commencement of Employment or Other Change in Employment Status that Triggers Eligibility** | | | | | |
| **10.** Salaried FTE New Hire<br><br>The earliest effective date for health insurance is the first day of the month following the election. | Appointment PAR required before changes can be made. | Employee may enroll and add eligible dependents. | Basic – full-time employee automatically enrolled, and premium paid by employer; part-time employee may enroll and pay prorated premium.<br><br>Optional/Dependent – Employee may enroll. | Employee may enroll. | Employee may enroll. |
| **11.** OPS new hire reasonably expected to work 30 hours or more per week in all positions.<br><br>The earliest effective date for health insurance is the first day of the month following the election. | Appointment PAR required before changes can be made. | Employee may enroll and add eligible dependents. | Basic – Employee may enroll and pay monthly premium.<br><br>Optional – not eligible<br><br>Dependent – Employee may enroll. | Employee may enroll. | Employee may enroll. |
| **12.** OPS employee Employment Status Change –Employee's work hours are expected to increase to an average of 30 hours or more per week.<br><br>The earliest effective date for health insurance is the first day of the month following the election. | Appointment PAR required before changes can be made. | Employee may enroll and add eligible dependents. | Basic – Employee may enroll and pay monthly premium.<br><br>Optional – not eligible. Dependent – Employee may enroll. | Employee may enroll. | Employee may enroll. |
| **13.** OPS employee works 30 or more hours on average per week during new hire measurement period. | Work hours recorded in the People First system during a new hire measurement period that begins the first day of the month following the hire | Employee may enroll and add eligible dependents. | Basic – Employee may enroll and pay monthly premium.<br><br>Optional – not eligible.<br><br>Dependent – Employee | Employee may enroll. | Employee may enroll. |

| Definition | Required Documentation and/or HR Action | Health and Supplemental Plans | Basic, Optional & Dependent Life | Healthcare FSA/Limited Purpose FSA | Dependent Care FSA |
|---|---|---|---|---|---|
| The earliest effective date for health insurance is the first day of the month following the election. | date – required before changes can be made. | | may enroll. | | |
| **14.** OPS employee moves to a salaried FTE position with no break in service. | Appointment PAR required before changes can be made. | If enrolled as an OPS employee, no changes allowed.<br><br>If eligible but not enrolled as an OPS employee, not entitled to enroll unless meets requirements of QSC #25.<br><br>If not eligible as an OPS employee, treat as a new hire (see QSC #10). | Basic – If eligible, but not enrolled as OPS and appointment to full-time salaried FTE automatically enrolled. If eligible and enrolled as OPS, coverage continues. If not eligible as an OPS employee, treat as a new hire (see QSC #10).<br><br>Optional – Employee may enroll, if enrolled in basic life.<br><br>Dependent – If not enrolled, cannot enroll. | If enrolled as an OPS employee, election continues.<br><br>If eligible but not enrolled as an OPS employee, not entitled to enroll.<br><br>If not eligible as an OPS employee, treat as new hire (see QSC #10). | If enrolled as an OPS employee, election continues.<br><br>If eligible but not enrolled as an OPS employee, not entitled to enroll.<br><br>If not eligible as an OPS employee, treat as a new hire (see QSC #10). |
| **15.** Salaried FTE or OPS employee commences Leave Without Pay (LWOP) and returns. | LWOP PAR required before changes can be made.<br><br>Return from LWOP PAR if returning the employee from LWOP before changes can be made. | If enrolled at the time of LWOP, same elections with same employee contributions automatically continue through the LWOP period and upon return to work; if the stability period ends while an OPS employee is on LWOP or upon return to work and the employee is not eligible to continue coverage based on measurement, coverage terminates the last day of the stability period.<br><br>If employee gains other group coverage during the LWOP period, coverage | Basic – no changes allowed; enrollment continues through the LWOP period and upon return to work. Premiums are payable by the employee while on LWOP unless salaried FTE on FSWP or Military Leave.<br><br>Optional/Dependent – no changes allowed.<br><br>For all life coverage, if the stability period ends while an OPS employee is on LWOP or upon return to work and the employee is not eligible to continue coverage based on measurement, coverage | May decrease the annual election to no less than the amount contributed through payroll deduction as of the date the request is approved. | May decrease the annual election to no less than the amount contributed through payroll deduction as of the date the request is approved. |

| Definition | Required Documentation and/or HR Action | Health and Supplemental Plans | Basic, Optional & Dependent Life | Healthcare FSA/Limited Purpose FSA | Dependent Care FSA |
|---|---|---|---|---|---|
| | | may be canceled 60 days from the date employee returned from LWOP. | terminates the last day of the stability period.<br><br>If employee gains other group coverage during the LWOP period, coverage may be canceled 60 days from the date employee returned from LWOP. | | |
| **16.** Salaried FTE termination (meaning last day worked) and rehire *within* one full calendar month. | Appointment PAR if return from termination is required. | Same elections continue automatically. If not enrolled, must have an appropriate QSC event (e.g. marriage) to enroll during the remainder of the stability period.<br><br>If employee gains other group coverage before rehire, coverage may be canceled 60 days from the date of rehire. | | | |
| **17.** OPS employee return from break in service. | Appointment PAR required before changes can be made. | Treat as OPS new hire (see QSC #11). | | | |
| **18.** Salaried FTE termination (meaning last day worked) and return *after* one full calendar month. | Appointment PAR required before changes can be made. | If no break in coverage, no changes allowed.<br><br>If break in coverage, treat as new hire #10. | Basic – if appointed to a full-time salaried (FTE 1.0) position, employee automatically enrolled.<br><br>Optional/Dependent – Employee may enroll. | Employee may enroll or continue election if personal payments made during termination; otherwise, may not enroll twice in same calendar year. | Employee may enroll. |
| **19.** OPS employee returns without a break in service | Appointment PAR required. | Same elections continue automatically. If not enrolled, must have an appropriate QSC event (e.g. marriage) to enroll during the remainder of the stability period.<br><br>If employee gains other group coverage before rehire, coverage may be canceled 60 days from the date of rehire. | | | |
| **Termination of Employment or Other Change in Employment Status that Causes Loss of Eligibility** | | | | | |
| **20.** Full-time (FTE of 0.75 – 1.0) salaried FTE to OPS (regardless of benefits eligibility) with no break in service | Appointment and Separation PARs required before changes can be made. | If enrolled, election continues for the stability period:<br>• The plan year if employed for more than one year | Basic – If enrolled, election continues.<br><br>Optional – If enrolled, election automatically cancelled. | If enrolled, election continues. | If enrolled, election continues. |

| Definition | Required Documentation and/or HR Action | Health and Supplemental Plans | Basic, Optional & Dependent Life | Healthcare FSA/Limited Purpose FSA | Dependent Care FSA |
|---|---|---|---|---|---|
| | | • The new hire stability period if employed less than one year<br><br>If not enrolled as a full-time FTE, not eligible to enroll. | Dependent – If enrolled, election continues. | | |
| **21.** Part-time (FTE less than 0.75) salaried FTE to OPS (regardless of benefits eligibility) with no break in service. | Appointment and Separation PARs required before changes can be made. | If employee was measured at less than 30 hours, the benefits are terminated when moving to OPS. Eligibility is then determined at the next 12-month measurement period.<br><br>If the employee is in the new hire measurement period and the OPS appointment is full-time equivalent (at least 30 hours per week), the benefits are transferred, and the employee may qualify for changes under #12. | | | |
| **22.** Termination of employment, including retirement as a vested employee (see s. 110.123(2)(h), F.S.) | Separation PAR required before changes can be made. | All elections end. | All elections end. | Election ends. | Election ends. |
| Continuation options if enrolled upon termination | | May continue health, dental and vision through COBRA. | May convert your optional term life group insurance to a personal term life insurance policy. | May continue by completing the *FSA Options When Employment Ends* form and submitting payment. | |
| Continuation options if enrolled upon retirement | | Retirees may continue health as a retiree and change health coverage option (e.g. HMO to PPO). Dental and vision may be continued through COBRA if previously enrolled. | Retirees may enroll in retiree life insurance or spouse life coverage[1], if eligible, but may not port optional life. | May completing the *FSA Options When Employment Ends* form and submitting payment.<br><br>**State University Employees** This may or may not apply to you and your FSA. Contact your Human Resource office for more information. | |
| **23.** Death of Enrollee | Copy of death certificate within 60 days of the death or PAR to enroll in health plan as a surviving spouse. | All elections end. | All elections end. | Election ends. | Election ends. |

[1] Retirees may enroll in retiree life within 31 days of losing eligibility for spouse life coverage, provided there is no break in coverage.

| Definition | Required Documentation and/or HR Action | Health and Supplemental Plans | Basic, Optional & Dependent Life | Healthcare FSA/Limited Purpose FSA | Dependent Care FSA |
|---|---|---|---|---|---|
| Surviving spouse benefits if spouse enrolled upon death of enrollee | Enrollment within 60 days of receipt of notification of benefit options (surviving spouse package). | Spouse may continue health coverage and may COBRA the dental and vision if previously enrolled. | | Surviving spouse may file claims incurred up through the date of death or use balance from leave payout to continue through the end of the calendar year.<br><br>**State University Employees** This may or may not apply to you and your FSA. Contact your Human Resource office for more information. | |
| **D. Change in Place of Residence of Employee, Spouse, or Dependent that Triggers a Loss of Eligibility** | | | | | |
| **24.** Enrollee or dependent moves outside of the HMO service area | For Enrollee: home and/or work county code change in the People First system – required before changes can be made.<br><br>For dependent: moves to college or otherwise out of the service area, documentation proving change in address – required before changes can be made. | Enrollee must work or reside in the HMO service area to make a new HMO election; otherwise, must change to the PPO. | No changes allowed. | No change allowed, even if underlying health coverage change occurs. | No change allowed. |
| **E. Significant Cost Changes** | | | | | |
| **25.** Premium increase or decrease to enrollee of at least $20 per month as a result of change in pay plan (e.g., Career Service or OPS employee to SES), Salaried FTE (e.g., part-time to full-time), legislative premium | PAR showing salaried FTE or classification required before changes can be made.<br><br>System premium update required before changes can be made. | **Cost decrease:** Enrollee may enroll or increase coverage level for health plan only.<br><br>**Cost increase:** Enrollee may decrease or cancel coverage level for health plan only | Optional Life only **Cost decrease** due to salary reduction**:** enrollee may increase corresponding election.<br><br>**Cost increase** due to salary or age band increase**:** | No change permitted | Election change may be made whenever there is a change in provider or a change in hours of dependent care; no change can be made when the cost change is imposed by a dependent care provider |

| Definition | Required Documentation and/or HR Action | Health and Supplemental Plans | Basic, Optional & Dependent Life | Healthcare FSA/Limited Purpose FSA | Dependent Care FSA |
|---|---|---|---|---|---|
| mandates, Optional Life age rate increase, CHIP plan premium increase, etc. Also applies to a change in dependent care needs or provider. | Refer to the Group Life Insurance Benefits Summary Brochure page 2 that shows age- rate increase. | and enroll in a different benefit option providing similar coverage, if available. | enrollee may decrease or cancel corresponding election. | | who is a relative of the enrollee. |
| **F. Curtailment of Enrollee's Benefit Package Option** | | | | | |
| **26.** Significant reduction of enrollee's coverage (with or without loss of coverage) as a result of changes to state or federal laws, regulations, or policies; or the termination of a plan or plan provider. | Division of State Group Insurance review and approval prior to changes being made. | **Without Loss of Coverage:** Enrollee may cancel election and make new election for similar coverage.<br><br>**With Loss of Coverage:** Enrollee may cancel election and make new election for similar coverage or cancel coverage if no similar benefit package option is available. | **Without Loss of Coverage:** Enrollee may cancel election and make new election for similar coverage.<br><br>**With Loss of Coverage:** Enrollee may cancel election and make new election for similar coverage or cancel coverage if no similar benefit package option is available. | No changes allowed. | No changes allowed. |
| **G. Gain or Loss of Other Group Coverage** | | | | | |
| **27.** Gain eligibility for other group coverage, e.g., change in spouse's employment status, spouse's open enrollment, Medicare, Military Leave, or the Marketplace. | As applicable, proof of other group coverage, letter from employer.<br><br>Proof of gain of coverage is required for a change to be made before the QSC event date.<br><br>PAR for Military Leave, military orders sent to human resource office. | Enrollee may cancel election for self and/or dependents if Enrollee and dependents are added to other similar coverage. | If Enrollee and dependents are added to other similar coverage:<br><br>Enrollee may cancel.<br><br>Optional/Dependent Life- Enrollee may cancel or decrease | No changes allowed. | No changes allowed. |

| Definition | Required Documentation and/or HR Action | Health and Supplemental Plans | Basic, Optional & Dependent Life | Healthcare FSA/Limited Purpose FSA | Dependent Care FSA |
|---|---|---|---|---|---|
| | Medicare card if due to disability or normal retirement age. | | | | |
| **28.** Lose eligibility for other group coverage, including Medicare, Medicaid, Military Leave or as a result of change in spouse's employment status. | Proof of loss of coverage is required for a change to be made before the QSC event date.<br><br>PAR for Military Leave, military orders sent to human resource office. | Employee may enroll or enrollee may increase coverage in plans for which the loss of eligibility occurred.<br><br>Any other dependents who were not previously covered may also be enrolled in coverage.<br><br>Enrollee may change coverage option (e.g., HMO to PPO). | Enrollee may enroll.<br><br>Optional/Dependent Life-Enrollee may enroll or increase coverage in plans for which the loss of eligibility occurred. | Employee may enroll or increase election to reflect loss of eligibility. | Enrollee may:<br>- enroll or increase election if spouse or dependent loses eligibility.<br>- decrease the annual election to no less than the amount that has been contributed through payroll deduction as of the date the request is approved and end date the account to reflect loss of eligibility for coverage (e.g., if spouse stops working). |
| **29.** Dependent becomes eligible for government subsidized health coverage (60-day window from the date of eligibility or the effective date, whichever is later). | Copy of the letter from the health insurance provider (e.g., Healthy Kids, Medicaid)<br><br>Proof of gain of coverage is required for a change to be made before the QSC event date. | If no other covered dependents, enrollee may decrease health election (and dental and vision, if applicable) for subsidized dependents only, but cannot cancel. | No changes allowed. | No changes allowed. | No changes allowed. |
| **30.** Dependent becomes ineligible for government subsidized health coverage. | Copy of the letter from the health insurance provider (e.g., Healthy Kids, Medicaid).<br><br>Proof of loss of coverage is required for a change to be made before the QSC event date. | Enrollee may increase health election and add dependents who lost eligibility for subsidy. | No changes allowed. | No changes allowed. | No changes allowed. |

| Definition | Required Documentation and/or HR Action | Health and Supplemental Plans | Basic, Optional & Dependent Life | Healthcare FSA/Limited Purpose FSA | Dependent Care FSA |
|---|---|---|---|---|---|
| **H. Other Allowable Changes** | | | | | |
| **31.** Retirees, surviving spouses, COBRA, and layoff enrollees may cancel or decrease the election to individual at any time (a QSC event is required to increase the coverage level to family). | | Applies only to applicable plans under which the enrollee is currently covered. | Applies to basic life coverage only. | No changes allowed. | No changes allowed. |
| **32.** Active employees enrolled in an HDHP become eligible for Medicare | Verification of enrollees age in People First system or copy of Medicare card required before changes are made. | Health only: enrollee may remain in HDHP without an HSA or may enroll in a Standard plan with the same company. | No changes allowed. | No changes allowed. | No changes allowed. |
| **33.** Employees enrolled in a prepaid dental plan with no available dentist within a 30-mile radius of the home address (PC 11-002) | Written verification from the dental plan before changes can be made. | Dental plan only: enrollee may change to another dental plan with dentists that are accepting patients. | No changes allowed. | No changes allowed. | No changes allowed. |
| **34.** At the end of the calendar year in which dependents turn 26, over-age health insurance is available for an additional premium through the end of the calendar year in which they turn 30, provided they meet these eligibility requirements:<br>• Unmarried,<br>• Have no dependents of their own,<br>• Resident of Florida, or a full or part-time student, and | A copy of the child's government-issued birth certificate or adoption certificate naming you or your spouse as the child's parent.; **OR** a copy of the court order naming you or your spouse as the child's legal guardian or custodian; **AND**<br>1. A copy of the Affidavit of Adult Child, **AND**<br>2. One of the following documents:<br>• A document confirming the child's | Health only: may enroll if meets all eligibility requirements.<br><br>Must cancel if dependent loses eligibility for any one of the requirements. | No changes allowed. | No changes allowed. | No changes allowed. |

| Definition | Required Documentation and/or HR Action | Health and Supplemental Plans | Basic, Optional & Dependent Life | Healthcare FSA/Limited Purpose FSA | Dependent Care FSA |
|---|---|---|---|---|---|
| Not enrolled in other health insurance. | enrollment as a student in the current Spring, Summer, or Fall semesters. The document must include the name of the child, the name of the school, and the school term; **OR**<br>o A bill or statement in the child's name that is dated within the past 60 days and is mailed to the child at a Florida address.<br><br>* For stepchild or a child for whom your spouse has legal guardianship, you must also provide documentation of your current relationship to your spouse, as requested above. | | | | |
| **35.** Employees commence Family Medical Leave Act (FMLA) | Leave of Absence PAR required before changes are made. | Enrollee may decrease election or cancel. | Basic – Enrollee may cancel.<br><br>Optional/Dependent – Enrollee may decrease election or cancel. | Enrollee may decrease annual election to no less than the greater of the amount contributed through payroll deduction or the amount of claims submitted as of the date the request is approved; when returning from FMLA can re-enroll and resume prior election with higher contributions or prorated reduction in | Enrollee may decrease annual election to no less than the amount contributed through payroll deduction as of the date the request is approved. |

| Definition | Required Documentation and/or HR Action | Health and Supplemental Plans | Basic, Optional & Dependent Life | Healthcare FSA/Limited Purpose FSA | Dependent Care FSA |
|---|---|---|---|---|---|
| | | | | benefits at same contribution rate. | |
| **36.** Retiree, surviving spouse, or COBRA participant enrolled in Medicare Parts A & B due to age or disability | Copy of Medicare card showing effective date of Medicare Parts A & B required. | Health only: enrollee may change coverage option (e.g. change health plan from an HMO to an MA-PD plan[2] or change from a PPO to HMO). Enrollee and any covered dependent must be enrolled in Medicare to be eligible to change health coverage to a Medicare Advantage and Prescription Drug Plan.<br><br>Retirees, surviving spouses, or COBRA participants that are enrolled in Medicare may change coverage option throughout the plan year to comply federal regulations related to Medicare Advantage and Prescription Drug Plans.<br><br>If coverage is cancelled, cannot re-enroll. | Retiree basic life: can decrease coverage or cancel coverage. If coverage is cancelled a retiree cannot reenroll in the plan. | N/A | N/A |
| **37.** OPS employee change in status so that employee changes positions and is no longer expected to average 30 or more hours per week and enrolls in another health plan that provides minimal essential coverage. | PAR and proof of minimal essential coverage required before changes are made. | Health only: enrollee may cancel health election only. | No changes allowed. | No changes allowed. | No changes allowed. |

[2] See important notice for MA-PD plans on page 2 of this document.

# Definition of Eligible Dependents

An eligible dependent is defined as:

Your spouse — The person to whom you are legally married.

Your child — Your biological child, child with a qualified medical support order, legally adopted child, or child placed in the home for the purpose of adoption in accordance with applicable state and federal laws through the end of the calendar year in which he/she turns age 26.

Your stepchild — The child of your spouse for as long as you remain legally married to the child's parent through the end of the calendar year in which he/she turns age 26.

Your foster child — A child that has been placed in your home by the Department of Children and Families Foster Care Program or the foster care program of a licensed private agency through the end of the calendar year in which he/she turns age 26.

Legal guardianship — A child for whom you have legal guardianship in accordance with an Order of Guardianship pursuant to applicable state or federal laws or a child for whom you are granted court-ordered temporary or other custody through the end of the calendar year in which he/she turns age 26.

Your over-age dependent — After the end of the calendar year in which he/she turns 26 through the end of the calendar year in which he/she turns 30 – if he/she is unmarried, has no dependents of his/her own, is a resident of Florida or a full- or part-time student, and has no other health insurance.

Your over-age dependent with a disability — Your covered child with intellectual or physical disabilities. This child may continue health insurance coverage after reaching age 26 and while remaining continuously covered in a State Group Insurance health plan, or the child was over the age of 26 at the time of your initial enrollment. The child must be incapable of self-sustaining employment because of the intellectual or physical disability and be dependent on you for care and financial support.

Newborn child of a covered dependent — A newborn dependent of a covered dependent – a newborn child born to a dependent while the dependent is covered under the Plan. The newborn must have been added within 60 days of the birth. Coverage may remain in effect for up to 18 months of age as long as the newborn's parent remains covered.

Children of law enforcement, probation, or correctional officers — Children of law enforcement, probation, or correctional officers who were killed in the line of duty and who are attending a college or university beyond their 18th birthday.

Surviving spouse and dependents — The widow or widower of a deceased state officer, state employee, or retiree if the spouse was covered as a dependent at the time of death; or an employee or retiree who died before July 1, 1979; or a retiree who retired before January 1, 1976, under any state retirement system who is not eligible for any Social Security benefits. Upon remarriage, the widow or widower is no longer considered a surviving spouse. A surviving spouse shall report remarriage within 60 days of the remarriage. The surviving spouse and dependents, including any eligible children of a surviving spouse, if any, must have been covered at the time of the enrollee's death and the coverage must have been continuous.

# Dependent Documentation

The following lists the types of eligible dependents and documents required to verify each relationship.

**FOR SPOUSE:**

- If married less than 12 months and you and your spouse have not filed a joint federal income tax return, a government-issued marriage certificate, **OR**
- If you and your spouse have been married for 12 or more months, a Tax Return Transcript of your most recently filed federal joint income tax return (can be obtained from https://www.irs.gov/individuals/get-transcript or you may call their automated phone transcript service at 800-908-9946 to order a tax return or tax account transcript be sent by mail.).

**FOR CHILDREN UP TO AGE 26:**

- For a child, stepchild, or adopted child: A copy of the child's government-issued birth certificate or adoption certificate naming you or your spouse as the child's parent. Please note the document must list the first and last name of the child and parent(s).
- For a child in your custody or under your guardianship: A copy of the court order naming you or your spouse as the child's legal guardian or custodian.
- For a foster child: A copy of the records showing you or your spouse as the dependent's foster parent.
- For a newborn child of a covered dependent up to age 18 months: A copy of the newborn's government-issued birth certificate listing your covered dependent as the birth parent.

**FOR UNMARRIED CHILDREN AGE 26 UP TO AGE 30:**

A copy of the child's government-issued birth certificate or adoption certificate naming you or your spouse as the child's parent. Please note the document must list the first and last name of the child and parent(s); **OR** a copy of the court order naming you or your spouse as the child's legal guardian or custodian; **AND**

1. A copy of the Affidavit of Adult Child, **AND**

2. One of the following documents:

   - A document confirming the child's enrollment as a student in the current Spring, Summer, or Fall semesters. The document must include the name of the child, the name of the school, and the school term; **OR**
   - A bill or statement in the child's name that is dated within the past 60 days and is mailed to the child at a Florida address.

* If you are covering a stepchild or a child for whom your spouse has legal guardianship, you must also provide documentation of your current relationship to your spouse, as requested above.

**FOR OVER-AGE DISABLED CHILDREN:**

- A copy of the child's government-issued birth certificate or adoption certificate naming you or your spouse as the child's parent. Please note the document must list the first and last name of the child and parent(s); **OR** a copy of the court order naming you or your spouse as the child's legal guardian or custodian, **AND**
- A Tax Return Transcript of your most recently filed federal tax return listing:
    - The child's name and the last four digits of the child's Social Security number; **AND**
    - The child as your tax dependent.

*Note: If you are covering a stepchild or a child for whom your spouse has legal guardianship, you must also provide documentation of your current relationship to your spouse as requested above.

**FOR NEWBORN CHILDREN OF A COVERED DEPENDENT:**

- A copy of the newborn's government-issued birth certificate listing your covered dependent as the birth parent.