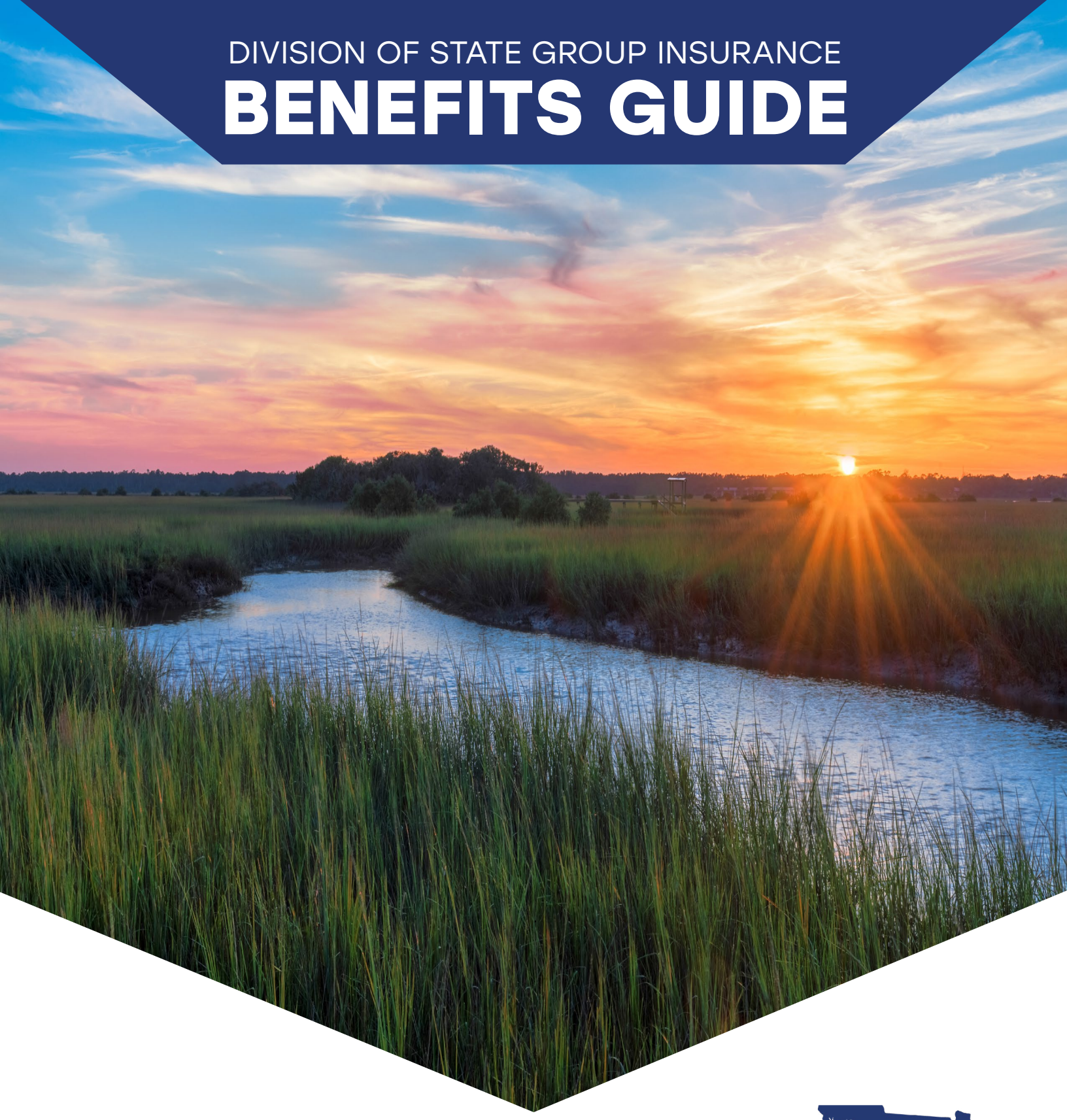
DIVISION OF STATE GROUP INSURANCE

BENEFITS GUIDE



2025

Department of
MANAGEMENT SERVICES
We serve those who serve Florida

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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 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 annual event 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. If you have an active FSA this year and do not make changes, the same contribution amount will be made for the following year. Make sure your contributions accurately reflect your needs. Healthcare and limited purpose FSAs include a carryover feature that allows up to $640 in unused funds to remain available to carry over in the 2025 plan year. Be aware of deadlines to spend these funds and submit claims. The HCFSA and LPFSA deadline to incur expenses is December 31, the deadline to submit claims is April 30.

3 Make sure your dependents (including spouses) are still eligible.

Continuing coverage for an ineligible dependent is considered fraud. Review your dependent information in People First to ensure only eligible dependents are included.

4 Explore new programs and opportunities.

The State Group Insurance Program is constantly working to identify new benefits and opportunities to better serve Florida's state employees and retirees. Various programs are offered throughout the year, and are included in the Open Enrollment materials.

5 Browse other plans.

As you move through different stages of life, you may have different needs. The health plan you were in last year may have been the best fit, but you and your family may have experienced a life-changing event(s), and your current health plan may no longer be the best fit. Be sure that you are enrolled in the plan that best fits your needs 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 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 locate and schedule your procedure with a high-quality surgeon, 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.

Beginning Oct. 1, 2024, visit MyBenefits.MyFlorida.com to learn what's new this Open Enrollment period and to check out the 2025 Benefits Guide. You can make changes to your benefits online in People First beginning Oct. 14. All changes are effective Jan. 1, 2025.

What's New for 2025

Insurance Premium Changes

You can review the Premium Rate Chart on the MyBenefits.MyFlorida.com website, under the Premium Rates tab. The employer and COBRA amounts for health insurance have changed.

Aflac

Aflac Personal Care Indemnity has increased benefits as follows:

- Initial diagnosis from $1,500 to $1,800 for insured or spouse; dependent child from $2,250 to $2,700.
- Radiation and chemotherapy administered from $200 to $240 per day.
- Chemotherapy self-injected from $200 to $240 per injection; $1,600 to $1,920 monthly maximum.
- Pump or implant from $200 to $240 each pump or implant; $800 to $960 monthly maximum.
- Oral chemotherapy from $200 to $240 per prescription; $800 to $960 monthly maximum.
- Immunotherapy benefit from $300 to $360 per calendar month; $1,500 to $1,800 lifetime maximum.

Cigna Health

Cigna Health has increased the 365+ Plan from $200 to $250 per day.

Employee Assistance Program: Acentra Health

Acentra Health (formerly KEPRO) is an Employee Assistance Program (EAP) that offers free services to all state agency employees, including OPS, as well as their household family and dependents. 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.

Note: Universities and colleges use their own EAP; call your HR department for information.

Weight Management Program

The Weight Management Program (WMP) application period is open from Oct. 28 through Nov. 17, 2024. The WMP is accepting up to 2,800 members.
See page 31 for details.

Diabetes Management Program

The Diabetes Management Program (DMP) application period is open from Oct. 28 through Nov. 17, 2024. The program is accepting up to 2,000 members.
See page 31 for details.

Medicare Advantage Prescription Drug

Effective January 1, 2025, the rates for the Capital Health, Humana, and UnitedHealthcare Medicare Advantage Prescription Drug (MA-PD) plans have increased. Monthly premium per enrollee for the 2025 calendar year by plan are:

- Capital Health Plan MA-PD: $180 per month.
- Humana MA-PD: $75.09 per month.
- UnitedHealthcare MA-PD: $345 per month.

To review your annual benefits statement, please visit People First or MyBenefits.MyFlorida.com/MAPD.

Medicare for Disability

The Division of State Group Insurance has implemented a program to assist eligible retiree members with applying for and obtaining Social Security Disability Insurance (SSDI) and early Medicare coverage. The Division has partnered with Public Consulting Group (PCG) to administer this program. If you are under age 65, a retiree, spouse, or an eligible dependent, PCG may be able to help you obtain Social Security Disability and Medicare benefits at no cost to you. For more information contact PCG at 800-805-8329 or Disability@pcgus.com.

PCG SSAMS™
Social Security Advocacy Management Services

YouTube Visit **@StateGroupInsurance/Videos** on YouTube page to learn more about benefits that may be available to you.

Open Enrollment Health Benefits Checklist

Open Enrollment begins on Monday, Oct. 14, and ends Friday, Nov. 1, 2024. Changes take effect Jan. 1, 2025.

Health Insurance

Aetna:	☐ Standard HMO	☐ HDHP HMO
Capital Health Plan:	☐ Standard HMO	☐ HDHP HMO
United Healthcare:	☐ Standard HMO	☐ HDHP HMO
Florida Blue:	☐ Standard PPO	☐ HDHP PPO

Dental Insurance

Ameritas: ☐ Preventive ☐ Standard ☐ Indemnity
Cigna: ☐ Prepaid
Humana: ☐ Prepaid ☐ Preventive ☐ Standard ☐ Indemnity
MetLife: ☐ Preventive ☐ Standard ☐ Indemnity
SunLife: ☐ Prepaid ☐ Indemnity

Type	Preventive	Basic	Major	Ortho	Deductible	Annual Max.
Prepaid	Fixed	Fixed	Fixed	Yes	No	None
Preventive PPO	100%/ 80%*	80%/ 50%*	No	No	$0-$150	$1,000
Standard PPO	100%/ 80*	80%/ 50%*	50%/ 30%*	Age Limit	$0-$150	$1,500
Indemnity PPO	100%	80%	50%	Yes	$0-$150	$1,000-2,000

* In-network / Out-of-network

Vision Insurance

Type	Participating Provider	Non-Participating Provider
Exam	100% after $10 copay	$40 allowance
Lenses	100% after $10 copay	$40 single/$60 bifocal/ $80 trifocals allowance
Frames	$125 wholesale allowance	$100 retail allowance
Contacts	$150 allowance elective 100% medically necessary	$75 allowance elective $100 allowance necessary

Other Supplemental Insurances

The State does not contribute to supplemental insurances, so you would pay the entire premium. As a convenience, the state deducts all premiums on a pre-tax basis.

Accident	☐ Colonial	
Cancer	☐ Aflac	☐ Colonial
Disability	☐ Colonial	
Hospitalization	☐ Cigna	☐ New Era
Hospital Intensive Care	☐ Aflac	

Term Life Insurance

Basic Term Life: Career Service, SES and SMS (automatically enrolled) with a $25,000 policy.
☐ OPS ($3.58/month: Employee-elected and employee-paid)

Employee enrolled in basic term life: Medical underwriting may be required. Includes matching AD&D benefit. OPS not eligible. Annual Salary:
☐ 1x ☐ 2x ☐ 3x ☐ 4x ☐ 5x ☐ 6x ☐ 7x
Maximum coverage: $1,000,000

Spouse: Underwriting may be required.
☐ $15,000 ($5.18/month) ☐ $20,000 ($6.90/month)

Child: All registered dependent children from live birth to age 26. ☐ $10,000 ($0.85/month)

Savings and Spending Accounts

Contribute pre-tax money into one of the health savings accounts for predictable out-of-pocket costs.

- Flexible Spending Account (FSA): Healthcare, Limited Purpose, and Dependent Care
- Health Savings Account (HSA): HDHP Only

Type	Who is Eligible	Shared Savings Rewards	Employee Contributions			Chard Snyder Card	Health Plan Requirement
FSA			Min.	Individual Max.	Family Max.		
Healthcare	Benefit eligible active employee	< $500*	$60	$3,200 (household)		Yes	None
Limited		< $500*	$60	$3,200 (household)		Yes	HDHP
Dependent		NA	$60	$5,000 (household)		Yes	None
HSA	HDHP plans	Contribution limit reached; rewards placed in PD-HRA	$0	4,300	$8,550	Yes	HDHP
HRA	Non-MAPD enrollees	No limit	Employer-funded through rewards from Shared Savings Program			Yes	Non-MAPD

* Shared Savings Program rewards are credited to your account in January of the following plan year. If you earn more than $500 of Shared Savings Rewards, they will be put in an Health Reimbursement Account (HRA) for you.

Shared Savings Program

Make an informed decision to reduce health care costs and you receive rewards credited to your HRA. These funds pay for eligible medical, dental, and vision expenses.

- Healthcare Bluebook: Shop for non-emergency services.
- Surgery Plus: Bundle through a concierge service.

Other Health Benefits

☐ Diabetes Management Program
☐ Employee Assistance Program
☐ Prescription Drug Plan
☐ Spouse Program
☐ Weight Management Program

Contact Information

Below you will find a listing of insurance providers sorted into their coverage categories. The chart includes plan type, supporting documents, videos, App, website, and phone numbers. For mobile apps, if available, download at the App Store or Google Play.

Need Help?

Call the insurance company if you have questions about what is covered or about network providers and other plan benefits.
Call Acentra for Employee Assistance Program (EAP). Call Chard Snyder for information about savings and reimbursement accounts.
Call People First about premiums, eligibility, and enrollment.

Health Insurance and Prescription Drug Plans

Provider	Plan Type			Guide	Summary of Benefits and Coverage (SBC)		Video	App	Website	Phone
	HMO	PPO	Prescription Drug	E= English S = Spanish	Standard	HDHP	E= English S = Spanish	A= Apple G = Google		
Aetna	✓			E | S	E | S	E | S	E | S	A | G	aetnastateflorida.com	877-858-6507
CHP	✓			E	E | S	E | S	E		capitalhealth.com/state	850-383-3311
CHP MA-PD	✓			FAQ			E		capitalhealth.com/medicare	850-518-6679
Florida Blue		✓		E | S	E | S	E | S	E | S	A | G	floridablue.com/state-employees	800-825-2583
Humana MA-PD	✓			FAQ			E | S	A | G	your.humana.com/sof	800-555-7997
Optum Rx			✓	FAQ	Standard HMO | PPO	HDHP HMO | PPO	E | S	A | G	optumrx.com/sofdms	800-547-9767
UHC	✓			E | S	E | S	E | S	E | S	A | G	whyuhc.com/florida	877-614-0581
UHC MA-PD		✓		FAQ			E | S	A | G	retiree.uhc.com/myflorida	877-352-7794

Shared Savings Program

Provider	Description	Guides	Video	App	Website	Phone
Healthcare Bluebook	Transparency Tool	FAQ Flyer | Medicare FAQ Flyer	E	A | G	healthcarebluebook.com/cc/sof Access code: SOF	800-513-6118
SurgeryPlus	Bundled Surgical	FAQ | Flyer | Procedures | SBC	E | S	A | G	florida.surgeryplus.com Access code: surgeryplus	844-752-6170

Dental Insurance Plans

Provider	Plan Number by Type					Guide	Video	App	Website	Phone
	Indemnity	Prepaid	PPO				E= English S = Spanish	A= Apple G = Google		
			Indemnity	Prevent	Standard					
Ameritas			4021	4023	4022	E | S	E | S	A | G	ameritas.com/group.olbs/florida	877-721-2224
Cigna		4034				X	E | S	A | G	capitalins.com/our-plans/cigna-dental-plan	800-244-6224
Humana	4084	4044	4090	4094	4092	X	E | S	A | G	compbenefits.com/custom/stateofflorida/	866-879-3630
MetLife			4031	4033	4032		E | S	A | G	metlife.com/stateoffl/	844-222-9104
Sun Life Financial	2025	4025	4074			Pre | PPO		A | G	sunlife.com/us/sl/state-of-florida/en	800-442-7742

Life Insurance Plan

Provider	Guide	Video	App A= Apple G = Google	Website	Phone
Securian	X	X	A | G	lifebenefits.com/florida	888-826-2756

Vision Insurance Plan

Provider	Guide	Video E= English S = Spanish	App A= Apple G = Google	Website	Phone
Humana	X	E | S	A | G	compbenefits.com/custom/state-of-fla-vision/	800-939-5369

Supplemental Insurance Plans

Provider	Plan Type				Guide	Video E= English S = Spanish	App A= Apple G = Google	Website	Phone
	Accident	Cancer	Disability	Hospital					
Aflac		✓		✓	X	E	A | G	capitalins.com/plans/aflac-cancer-and-hospital-intensive-care	800-780-3100
Cigna				✓	X	E | S	A | G	capitalins.com/plans/cigna-hospital-supplements	800-780-3100
Colonial Life	✓	✓	✓		X	E | S		learn.coloniallife.com/StateofFlorida	888-756-6701
New Era				✓	X	E | S		ssc-life.com	800-277-2300

Other

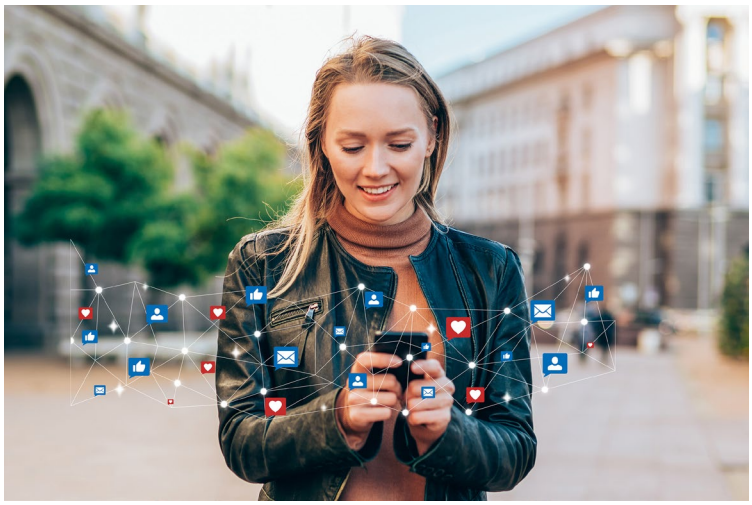
Provider	Description	Guide	Video	App	Email/Address/Website	Phone
Acentra (formerly KEPRO)	Employee Assistance	X	E | S		MyLifeExpert.com Access code: Florida	833-746-8337
Chard Snyder	Flexible Spending and Health Savings Accounts	X	E | S	A | G	MyBenefits.MyFlorida.com Email: FloridaAskPenny@Chard-Snyder.com	855-824-9284
People First	Employee Portal				PeopleFirst.MyFlorida.com Mail premium payments: P.O. Box 5437, Tallahassee, FL 32314-5437 Mail documents: P.O. Box 6830, Tallahassee, FL 32314-6830	866-663-4735
Social Security	Medicare	X	E	A | G	Medicare.gov	800-633-4227

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 on the App Store

ANDROID APP ON Google play



Your health insurance plan (if mobile app is available)

Aetna

- 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.

United Healthcare

- 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.

Florida Blue

As a Florida Blue member, it's easier than ever to get the health information you need, when you need it.

Get immediate access to your health plan information quickly by phone, online, or on your mobile device.

- Download the Florida Blue mobile app from the iTunes or Google Play app store.
- Open the app and log in to reach your member dashboard. On the navigation bar at the bottom of the screen, click Find Care.
- At the Find Care screen, click Florida Doctors and Pharmacies. You can also search by the type of provider. If your plan includes Virtual Visits, scroll down and click Find Virtual Care.

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 People First information or personal Bluebook code.

- Enter access code – SOF.
- Enter zip code.
- Click My Employer Provides Bluebook.
- Search for 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

- Check messages.
- Make HSA transactions.
- Request reimbursements.
- Scan products for eligibility.
- Upload expenses.
- View balances.

Dental Mobile Apps

Scan the QR code below with your phone's camera to download the mobile app on your Apple or Android device.

Download on the App Store

ANDROID APP ON Google play

Ameritas

Ameritas

Cigna

Cigna

Humana

Humana

MetLife

MetLife

Sun Life

Sun Life

Prescription Benefits Mobile App

Download on the App Store

ANDROID APP ON Google play

Optum Rx®

Optum Rx®

Introduction

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

We continually foster a culture of health through our health plans' wellness and disease management programs, and promotion of the State Employee Assistance Program (EAP). State agency employees including OPS, as well as their household family and dependents are automatically enrolled in this free benefit. Acentra Health, our EAP provider, offers 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 is 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 (QSC) event.

Health Insurance Mandates

Since 2014, the Patient Protection and Affordable Care Act (ACA) (P.L. 111-148, as amended) requires individual 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.

As a group health plan, state agencies report on a month-by-month basis to the Federal Internal Revenue Service (IRS) employees who were offered coverage, declined coverage, as well as those who enrolled in coverage.

Moving?

Remember to keep your address current in People First.

What is Open Enrollment?

Open Enrollment is your annual opportunity to make changes to your State Group Insurance coverage.

Open Enrollment starts at 8 a.m. ET, Monday, Oct. 14, and ends at 6 p.m. ET, Friday, Nov. 1, 2024.

The Division of State Group Insurance is partnering with contracted health plans to host in-person benefits fairs. Find locations near you by clicking 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 phone 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 do not make changes during Open Enrollment, all of your previous 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 by selecting the Insurance Benefits tile on the People First home page, then selecting Confirmation Statement. Be sure all changes are correct. Confirm you have 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 is 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 2024, 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 by clicking on the "Upload" tile near the top right of the screen, 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.

Did You Know?

You Can Earn Rewards for Making Informed Decisions About Your Healthcare

The State of Florida offers a Shared Savings Program to reward you for making informed decisions about your healthcare. The Shared Savings Program is a voluntary program available to you and your dependents enrolled in a State Group Insurance health plan. The purpose of the Shared Savings Program is to reduce healthcare costs and reward you for making informed and cost-effective decisions about your healthcare.

Under the Shared Savings Program, you can earn rewards by receiving rewardable healthcare services through the use of the State Shared Savings Plan vendors, Healthcare Bluebook and SurgeryPlus. Rewards will be credited to the savings and spending account of your choice, and you can use the funds to pay for eligible medical, dental, and vision expenses.

Note: Individuals enrolled in the Medicare Advantage Prescription Drug (MA-PD) plan are not eligible to take part in the Shared Savings Program.

Learn more about the **Shared Savings Program**

State Employees Can Elect or Enroll in a Savings or Spending Account to Pay for Eligible Health Expenses and Save for Future Healthcare Expenses Tax Free

The State offers eligible employees the option of enrolling in one of the flexible spending accounts that can provide you with a tax break on your predictable out-of-pocket costs. View the 2025 Savings and Spending Accounts Comparison Chart to see how the accounts work and check out the Frequently Asked Questions. You can also view the Savings and Spending Accounts Guide at the bottom of the Resources page; then use the tax savings calculator to help you decide if the reimbursement accounts have value for you. If you have a high-deductible HMO or PPO plan, read more about opening a Health Savings Account (HSA). Chard Snyder is the administrator for all savings and spending accounts.

Learn more about the **Savings and Spending Accounts**

State Employees and Their Dependents Have Access to Free Confidential Counseling and Support

Any time of the day or night, weekends, and holidays, you will be able to reach an Employee Assistance Program (EAP) professional. The EAP offers counseling sessions, and all discussions between you and your EAP professional are confidential.

Learn more about **Acentra Health** (formerly KEPRO)

Eligible State Employees Can Enroll in a Weight Management Pilot Program

The Weight Management Program (WMP) eligibility shall include, but not be limited to:

- Members of the PPO plan or HMO plan during the 2024 and 2025 plan year;
- Members 18 years of age or older;
- Consent to provide personal and medical information to the department; and
- Referral and supervision of a physician participating in the PPO and HMO networks during the 2024 and 2025 plan year.

Learn more about **WMP**

Eligible State Employees Can Enroll in a Diabetes Management Program

Diabetes Management Program (DMP), which utilizes a diabetes program and digital health platform for diabetes management within the programs participating health plans to monitor eligible diabetic enrollees' HbA1c and hypoglycemia levels.

Learn more about **DMP**

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 on 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 are in the spouse program, you will not 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.

University and college employees are required to update their address with their HR office.

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.

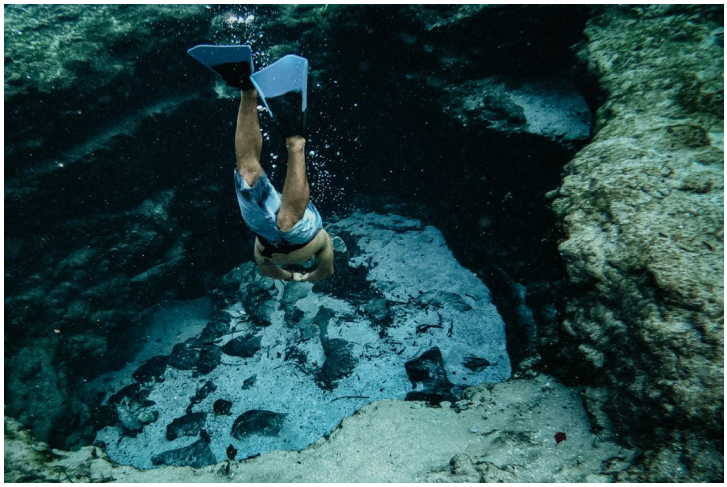
Eligibility

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, eligible former 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, 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, Select Exempt Service (SES), and Senior Management Service (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 the program.

Members May NOT be Covered by Two State Health Plans

Chapter 60P, Florida Administrative Code, does not permit an enrollee or dependent to be covered under two 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 their parent's health plan goes to work for the State and enrolls in their own health plan.

If you or your dependents are covered by two different 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 an FTE 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 12th month of employment will be measured.

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

   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.

   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, 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 the end of the year. You will be measured on Oct. 2, to determine your eligibility for the following 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 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, state optional annuity, 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 or Eligible Former Employees 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, view the benefits package for new retirees.

To see your premium rates for 2025, view 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:

- **Spouse —** The legal wife or husband of the employee or retiree.
- **Child —** A biological child, legally-adopted child, or child placed in the home for the purpose of adoption in accordance with Chapter 63, Florida Statutes, through the end of the calendar year in which he/she turns age 26.
- **Stepchild —** The child of your spouse for whom you are 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.
- **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.
- **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.
- **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.
- **Over-age dependent with a disability —** A covered child with mental or physical disabilities. This child may continue health insurance coverage after reaching age 26 if they have been 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. If you do not enroll the child at your initial enrollment, you will not be able to add the child to your coverage at a later date. Note: Disabled dependent having the disability indicator before the coverage can continue after 26.

- **Newborn child of a covered dependent —** A newborn dependent of a covered dependent. The newborn must be 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, firefighters, probation or correctional officers —** Children of law enforcement, probation, or correctional officers who were killed in the line of duty.
- **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.

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.**

Other Eligibility

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 2025, visit the Premium Rate Table.

Eligible Former Employees

The State Group Insurance Program offers health benefits to eligible former employees (EFE). An EFE is a former state officer or employee who was enrolled in the program for at least six cumulative years, and who was enrolled at the time of his or her separation from employment.

Separation from employment must occur on or after July 1, 2022. Other Personal Services (OPS) and seasonal workers are not eligible for EFE coverage. EFEs retain the ability to reenroll in the program for a period of 24 months from their separation date. Members enrolled in EFE coverage pay the same monthly premium as Early Retirees.

More on Eligibility

Click here to learn more about eligibility.

Enrollment

You may enroll when you first become eligible for coverage, (e.g., when you are 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, eligible former employees, enrolled retirees, surviving spouses, and COBRA participants may participate in Open Enrollment.

Make your State Group Insurance elections online in People First. You will 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.

What New Hires Need to Know

- Optional life insurance is guaranteed issue up to five times your salary ($500,000 max.) when you are an eligible new hire. Use Benefit Scout, Securian's interactive guide, to help you determine the amount of life insurance you need.
- 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.
- 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 will not be able to change (until the next Open Enrollment or a QSC event) dental plans because your preferred dentist is not in-network or 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.

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.
- As part of the Dependent Eligibility Verification process, employees register and add dependents who are eligible for insurance coverage. Enrollees will receive the documentation request generated through People First by email at: PeopleFirstNoReply@ngahosting.com. It is sent to the enrollee's notification email in People First. If the enrollee does not have a notification email, a letter will be mailed to the employee's address on file.
- 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 (i.e., Jan. 1 through Dec. 31).

Enrollment Continued

- Health saving account and flexible spending account (healthcare, limited purpose and dependent care accounts) contributions are based on your plan year (January to December) election. Be careful — especially if you are enrolling mid-year. You may want to choose a lower annual amount 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.
- Additional insurance and program information is available anytime on our YouTube channel.

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 hyperlink. Then submit the form online through the People First portal or mail 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, the other starts working for the state, or when you marry another state employee, and you are 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. Payroll contributions can be made up to half of the family 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 passes away, 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 remainder 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 certificate, must be returned within 60 calendar days of receipt of the enrollment package. Health insurance coverage must be continuous, and you may be required to pay back payments if your enrollment is delayed.

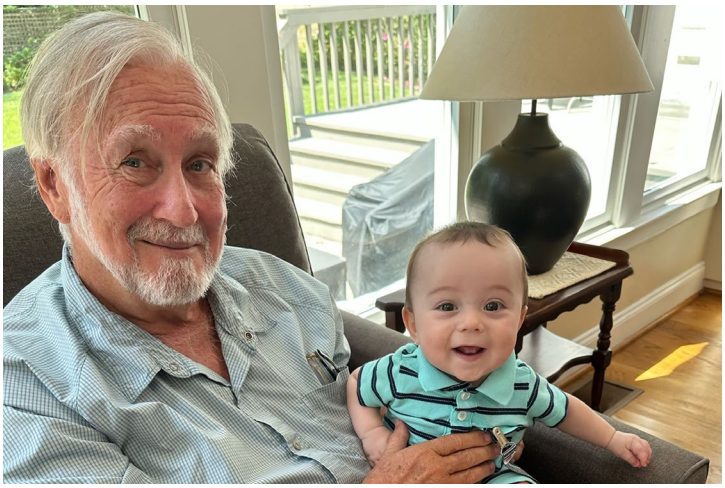
If you remarry, call People First within 60 calendar days. If you provide your marriage certificate, you and your new spouse may continue health insurance coverage through COBRA for a limited time.

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 birth date, or on the date that he or she is placed in the home for adoption.
- 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 your high deductible coverage is active. Once your enrollment is complete and your identity has been confirmed, your account will be automatically opened for you.
- 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 contribution, 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 provider 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.

For more information on mid-year changes visit **MyBenefits.MyFlorida.com.**

Coverage Continued

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, eligible former employees, 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 10th 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 the COBRA 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. If you do not remarry, coverage continues with no break.
- **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. 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.

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 the plan you choose, 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 lower monthly premium and 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, Capital Health Plan, and United Healthcare. Lower monthly premium than standard HMO. One of these HMO plans are offered in each region in 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.

aetna®

Capital Health PLAN℠

An Independent Licensee of the Blue Cross and Blue Shield Association

Florida Blue

United Healthcare

Use Emergency Rooms for Emergencies

Did you know that going to an emergency room (ER) costs up to 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 may increase.

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.

The More You Know

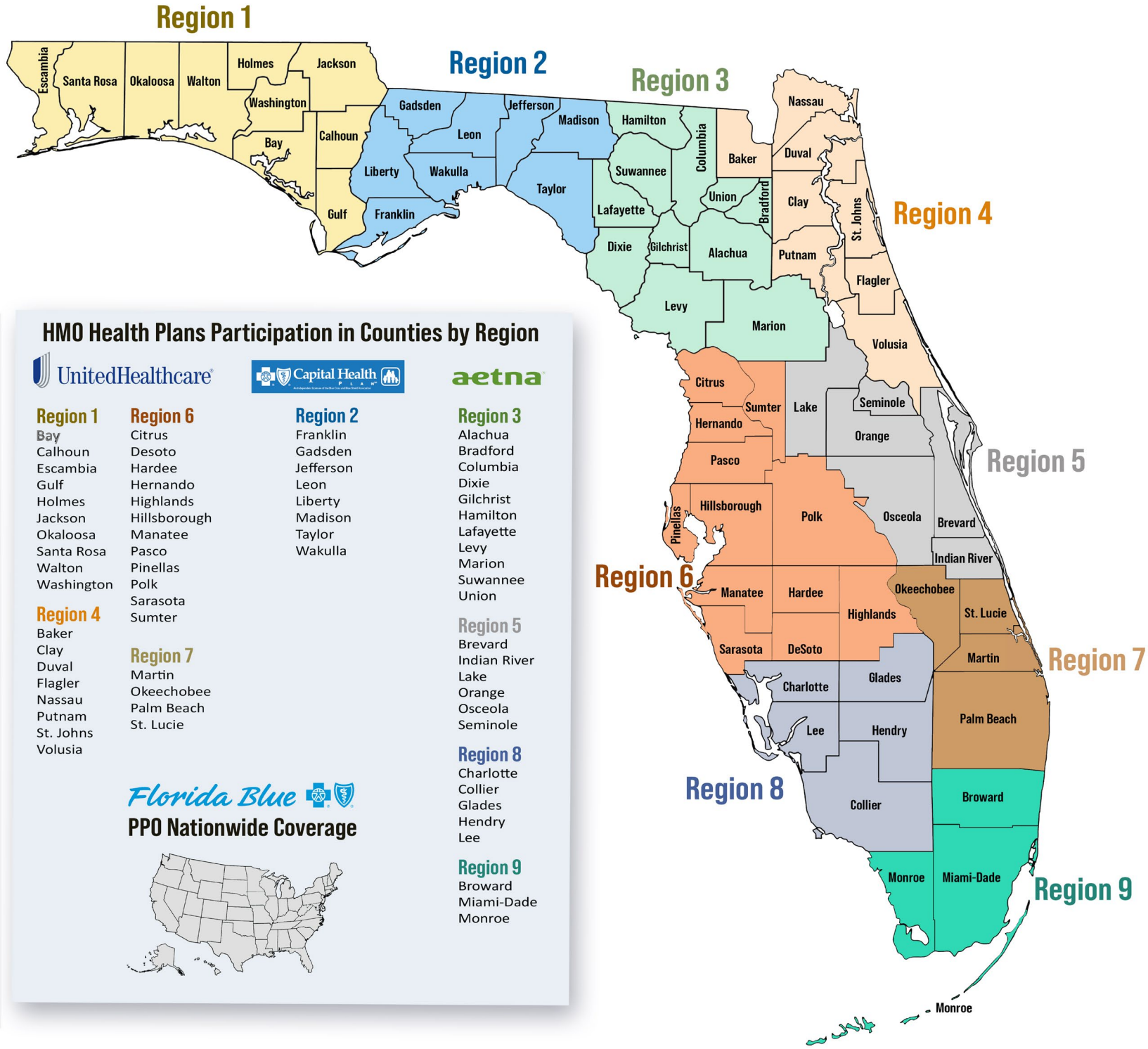
Alternate places of service in lieu of an ER:

- Urgent Care Centers
- Primary Care Provider
- Telehealth (See page 30 for additional information)

Telehealth Visits

Check with your health insurance plan for available telehealth opportunities. See page 30 for more information.

Notes



HMO Health Plans Participation in Counties by Region

UnitedHealthcare® Capital Health Plan aetna®

Region 1
Bay
Calhoun
Escambia
Gulf
Holmes
Jackson
Okaloosa
Santa Rosa
Walton
Washington

Region 4
Baker
Clay
Duval
Flagler
Nassau
Putnam
St. Johns
Volusia

Region 6
Citrus
Desoto
Hardee
Hernando
Highlands
Hillsborough
Manatee
Pasco
Pinellas
Polk
Sarasota
Sumter

Region 7
Martin
Okeechobee
Palm Beach
St. Lucie

Region 2
Franklin
Gadsden
Jefferson
Leon
Liberty
Madison
Taylor
Wakulla

Region 3
Alachua
Bradford
Columbia
Dixie
Gilchrist
Hamilton
Lafayette
Levy
Marion
Suwannee
Union

Region 5
Brevard
Indian River
Lake
Orange
Osceola
Seminole

Region 8
Charlotte
Collier
Glades
Hendry
Lee

Region 9
Broward
Miami-Dade
Monroe

Florida Blue

PPO Nationwide Coverage

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

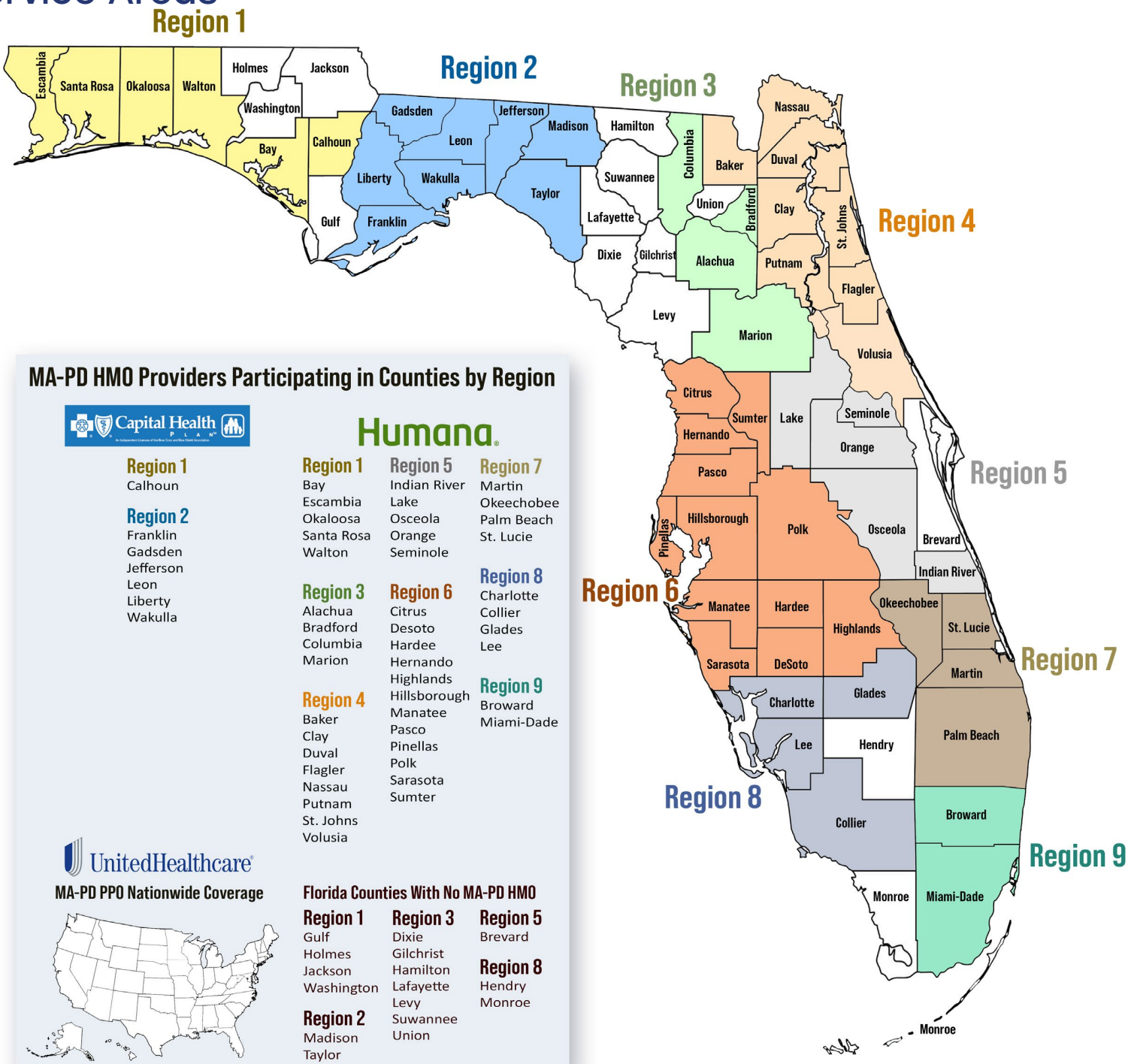
Costs	Standard			High Deductible (Pair with Health Savings Account)	
	HMO	PPO		HMO and PPO	PPO Only
		In Network	Out-of-Network		
Annual Deductible*	None	$250 $500 Single Family	$750 $1,500 Single Family	$1,650 $3,300 Single Family	$2,500 $5,000 Single Family
Global In-Network Annual Out-of-Pocket Maximum	$9,200 $18,400 Per Indiv. Per Family Combined Pharmacy and Medical	$9,200 $18,400 Per Indiv. Per Family Combined Pharmacy and Medical	N/A	$4,650 $9,300 $3,000 $6,000 (HMO) Per Indiv. Per Family Combined Pharmacy and Medical	N/A
Preventive Care[1]	No Charge	No Charge No Deductible	Amount between charge and out-of-network allowance; No Deductible	No Change; 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 the amount between the charge and the 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% 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, $1,00 Copay; then 40% of out-of-network allowance plus the amount between charge and out-of-network allowance
Prescription Drug	$7 $30 $50 Generic| Preferred | Non-Preferred	$7 $30 $50 Generic | Preferred| Non-Preferred	Pay in Full; File Claim for Reimbursement	After Paying Deductible, 30% 30% 50% Network Retail and Mail Order	Pay in Full; File Claim for Reimbursement
Up to 90-Day Supply	$14 $60 $100 Generic | Preferred | Non-Preferred	$14 $60 $100 Generic | Preferred | Non-Preferred			

Monthly Premium[2]	Standard						High Deductible Health Plan					
	Single	Spouse	Family	Over Age Dependent (Age 26-30)	COBRA	Retiree <Age 65	Single	Spouse	Family	Over Age	COBRA	Retiree <Age 65
Career Service	$50	$30	$180	$813.46	$912.72	$813.46	$15	$30	$64.20	$736.80	$834.52 Single $1,851.47 Family	$736.80 Single $1,632.05 Family
Select Exempt/ Sr. Mngmt. Service	$8.34	$30	$30				$8.34	$30	$30			

Medicare Tiers[3]	Medicare I	Medicare II	Medicare III	Medicare I	Medicare II	Medicare III
Retiree > 65 or SSI Disability	$430.18	$1,243.63	$860.35	$324.26	$1,061.06	$648.52
Capital Health Plan	$290.66	$1,241.33	$581.32	$264.55	$1,110.12	$529.10

1 Preventive care based on age and gender.
2 We deduct your premium in advance (e.g., December 2024 for Jan. 1, 2025 coverage).
3 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.

MA-PD Service Areas



MA-PD HMO Providers Participating in Counties by Region

Capital Health Plan

Region 1
Calhoun

Region 2
Franklin
Gadsden
Jefferson
Leon
Liberty
Wakulla

Humana

Region 1
Bay
Escambia
Okaloosa
Santa Rosa
Walton

Region 3
Alachua
Bradford
Columbia
Marion

Region 4
Baker
Clay
Duval
Flagler
Nassau
Putnam
St. Johns
Volusia

Region 5
Indian River
Lake
Osceola
Orange
Seminole

Region 6
Citrus
Desoto
Hardee
Hernando
Highlands
Hillsborough
Manatee
Pasco
Pinellas
Polk
Sarasota
Sumter

Region 7
Martin
Okeechobee
Palm Beach
St. Lucie

Region 8
Charlotte
Collier
Glades
Lee

Region 9
Broward
Miami-Dade

UnitedHealthcare

MA-PD PPO Nationwide Coverage

Florida Counties With No MA-PD HMO

Region 1
Gulf
Holmes
Jackson
Washington

Region 2
Madison
Taylor

Region 3
Dixie
Gilchrist
Hamilton
Lafayette
Levy
Suwannee
Union

Region 5
Brevard

Region 8
Hendry
Monroe

Medicare Advantage and Prescription Drug Plans

The Division of State Group Insurance offers Medicare-eligible members three qualified group Medicare Advantage and Prescription Drug (MA-PD) plans for 2025 that can be selected as an alternative to the program's traditional Medicare coverage. They are:

- 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 Part A and Part 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, 2025. Please see the service area map on the previous page, and links to the available MA-PD plans that provide coverage in specific service areas.

Compare how each MA-PD account works, visit the MA-PD Comparison Chart. To see premium rates for 2025, see the MA-PD Premium Rate Chart.

Notes

Capital Health Plan℠
An Independent Licensee of the Blue Cross and Blue Shield Association

Humana®

United Healthcare

Social Security Disability Advocacy Services for Plan Members

The Department of Management Services (DMS), has partnered with Public Consulting Group (PCG) to assist retirees with applying for Social Security Disability Insurance (SSDI) and early Medicare coverage. This service applies to early retirees, their spouses and dependents, who are experiencing health conditions that prevent them from working fulltime. These services are provided at no cost to our members. PCG is a nationally-recognized leader in Social Security disability advocacy and has been successful helping plan members navigate through what can be a complex process.

Members may qualify for these programs even if you are retired and are not attempting to work, based on your contribution to Federal Insurance Contribution Act (FICA) taxes, paid through employment. Members may be eligible for SSDI benefits and Medicare prior to turning 65, if the Social Security Administration finds that a member's health conditions meet their standard for disability.

If eligible, these benefits can provide members with additional income from Social Security, as well as additional health care benefits available through Medicare, while also maintaining eligibility through the State's health plan.

If you or a family plan member is interested in learning more about these services, PCG is ready to answer your questions and provide you with assistance.

Call 800-805-8329 or email Disability@pcgus.com.

PCG | SSAMS™
Social Security Advocacy Management Services

Notes

Prescription Drug Plan

The Pharmacy Benefits Manager for the State Employees' Prescription Drug Plan is Optum Rx. For more information about Optum Rx, you can visit their website, download the Optum Rx app, call 800-547-9767, or visit our State of Florida site at MyBenefits.MyFlorida.com/MyHealth/prescription_drug_plan.

The Optum Rx Pharmacy network includes:

- Major chain pharmacies
- Grocery store pharmacies
- Independent pharmacies
- Home delivery options
- 90-day retail options

You can use the Pharmacy locator tool at Optumrx.com to find pharmacies near you.

Skip the Pharmacy Line

Experience the convenience of home delivery for your prescription medications. Skip the pharmacy lines and have your medications delivered right to your door. You can choose from any home delivery service, ensuring you get the best option that suits your needs.

Your Pharmacy Benefit At-a-Glance

Tier	Benefit	Standard HMO and PPO		High Deductible HMO and PPO	
		Retail 30-Day Supply	Mail or Retail 90-Day Supply	Retail 30-Day Supply	Mail or Retail 90-Day Supply
Tier I	Lower-cost generics and some brand names	$7	$14	30%	30%
Tier 2	Mid-range cost preferred brand names	$30	$60	30%	30%
Tier 3	Higher-cost brand names and some generics	$50	$100	50%	50%

The chart illustrates the cost savings associated with utilizing generics and a 90-day supply.

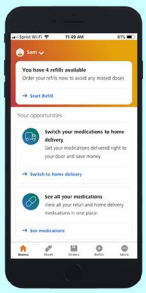
Important Note For Standard PPO or High Deductible PPO Members: After three 30-day refills of a maintenance drug, you must fill your maintenance medications as a 90-day supply, either through a mail order pharmacy or a participating 90-day retail pharmacy.

Download the Optum Rx App

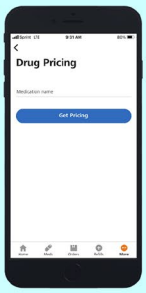
Take the Optum Rx online tool with you to manage your medication any time, anywhere.

To access your account using the mobile device:

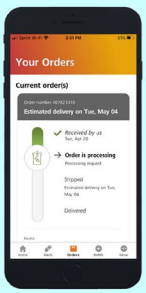
1. Go to the Apple App Store or Google Play to download the Optum Rx app.
2. Open the app and sign in using the same username and password you use on OptumRx.com.



View notifications, alerts and savings opportunities



Check drug pricing



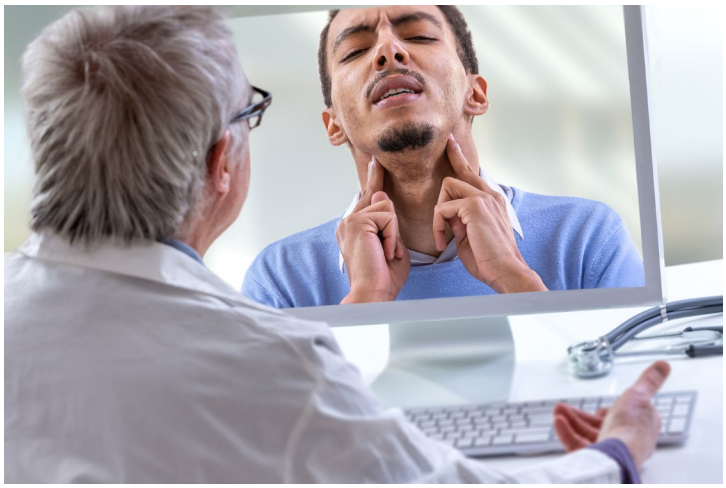
Track order status

Download on the App Store

ANDROID APP ON Google play

Scan the QR code above with your phone's camera to download the Optum Rx app.

Telehealth



Telehealth services are healthcare services provided remotely through telecommunications technology and can include assessment, diagnosis, consultation, treatment, monitoring, patient and professional health-related education, public health services, transferring medical data, and health administration. Telehealth services are covered for all primary care and specialty appointments.

While providing a telehealth service, the provider and patient must have audio and visual contact. Telehealth services do not include emails or audio-only phone calls.

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:

- Available 24 hours a day/7 days a week.
- Increased access.
- Convenient, easy to schedule, and no travel necessary.

Contact your health plan to learn more about covered telehealth services.

Telehealth Service Providers		
Plan	Standard	HDHP
Florida Blue (PPO)	Network: $0 Non-Network: N/A	Network: No per visit fee, subject to calendar year deductible Non-Network: N/A
Aetna and United Healthcare (UHC)	$0	Network: No per visit fee, subject to calendar year deductible Non-Network: N/A
Capital Health Plan (CHP)*	$0	Network only: No per visit fee, subject to calendar year deductible

* The cost is zero for urgent and primary care telehealth only.

Network Provider Virtual Visit		
Plan	Standard	HDHP
Aetna and UnitedHealthcare	$20 Network (PCP), $40 Specialist, $25 Urgent Care	Network only: 20% coinsurance, subject to calendar year deductible
CHP	$20 Network (PCP), $25 Urgent Care	Network only: 20% coinsurance, subject to calendar year deductible
Florida Blue (PPO)	Network: $15 (PCP), $25 (Specialist, per applicable, approved specialist) 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)

Diabetes Management Program

The **Diabetes Management Program (DMP)** will provide the following services:

- A cellular/Bluetooth-equipped glucose meter that provides real-time feedback of glucose readings and emergency outreach services; and
- Live coaching from certified diabetes educators.

Availability

This program is available to 2,000 policyholders in self-insured plans who meet eligibility criteria.

Application

- The application period for the 2025 plan year is Oct. 28 through Nov. 17, 2024. Late applications will not be accepted.
- A completed application is required, including all requested data and forms. This application must be submitted through the link provided on our website during the application period.
- Applications will be reviewed by DSGI, and members will be notified by email in December.

If you are enrolled in the DMP, you are required to submit a progress report by January 2026.

Weight Management Program

The **Weight Management Pilot Program (WMP)** provides access to a wellness program and FDA-approved weight management medications. The wellness program is accessed through your health insurance plan at no additional cost to you.
If you and your provider decide to use any of the FDA-approved weight management medications. These will be available with your Tier 3 copay.

Availability

This program is available to 2,800 members who meet the eligibility criteria. It runs from Jan. 1 through Dec. 31 each year, pending approval by the Legislature.

Application

- The application period for the 2025 plan year is Oct. 28 through Nov. 17, 2024. Late applications will not be accepted.
- A completed application is required, including all requested data and forms. This application must be submitted through the link provided on our website during the application period.
- Applications will be reviewed by DSGI, and members will be notified by email in December.

Requirements

Members of the WMP are required to:

- Enroll in a plan approved wellness program by Jan. 31, 2025.
- Participate in the wellness program throughout 2025. “Participation” is defined by the wellness program.
- Submit an end-of-the-year report with updated data is also required. This will be due in October 2025.

Note: Employees of the State Colleges are not eligible for these programs in 2025. These employees will not be enrolled in a state health plan until Jan. 1, 2025. The eligibility criteria in the legislative mandate includes “Members of the PPO plan or HMO plan during the 2024 and 2025 plan year.”

Insurance Providers

aetna®

Capital Health PLAN℠
An Independent Licensee of the Blue Cross and Blue Shield Association

Florida Blue

United Healthcare

CHP participates only in the State of Florida’s Weight Management Program.
CHP provides their own diabetes management program.

Employee Assistance Program (EAP)

The State of Florida provides a free Employee Assistance Program (EAP) program to all state employees including Other Personal Services and their dependents, excluding universities and colleges. EAP services and benefits will also be expanded to include dependents of state agency employees.

Through a robust support network of local resources, the EAP has resources to help you manage everyday challenges or significant life events.

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

Call Toll-Free: 833-746-8337
TTY: 877-334-0499

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.

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.

Acentra HEALTH

Go Mobile

Acentra Health provides online and mobile access to resources and referrals.

The Acentra Health 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.

Visit MyLifeExpert.com from your mobile device.

Create your account using company code: FLORIDA

Scan QR Code to learn more

Learn more at MyBenefits.MyFlorida.com/EAP.

Shared Savings Program

SEARCH

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

BUNDLE

If you need non-emergency surgery, call SurgeryPlus at 844-752-6170 and a SurgeryPlus Care Advocate will assist you in bundling all surgery costs into one, lower rate.

SAVE

By searching for and bundling your services, you can save money and earn rewards. You can choose to have your reward deposited in to an HRA, HSA, or FSA. If you do not have an HRA, HSA, or FSA, your reward amount will automatically credit to an HRA account that will be created for you based on your healthcare enrollment.

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

Ear Tube Placement	$500	★	★	$750	Carpal Tunnel Surgery
Rotator Cuff Repair	$1,200	★	★	$3,750	Total Knee Replacement
Sleep Study	$125	★	★	$150	Cataract Surgery

Note: Total Knee Replacement is listed at the highest-reward level.

ONE SIMPLE, BUNDLED RATE

Bundle your health care services with the help of a SurgeryPlus Care Advocate by calling 844-752-6170

FLORIDA DEPARTMENT OF MANAGEMENT SERVICES
shared savings

Check out more reward-eligible procedures at MyBenefits.MyFlorida.com/MyHealth/shared_savings_program.

* Rewards based on 2024 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, prescriptions, over-the-counter medications, and menstrual hygiene products.
- **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, prescriptions, over-the-counter medications, and menstrual hygiene products.

For the HRA and post-deductible HRA, Dec. 31, is the last day to incur claims for the plan year, and you must submit all claims by April 30. However, unlike an FSA, if you have funds remaining at the end of 2025, 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 other than MA-PD enrollees.

Find out how each account works or visit the Savings and Spending Accounts Comparison 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. The minimum contribution amount is $60 per year.

- **Healthcare FSA** you contribute up to $3,200 each plan year on a pretax basis to pay for eligible medical, dental and vision expenses, prescriptions, over-the-counter medications, and menstrual hygiene products.
- **Limited Purpose FSA** you contribute up to $3,200 each plan year on a pretax basis to pay for eligible dental, vision and preventive care expenses. Use HSA for all other medical expenses.
- **Dependent Care FSA** you contribute up to $5,000 per household each plan year on a pretax basis. Your exact savings will depend on your personal tax rate 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 is the last day to incur expenses for the plan year, and you must submit all claims by April 30. Otherwise, if you have funds remaining at the end of 2025, a maximum of $640 will carry over to the next plan year and any funds in excess of $640 will be forfeited.

For the dependent care FSA, March 15 is the last day to incur expenses for the prior plan year, and you must submit all claims by April 30. Otherwise, you forfeit any remaining funds.

Savings and Spending Accounts Continued

Health Savings Account (HSA)

A Health Savings Account (HSA) is a tax-advantaged account available to you if you enroll in a high deductible health plan (HDHP). You do not pay taxes on any money you deposit into it. You may withdraw funds to pay for qualified medical expenses for yourself, your spouse or a qualified dependent without tax penalty.

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 (up to $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. You're eligible to participate and enroll in the HSA as long as you are enrolled in HDHP and meet all eligibility requirementss.

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 app.
Scan the QR code below with your phone's camera to download the mobile app on your Apple or Android device.

Download on the App Store

ANDROID APP ON Google play

2025 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 deposit 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. • Use the Benefit Card to pay for eligible services and items; • Pay your provider directly from your account online; or • Pay out of pocket for eligible medical expenses, then submit claims to be reimbursed.	You deposit pretax money into the account through payroll deductions to pay for eligible dental, vision and preventive care expenses. • 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. • Use the Benefit Card to pay for eligible services and items; • Pay your provider directly from your account online; or • Pay out of pocket for certain eligible expenses, then submit claims to be reimbursed.	You deposit 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. • Use the Benefit Card to pay for eligible dependent care services; • Pay your provider directly from you account online; or • 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. • 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). • Pay for eligible expenses from this savings account at time of service or purchase; • Pay your provider directly from your account online; or • Pay out of pocket for eligible expenses, then reimburse yourself from the account. **Spouse Program:** If you enroll in a High Deductible Health Plan, both spouses are also eligible to enroll in an HSA. Each spouse will receive the monthly individual state contribution and each spouse can make payroll contributions up to half of the family maximum.	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 mestrual hygiene products. • Use the Benefit Card to pay for eligible services and items; • Pay your provider directly from your account online; or • Pay out of pocket for eligible expenses, then submit claims to be reimbursed. 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 $1,650 and Family deductible is $3,300.
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. After age 65, you must be enrolled in an HDHP and *not* enrolled in Medicare or other Social Security benefits.	All State Group Insurance 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. Shared Savings Program rewards are credited to your account in January of the following plan year (the plan year after the reward is earned). If you earn more than $500 of Shared Savings Rewards, they will be put in an HRA for you.	Yes. Earn up to $500 in Shared Savings rewards. Shared Savings Program rewards are credited to your account in January of the following plan year (the plan year after the reward is earned). If you earn more than $500 of Shared Savings Rewards, they will be put in an HRA for you.	No. Shared Savings Program awards are only credited to one of the health spending or savings plans.	Yes. Earn up to the annual contribution limit in Shared Savings rewards. Shared Savings Program rewards are credited to your account as they are earned. If you earn Shared Savings Rewards after you have contributed the maximum to your HSA, they will be put in a Post-Deductible HRA for you.	Yes. There is no limit in the amount of Shared Savings rewards earned. Shared Savings Program rewards are credited to your account as they are earned.

Chard Snyder Customer Service 855-824-9284 PeopleFirst.MyFlorida.com

2025 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. $60 minimum/year. $3,200 maximum/year	Yes. $60 minimum/year. $3,200 maximum/year.	Yes. $60 minimum/year. $5,000 maximum/year/household. (Married couples filing separate taxes may contribute up to $2,500 each)	Yes. No minimum contribution. $4,300/year for single coverage $8,550/year for family coverage (Limits include the state's contribution.) 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 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 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.	As the State deposits amounts into your Chard Snyder HSA Advantage™ personal savings account.	HRA funds will be available within 5 business days of the reward notification to Chard Snyder. If you choose a Post-Deductible HRA, funds are available for use after you have met the deductible. Single deductible is $1,650 and Family deductible is $3,300.
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 30 of the next plan year. If any funds are remaining, up to $640 will be carried forward into the following plan year. Amounts over $640 will be forfeited.	Yes. Incur eligible expenses by December 31 and submit claims to Chard Snyder by April 30 of the next plan year. If any funds are remaining, up to $640 will be carried forward into the following plan year. Amounts over $640 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 30 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 30 of the next plan year. Balance rolls forward to next plan year, as long as enrolled in a State Group Insurance health plan.
Health Plan				
No requirement to be in a State Group Insurance health plan.	High Deductible PPO or High Deductible HMO.	No requirement to be in a State Group Insurance health plan.	High Deductible PPO or High Deductible HMO.	Any State Group Insurance health plan. (Individuals enrolled in a State of Florida Medicare Advantage Prescription Drug (MA-PD) plan are not eligible to take part in the Shared Savings Program.)
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.

Chard Snyder Customer Service 855-824-9284 PeopleFirst.MyFlorida.com

Life Insurance

The State Group Insurance Program offers group term life insurance to eligible employees and retirees through 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 Part-time and OPS employees must enroll	Salaried, full-time: No premium Part-time: Pro-rated premium 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 when 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)
Accelerate Death (Advanced life insurance fund 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

Download on the App Store

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Dental Insurance

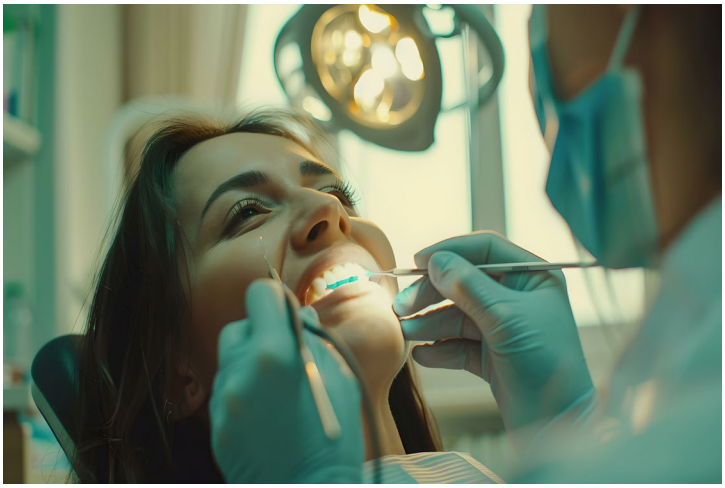
The State Group Insurance Program offers dental insurance plans to eligible employees on a pretax basis. You pay the full premium. The State does not contribute. You may continue dental through COBRA upon the termination of employment, including retirement, or convert other plans by calling the insurance 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 cannot change dental plans because you do not like the dentists or because your dentist leaves the network.

Dental Plans Comparison Chart	Prepaid Dental (DHMO)	Dental Preferred Provider Organization (DPPO)	Dental Indemnity with a DPPO Network Plan	Indemnity Plan
Definition	Must use only network dental providers. No coverage for out-of-network services.	May use any dental provider, but you pay less when using network dental providers.	May use any dental provider, but pay discounted rates when using network dental providers.	May use any dental provider, but you pay first and then get reimbursed a set fee (scheduled amount) for covered services.
Choice of Providers	Network only.	In-or-out of network.	In-or-out of network.	Any you choose.
Preventive Care (no deductible)	No charge for most preventive services.	No charge in network; you pay 20% of costs for out-of-network.	You pay cost above set dollar amount.	You pay cost above set dollar amount.
Deductible	No.	Yes, for basic and major care.	Yes, for basic and major care.	Yes, for basic and major care.
Basic and Major Care	You pay set copays or a percentage of the cost.	You pay a percentage of the cost for the Standard plan. However, for the Preventive plan you will pay the full negotiated rate for major care.	You pay the cost above a set dollar amount or a percentage of the cost.	You pay the 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 fees are not negotiated by insurer and dentists may charge any amount they choose per procedure.
People First Plan Code and Plan Name	4025 Sun Life Prepaid 225 4034 Cigna Dental 4044 Humana HD205	4022 Ameritas Standard PPO 4023 Ameritas Preventive PPO 4032 MetLife Standard PPO 4033 MetLife Preventive PPO 4092 Humana Standard PPO 4094 Humana Preventive PPO	4021 Ameritas Indemnity w/PPO 4031 MetLife Indemnity w/PPO 4074 Sun Life Indemnity PPO 4090 Humana Indemnity PPO	4084 Humana Indemnity w/PPO

Dental Plan
Monthly Premiums



Monthly Premiums						
Type of Dental Plan	Plan Code	Plan Name	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Prepaid Dental Plan • Pays benefits only when you use network providers. • No deductible or annual maximum. • Most preventive care at no charge. • You pay a fixed copayment for dental procedures listed on the copayment schedule. • Orthodontia: Covered for adults and children.	4034	Cigna Prepaid Dental	$22.81	$44.94	$53.59	$68.46
	4025	Sun Life Prepaid Dental	$14.93	$25.17	$33.26	$43.54
	4044	Humana HD205 Prepaid Dental	$12.64	$21.20	$23.00	$32.98
PPO Dental Plan • Receive care from any dentist. • Your cost is lower when you use network dentists. • You have an annual deductible to meet before the plan starts paying benefits and then you pay part of the cost for the services you receive. • Orthodontia: Covered for adults and children (excluding Preventive PPO)	4023	Ameritas Preventive	$21.64	$40.92	$43.80	$64.16
	4094	Humana Preventive	$20.52	$37.98	$42.44	$61.60
	4033	Metlife Preventive	$18.32	$33.86	$37.84	$54.94
	4022	Ameritas Standard	$31.64	$59.24	$66.32	$96.56
	4092	Humana Standard	$30.64	$56.70	$63.36	$91.98
	4032	Metlife Standard	$36.24	$67.04	$74.90	$108.76
Indemnity with PPO Dental Plan • Receive care from any dentist. • Your cost is lower when you use network dentists. • You have an annual deductible to meet before the plan starts paying benefits, and then you pay a percentage of the cost for the services you receive. • Orthodontia: Covered for adults and children (SunLife – children only).	4074	Sun Life Indemnity	$43.55	$83.61	$98.83	$130.35
	4021	Ameritas Indemnity	$47.24	$87.64	$99.80	$144.08
	4090	Humana Indemnity	$45.76	$84.66	$94.60	$137.34
	4031	Metlife Indemnity	$46.16	$85.38	$95.42	$138.52
Indemnity Dental Plan • Receive care from any dentist. • You have a deductible to meet and then pay part of the cost for the services you receive.	4084	Humana Schedule B	$14.74	$21.96	$23.30	$37.10

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 is why the State offers you competitive vision coverage at affordable rates through Humana Vision. Coverage is also available to retirees through COBRA for participants, provided they were enrolled prior to termination.

Vision Plan Chart		
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	$40 allowance	Not covered
Anti-Reflective Lenses	$70 allowance	Not covered
Frames	$125 wholesale allowance	$100 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
	$5.92	$11.68	$11.56	$18.16

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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. Additional payments for follow-up visits and when crutches, wheelchairs, or other covered medical aids are needed for covered accidental injuries. Covers work and non-work related accidental injuries.	Colonial Insurance Company 888-756-6701
Cancer	Specified benefit amount(s) payable directly to insured for cancer screenings, diagnosis and treatment. Utilize benefit payments as needed. Benefit amounts dependent upon coverage level selected.	Aflac* (through Capital Insurance Agency) 800-780-3100 Colonial Insurance Company 888-756-6701
Disability	Supplements income loss during short-term disability to help pay living expenses. Can choose elimination period for accident and sickness related disabilities based upon need.	Colonial Insurance Company 888-756-6701
Hospitalization	Specified payment amounts directly to covered individual when hospitalized. Additional payments, depending on the coverage selected, for ancillary services related to hospitalization.	Cigna Health (through Capital Insurance Agency) 800-780-3100 New Era (through State Securities Corp.) 800-277-2300
Hospital Intensive Care	Daily benefit for confinement in a hospital intensive care or a sub-acute intensive care unit.	Aflac* (through Capital Insurance Agency) 800-780-3100

* Both the Aflac Cancer and Aflac Intensive Care policies require submission of a paper application. Upon completion of an election in People First, please access the Aflac brochure on the MyBenefits/Resources 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.

Cancer | Hospital Intensive Care

Cigna

Hospitalization

Colonial Life

Accident | Cancer | Disability

New Era Health Plans

Hospitalization

Money Savers

Health and Wellness Money Savers

- Earn financial rewards by shopping for healthcare services through Healthcare Bluebook and SurgeryPlus.
- 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 if you have a life-threatening emergency). Ask if your primary care provider is part of an urgent care center.
- Get fit and take advantage of available 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 will pay only two copayments for three-month 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.

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 full annual election amount of your healthcare or limited purpose FSA on Jan. 1. Your FSA essentially works like an interest-free, tax-free loan.
- The pretax money withheld from your check helps you pay for big expenses painlessly. Your entire Healthcare FSA balance is available on the first day of your plan. You may use your plan like an interest-free loan for expenses such as glasses, contact lenses, dentures, oral surgery, tooth implants, and Lasik surgery.
- Orthodontia expenses are the only approved FSA claims that may be paid as long as you are making payments. Be aware that many factors will impact your orthodontia cost, how much you will save through your FSA, and how you are reimbursed.
- Over-the-counter drugs and medicines such as ibuprofen, acetaminophen, and cough syrup can be purchased using your Healthcare FSA without a prescription.
- Menstrual hygiene products, Oura ring, to custom insoles are on the list of eligible expenses. Go to People First and click on the Chard Snyder quick link under My Other Accounts. A full list of eligible items is under Tools & Support > Quick Links > Eligible Expenses List.
- Estimate how much you can save on your taxes with the Tax-Savings Calculator.

Money Savers Continued

Dental Money Savers

Review your dental plan's benefits documents for limitations and exclusions:

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

Notes

Important Information

Take time to review these important notices:

- Children's Health Insurance Program (CHIP) Notice
- Marketplace Annual Notice
- Nondiscrimination Statement Accessibility Notice
- Special Notice about Medicare Part D
- State Group Insurance Program Privacy Notice
- Women's Health and Cancer Rights

Cafeteria Plan

The State Group Insurance Program is a Cafeteria Plan, a plan that meets the requirements and regulations of Section 125 of the Internal Revenue Code. The plan permits employees to select the benefits that are most relevant to their personal situation.

Medicare

For information about Medicare, including eligibility and coverage, visit Medicare.gov or call 800-Medicare (800-633-4227). TTY users 877-486-2048.

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