

State Employees



What's New for Open Enrollment

3 ways to Save!

The **Shared Savings Program** offers members enrolled in a State Group Insurance health plan three ways to save with new benefit options to shop for health care services, earn tax free financial rewards, and reduce out-of-pocket health care costs.

1. Healthcare Bluebook offers an **online transparency portal** that allows members to shop for health services based on cost and quality and earn financial rewards.
2. SurgeryPlus provides **bundled surgical services** with concierge-level support. By taking advantage of this benefit, members can earn financial rewards.
3. Chard Snyder now offers a **health reimbursement account**. This new account is one of the options members can choose to receive any reward payments they've earned using Healthcare Bluebook or SurgeryPlus.

Open Enrollment begins Monday, Oct. 15, 2018, at 8 a.m. ET and ends promptly on Friday, Nov. 2, 2018, at 6 p.m. ET.

CVS Caremark offers an **online transparency** tool to allow employees to see the cost of their prescription drugs, find out about generic options, and get the best value for their medications.

E4 Health, the state's Employee Assistance Program, is launching **Talkspace**, a new online counseling tool. Talkspace offers confidential therapy sessions through an online app that allows employees to communicate with a licensed counselor via text, video, and audio messages.

Securian is now **Securian Financial**.

During Open Enrollment, Securian Financial will be offering employees the ability to elect **optional life insurance** coverage at two times their annual salary, without providing evidence of insurability, up to the maximum limit of five times their salary or \$500,000. This offer extends to all employees, even those who have been denied optional life in the past as a result of medical history.

Chard Snyder is launching a newly designed **benefits card**. Existing Benny Cards will continue to work until they expire, and any cards issued after Sept. 1, 2018, will feature the updated benefits card look.

For 2019, the **health savings account (HSA)** contribution maximum for employees enrolled in single coverage has increased to \$3,500, and the family coverage HSA

contribution has increased to \$7,000, including the state's contribution.

The Division of State Group Insurance (DSGI) is launching a second year of the **Weight Management Pilot** for eligible members of the Aetna, AvMed, Florida Blue, and United Healthcare plans. The pilot application period is open from Oct. 8 through Nov. 16, 2018.

Employer **health insurance premium** contributions have increased for the 2019 plan year. Early retirees, COBRA participants, overage dependents, and surviving spouses will see an increase in their premium rates, as these groups pay the combined employer and employee premium.

To ensure accountability in the State Group Insurance Program, DSGI will request documents verifying the eligibility of newly added dependents as part of an ongoing **Quality Assurance Review**.

The State Group Insurance **Privacy Notice** has been updated.

Information about your benefits and premiums is available in your Annual Benefit Statement and online through People First. Additional information about these changes is available at mybenefits.myflorida.com.



FLORIDA DEPARTMENT OF MANAGEMENT SERVICES

state group insurance
We serve those who serve Florida

Benefits Fair Schedule for the 2019 Plan Year

Fairs times are listed in local time. Some sites require paid parking and photo identification. Open Enrollment starts on Monday, Oct. 15, at 8 a.m. ET and ends on Friday, Nov. 2, 2018, at 6 p.m. ET.

TALLAHASSEE			
Monday, Oct. 15	9 a.m. to 3 p.m.	Betty Easley Center, 4075 Esplanade Way	Tallahassee
Tuesday, Oct. 16	10 a.m. to 2 p.m.	Florida A&M University, Jake Gaither Athletic Complex, 1835 Wahnish Way	Tallahassee
Wednesday, Oct. 17	9 a.m. to 3 p.m.	Agency for Healthcare Administration, 2727 Mahan Drive, Building 3, Room A	Tallahassee
Thursday, Oct. 18	10 a.m. to 2 p.m.	Florida State University, Florida State Conference Center, 555 W. Pensacola St.	Tallahassee
Friday, Oct. 19	9 a.m. to 3 p.m.	Department of Revenue, 2450 Shumard Oak Blvd., Building 2, Room 1250	Tallahassee
JACKSONVILLE AREA/ GAINESVILLE			
Monday, Oct. 15	9 a.m. to 3 p.m.	Department of Health, 1217 N. Pearl St. (off I-95)	Jacksonville
Tuesday, Oct. 16	9 a.m. to 3 p.m.	Department of Children & Families, 5920 Arlington Expressway	Jacksonville
Wednesday, Oct. 17	9 a.m. to 3 p.m.	Northeast Florida State Hospital, 7487 S. Highway 121	Macclenny
Thursday, Oct. 18	9 a.m. to 3 p.m.	University of Florida, The Champions Club, 157 Gale Lemerand Drive	Gainesville
Friday, Oct. 19	9 a.m. to 3 p.m.	Tacachale Agency for Persons with Disabilities, 1621 NE Waldo Road	Gainesville
ORLANDO / TAMPA BAY AREA / WEST COAST			
Monday, Oct. 22	9 a.m. to 4 p.m.	USF St. Petersburg, University Student Center, 200 Sixth Ave., S.	St. Petersburg
Tuesday, Oct. 23	9 a.m. to 4 p.m.	USF Tampa, Marshall Student Center Ballroom, 4202 E. Fowler Ave.	Tampa
Wednesday, Oct. 24	9 a.m. to 2 p.m.	UCF, Student Union, Pegasus Ballroom, 12715 Pegasus Drive	Orlando
Thursday, Oct. 25	9 a.m. to 3 p.m.	Hilton Ocala, Churchill Ballroom, 3600 SW 36 th Ave.	Ocala
Friday, Oct. 26	9 a.m. to 4 p.m.	USF Sarasota-Manatee, Selby Auditorium, 8350 N. Tamiami Trail	Sarasota
SOUTH FLORIDA/ CENTRAL FLORIDA			
Monday, Oct. 22	10 a.m. to 2 p.m.	Florida Polytechnic University, 4700 Research Way, Rooms 1046-1047	Lakeland
Tuesday, Oct. 23	9 a.m. to 3 p.m.	North Broward Regional Service Center, 1400 W. Commercial Blvd., Room 195	Fort Lauderdale
Wednesday, Oct. 24	9 a.m. to 3 p.m.	Florida Atlantic University, Live Oak Pavilion, 777 Glades Road (east of I-95)	Boca Raton
Thursday, Oct. 25	9 a.m. to 4 p.m.	Florida International University, Graham Center, 11200 SW Eighth St.	Miami
Friday, Oct. 26	9 a.m. to 3 p.m.	Fort Myers Regional Service Center, 2295 Victoria Ave.	Fort Myers
WEST FLORIDA			
Monday, Oct. 29	9 a.m. to 2 p.m.	Florida State University, Holley Building, St. Joe Lecture Hall, 4750 Collegiate Drive	Panama City
Tuesday, Oct. 30	10 a.m. to 3 p.m.	University of West Florida, 11000 University Parkway, Building 22	Pensacola
CENTRAL FLORIDA / EAST COAST			
Monday, Oct. 29	9 a.m. to 3 p.m.	Crowne Plaza Orlando Downtown, 304 West Colonial Drive	Orlando
Tuesday, Oct. 30	9 a.m. to 3 p.m.	Volusia County Health Department, 1845 Holsonback Drive (off Bill France Blvd.)	Daytona Beach

Get Your 1095-C Tax Form Electronically

Get your 1095-C faster next year by setting up electronic receipt. If you haven't already consented to receiving your 1095-C electronically, log in to People First and follow this trail: Personal Information > Contact Information. Then select Notification Email. If you don't have a notification email in People First, enter one. Check the appropriate box to receive your 1095-C electronically next year. Otherwise, we will mail the 1095-C to the mailing address listed in People First. Please keep all addresses current.

Need a Tax Break on Your Predictable Out-of-Pocket Costs?

Do you know about how much you will pay for health care or dependent care expenses next year? Did you know you can get a tax break by enrolling in a healthcare or dependent care flexible spending account (FSA)? Find out how an FSA can help you save money by using Chard Snyder's Tax-Savings Calculator. Visit www.chard-snyder.com. In the upper right-hand corner, click Tools & Apps from the Support Center dropdown. Then click on Tax-Savings Calculator.

Special Notice About the Women's Health and Cancer Rights Act

As required by the Women's Health and Cancer Rights Act of 1998, the Group Health Insurance Plan Booklet and Benefits Document for the State Employees' PPO Plan or HMO Plan provides benefits for mastectomy-related services, including all stages of reconstruction, surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema. Contact the Plan Administrator, the Division of State Group Insurance, at 800-226-3734 for more information.

Understanding a Cafeteria Plan

Cafeteria plans have specific enrollment requirements under the Internal Revenue Code that employees must follow in exchange for pretax savings. Choose your plans carefully. Once enrolled, you must remain in the selected plans unless you have a qualifying status change event during the year.

Getting married or divorced? Having a baby or adopting? Is your spouse changing jobs? For many major life events, you may be allowed to enroll in or cancel your insurance coverage within 60 days of the life event. If you miss the 60-day window, you must wait until the next Open Enrollment or life event to make a change.

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

If dependent eligibility changes, you must notify People First within 60 days of the change. For example, if you and your spouse divorce, you must send a copy of the divorce decree to People First within 60 days of the divorce. By following this timeline, you will not have to repay the state for claims an ineligible dependent incurred or pay COBRA premiums to cover that ineligible dependent. If you're in the spouse program, you won't have to pay back premiums for underpaid months (up to \$165 per month).

Administrators of a cafeteria plan have IRS requirements too. For example, we must test employee classifications to ensure we meet IRS Code nondiscrimination requirements related to dependent care FSAs. If we discover any issues through testing, we may adjust your contribution amount for the dependent care FSA, or a portion of your annual election may not be eligible for pretax treatment. This means your annual contribution election may be adjusted or you may be taxed on the amount of benefits you receive. We will notify you if this situation occurs.

Enjoy the pretax benefits of a cafeteria plan, but make sure you understand your responsibilities. Visit mybenefits.myflorida.com or call People First to learn about your options.

For more information, visit www.irs.gov to access Title 26, subsection 129, dependent care assistance programs, of the Internal Revenue Code.

How to Make Changes in People First

1. Turn off your pop-up blocker and log in to People First at <https://peoplefirst.myflorida.com>.
2. Select the Complete Open Enrollment Now task in your Inbox.
3. Follow the simple steps to verify your dependents and complete your Open Enrollment elections.
4. Review your covered dependents and elected plans.
5. If you are enrolled in a health plan for 2019, make your Shared Savings Program selections.
6. Enter your password and select Complete Enrollment.

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 event is required to make a change.

Accurate Numbers for Tax Reporting

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

1. Log in to People First at <https://peoplefirst.myflorida.com>.
2. Click Insurance Benefits.
3. Click My Dependent Information.
4. Select a covered dependent.
5. If the number is incorrect, click Edit and enter the correct SSN or TIN. Then click Save.
6. Repeat for each dependent listed.

Please contact the IRS immediately if your covered dependent(s) has not been issued an SSN or TIN. Ask what you need to do to have a number issued to your dependent for accurate health insurance tax reporting purposes.

Active Employees Eligible for Medicare

If you, as an active state employee, and/or your dependents become eligible for Medicare, your State Group health insurance plan will continue to be your primary insurance coverage unless you or your dependent requires treatment for end-stage renal disease; see your plan document for details.

Medicare coverage pays secondary (after the health plan pays) only if you enroll in a State Group health insurance plan. Medicare Part A (hospital insurance) is free, but Medicare Part B (medical insurance) requires you to pay a monthly premium.

As long as you are an active employee, you and/or your dependents can delay your Medicare Part B coverage without penalty. You should call your local Social Security Office to defer enrollment. However, as soon as you retire, you and/or your dependents should enroll in Part B. Once you and/or your dependents are eligible for either Medicare Part A or Part B as a retiree, your State Group health insurance plan pays secondary, even if you and/or your dependents don't enroll in Medicare Part A or Part B. As a retiree, if you and/or your dependents do not elect your Medicare Part B coverage right away, you must pay the first 80 percent of your health care expenses, making you responsible for expensive medical bills.

Privacy Notice

The State Group Insurance Privacy Notice, available at mybenefits.myflorida.com, describes how medical information about you may be used and disclosed and how you can access this information. The Privacy Notice has been updated to reflect new benefit offerings under the State Group Insurance Program.

Special Notice About the Medicare Part D Drug Program, Jan. 1, 2019

Please read this notice carefully. It explains the options you have under Medicare prescription drug coverage and can help you decide whether or not you want to enroll in Medicare Part D.

Medicare prescription drug coverage (Medicare Part D) became available in 2006 to everyone with Medicare through Medicare prescription drug plans and Medicare Advantage plans that offer prescription drug coverage.

All approved Medicare prescription drug plans must offer a minimum standard level of coverage set by Medicare. Some plans may offer more coverage than required. As such, premiums for Medicare Part D plans vary, so you should research all plans carefully.

The State of Florida's Department of Management Services has determined that the prescription drug coverage offered by the State Employees' Health Insurance Program (State Health Program) is, on average, expected to pay out as much as or more than the standard Medicare prescription drug coverage pays and is considered creditable coverage.

You can join a Medicare drug plan when you first become eligible for Medicare and each year from Oct. 15 to Dec. 7. However, if you lose your current creditable prescription drug coverage through no fault of your own, you will also be eligible for a two-month Special Enrollment Period (SEP) to join a Medicare drug plan.

If you do decide to enroll in a Medicare prescription drug plan and drop your State Health Program coverage, be aware that you and your dependents will be dropping your hospital, medical, and prescription drug coverage. If you choose to drop your State Health Program coverage, you will not be able to re-enroll in the State Health Program.

If you enroll in a Medicare prescription drug plan and do not drop your State Health Program coverage, you and your eligible dependents will still be eligible for health and prescription drug benefits through the State Health Program. However, if you are enrolled in a state-sponsored HMO offering a Medicare Advantage Prescription Drug Plan, you may have to change to the State Employees' PPO Plan to get all of your current health and prescription drug benefits.

If you drop or lose your coverage with the State Health Program and do not enroll in Medicare prescription drug coverage after your current coverage ends, you may have to pay more (a penalty) to enroll in Medicare prescription drug coverage later.

Additionally, if you go 63 days or longer without prescription drug coverage that's at least as good as Medicare's prescription drug coverage, your monthly premium will go up at least 1 percent per month for every month that you did not have that coverage, and you may have to wait until the following November to enroll.

Additional information about Medicare prescription drug plans is available from the following:

- www.medicare.gov;
- Your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for the telephone number); and
- 1-800-MEDICARE or (800-633-4227). TTY users should call 1-877-486-2048.

For people with limited income and resources, payment assistance for Medicare prescription drug coverage is available. Information about this extra help is available from the Social Security Administration (SSA). Contact your local SSA Office; call 800-772-1213; or visit www.socialsecurity.gov for more information. TTY users should call 800-325-0778.

For more information about this notice or your current prescription drug plan, call the People First Service Center at 866-663-4735.

Remember: Keep this creditable coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether you have maintained creditable coverage and, therefore, whether you are required to pay a higher premium amount (a penalty).

Open Enrollment **begins** Monday, Oct. 15, 2018, at **8 a.m. ET** and **ends** promptly on Friday, Nov. 2, 2018, at **6 p.m. ET**.