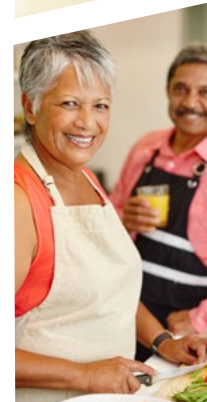
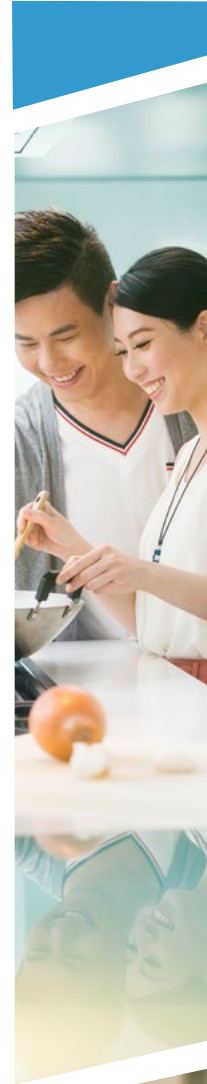
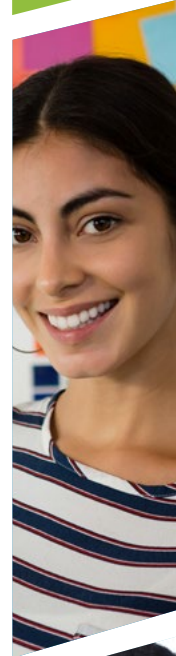
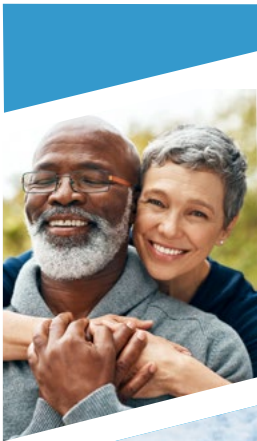


Benefits Guide

2019 Plan Year



For State of Florida Employees and Retirees



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Note: We intend for this benefits guide to help you choose benefits offered under the State Group Insurance Program, but it is not representative of all plan provisions or rules that govern the program. Please refer to each [plan document](#) that fully describes its benefits, Part I of Chapter 110, Florida Statutes, and Chapter 60P, Florida Administrative Code. Plan documents, statutory provisions, and rules prevail if there are any discrepancies with this benefits guide.

Introduction

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

We continually foster a culture of health through our health plans' [wellness](#) and disease management programs, publication of our monthly [Wellness Wire](#) e-newsletter, and promotion of the state's employee assistance program (EAP) that is offered to some employees. If eligible, you are automatically enrolled in this free benefit. Click the EAP link on your [People First](#) home page to determine if you are eligible. We offer the 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 asking yourself what's most important to you.
3. Go to a benefit plan's website to learn about coverage, network access, and other plan benefits.
4. Enroll or make changes in [People First](#) before open enrollment ends or during the year within 60 days of a [qualifying status change event](#).

Health Insurance Mandates

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

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

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



What Is Open Enrollment?

Open enrollment is your once-a-year opportunity to make changes to your state group insurance benefits.

Open enrollment starts at 8 a.m. Monday, October 15, and ends promptly at 6 p.m. Friday, November 2, 2018 (all times Eastern).

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

- Avoid the rush—make changes early and online whenever it's convenient for you.
- Review your personalized benefits statement carefully. It shows what you are enrolled in this plan year and your options for the next plan year, including the monthly cost.
- Change elections as many times as you would like during open enrollment. Elections become final at 6 p.m. Eastern time on the last day of the open enrollment period.
- If you don't make changes during open enrollment, all of your elections will continue to 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, look for your confirmation statement in the mail or view your confirmation statement online in People First by selecting the Insurance Benefits link on your home page and selecting Confirmation Statement. Be sure all changes are correct. Confirm you've enrolled your eligible dependents and removed those who are now ineligible (e.g., as a result of divorce).

What's New for 2019?

- The Division of State Group Insurance has 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. These new benefits are designed to save the state money and allow employees to share in those savings through the **Shared Savings Program**.
- Healthcare Bluebook offers an online transparency portal that allows members to shop for health services based on cost and quality, and earn financial rewards.
- SurgeryPlus provides bundled surgical services with concierge-level support. By taking advantage of this benefit, members can earn financial rewards.
- 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.

- 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, over age 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.

Contact Information

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

| State Group Insurance Plans | Plan Types | Phone | Website |
|---|---|--|--|
| Health, Prescription, and Life Plans | | | |
| Florida Blue | State Employees' PPO Plan (Medical) | 800-825-2583 | www.floridablue.com/state-employees |
| Aetna | HMO Plan (Medical) | 877-858-6507 | www.aetnastateflorida.com |
| AvMed | HMO Plan (Medical) | 888-762-8633 | www.avmed.org/state |
| Capital Health Plan | HMO Plan (Medical) | 850-383-3311 | www.capitalhealth.com/state |
| UnitedHealthcare | HMO Plan (Medical) | 877-614-0581 | www.florida.welcometouhc.com |
| CVS Caremark | State Employees' Prescription Drug Plan | 888-766-5490 | www.caremark.com (members register and log in) www.caremark.com/sofrxplan (general information) |
| Securian Financial (formerly Securian) | Basic, Optional, and Dependent Life | 888-826-2756 | www.lifebenefits.com/florida |
| Dental Plans | | | |
| Ameritas | Preventive PPO, Standard PPO and PPO w/ Indemnity | 877-721-2224 | www.ameritas.com/group/olbc/florida |
| MetLife | Preventative PPO, Standard PPO and PPO w/ Indemnity | 844-222-9104 | www.metlife.com/stateoffl |
| Sun Life Financial | Indemnity with PPO | 800-442-7742 | www.sunlife.com/STofFL |
| Sun Life Financial Employee Benefits | Prepaid Dental | 800-443-2995 | www.sunlife.com/STofFL |
| Cigna Dental | Prepaid Dental | 800-244-6224 | www.capitalins.com |
| Humana | Prepaid Dental/Indemnity | 866-879-3630 | www.humanadental.com/custom/fl/ |
| Supplemental Plans | | | |
| Humana Vision | Exam Plus | 800-939-5369 | www.compbenefits.com/custom/state-of-fla-vision/ |
| Aflac | Cancer/Intensive Care | 800-780-3100 | www.capitalins.com |
| Cigna Health and Life Insurance Company | Hospitalization | 800-780-3100 | www.capitalins.com |
| Colonial Life | Accident/Cancer/Disability | 888-756-6701 | www.visityouville.com/stateoffl |
| New Era | Hospitalization | 800-277-2300 | www.ssc-life.com |
| Other | | | |
| People First | Call for help or enroll online | 866-663-4735 | www.peoplefirst.myflorida.com |
| | Mail documents to | P.O. Box 6830 Tallahassee, FL 32314 | |
| | Mail payments to | P.O. Box 863477 Orlando, FL 32886 | |
| Healthcare Bluebook | Online Transparency Portal | Call center available 01/01/2019 | www.healthcarebluebook.com/cc/sof |
| SurgeryPlus | Bundled Surgical Services | Call center available 01/01/2019 | www.florida.surgeryplus.com |
| E4 (EAP) (If eligible, you are automatically enrolled in this free benefit.) | Employee Assistance Program (EAP) #BlueChat for Teens | 844-208-7067 | For more information, click the EAP link on your People First home page. |
| Chard Snyder | Healthcare FSA, Limited Purpose FSA, Dependent Care FSA, Health Savings Account, HRA, Post-Deductible HRA | 855-824-9284 | www.mybenefits.myflorida.com |
| Social Security Administration | To enroll in or inquire about Medicare | 800-633-4227 | www.medicare.gov |
| myBenefits Website | N/A | N/A | www.mybenefits.myflorida.com |

Learn more: mybenefits.myflorida.com | Enroll online: peoplefirst.myflorida.com
[Easy step-by-step instructions](#) to enroll using People First



Stay in Touch with Mobile Apps

Your health insurance plan (if app is available)

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

Download free mobile apps in the App Store or Google Play to complete these tasks from the palm of your hand.

CVS Caremark for prescription drugs

- Refill mail order prescriptions without registering or signing in (Easy Refill).
- Submit a photo of your paper prescription.
- Scan a prescription for refill.
- See the number of refills due and orders in progress without signing in.
- Check order status.
- Renew or request new mail service prescriptions.
- Check drug costs and coverage.
- View prescription history.
- Find a pharmacy in your network.
- View your member ID card and use at a retail pharmacy.
- Identify unknown pills.
- Check for potential drug interactions.

Healthcare Bluebook for healthcare shopping and rewards

- View the cost and quality of healthcare providers and facilities.
- View rewards that may be available for selecting designated healthcare procedures.

Chard Snyder for spending and savings accounts

- View your account balances.
- View transaction details.
- Scan items to see if they are eligible expenses.
- File claims and attach receipts.
- Add receipts to claims already submitted on the website.
- View receipts and claims.
- Receive text alerts by submitting your phone number.
- Email questions to FloridaAskPenny@chard-snyder.com.



Moving? Remember to keep your address current in [People First](#).

How Do You Make Changes in People First?

Make changes online in [People First](#)—it's easy.

Know your People First password. Passwords expire every 90 days for your protection. See [Frequently Asked Questions](#), question 8, on how to reset your password quickly, if needed.

1. Turn off the browser's pop-up blocker and log in to [People First](#).
2. Select the "Complete Open Enrollment Now" task in your Inbox.
3. Review your covered dependents and elected plans.
4. If you are enrolled in a health plan for 2019, make your Shared Savings Program selections
5. 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 (QSC) event is required to make election changes to your benefits. If you are participating in the Shared Savings Program, you can select an account for your reward payments at any time during the year.

To be sure your selections are correct, select the "Benefits Confirmation Statement" link in the My Quick Links section on your [People First](#) home page.

As a Reminder

Elect to receive your Form 1095-C electronically. Log in to [People First](#) and follow this trail: Employee Information > 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. Otherwise, we will mail the 1095-C to the mailing address listed in People First. Please keep all addresses current. Safeguard your Form 1095-C to prove you had minimum essential health insurance coverage during the plan year. Speak with your tax preparer if you have questions about what you are required to report.





What Is a Cafeteria Plan?

Simply defined, a cafeteria plan is a program that employers can use to offer a variety of benefits (like options on a cafeteria menu) to employees, who may use pretax payroll dollars to pay for the benefits they select. By using benefits offered under a cafeteria plan, employees have more take-home pay and employers save FICA 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 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 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). Enjoy the pretax benefits of a cafeteria plan, but make sure you understand your responsibilities. Visit mybenefits.myflorida.com or call People First at 866-663-4737 to learn about your options.



Eligibility

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

Employee Eligibility

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

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

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

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

The 12-month look-back measurement method involves three different periods:

1. **Measurement Period** – counts hours of service to determine eligibility

a. New Hire Measurement Period

If you are not a full-time employee at the point of hire, your hours of service from the first day of the month following your date of hire to the last day of the twelfth month of employment will be measured.

An example: : Assume you are hired October 5, 2019, and you are not employed full time. Your initial measurement period will run from November 1, 2019, through October 31, 2020.

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 December 1, 2020.

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 October 3 through the following October 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.

An example: Assume you are hired January 5, 2019, 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 December 31, 2020. You will then be measured on October 3, 2020, to determine your eligibility for the 2021 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 certain 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.

The rules for the look-back measurement method are very complex, and this is a general overview of how the rules work. More complex rules 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. Eastern time

Retiree Eligibility

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

1. Retire under a State of Florida retirement system or a state optional annuity or state retirement program or go on disability retirement under the State of Florida retirement system, as long as you were covered under health and life insurance at the time of your retirement and you begin receiving retirement benefits immediately after you retire; or
2. Retire under the Florida Retirement System Investment Plan, and you
 - a. Meet the age and service requirements to qualify for normal retirement as set forth in s. 121.021(29), Florida Statutes; or have attained the age specified by s. 72(t)(2)(A)(i), Internal Revenue Code, and you have 6 years of creditable service; and
 - b. Take an immediate distribution; and
 - c. Either
 - i. Maintained continuous coverage under the program from termination until receiving your distribution (you must continue health insurance coverage through COBRA until you take your immediate distribution); or
 - ii. Retired before January 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 cancel retiree coverage, you will not be allowed to reenroll in state health insurance at a later date as a retiree.

If you are a retiree that returns to active employment in a benefits eligible position and you are enrolled in health insurance coverage at the time of retirement, you will automatically be enrolled in active employee health insurance coverage. When you later terminate employment or return to retirement you will be allowed to continue retiree coverage, provided you have had continuous coverage under the program.

To learn more, see the [benefits package for new retirees](#).

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 2 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.

Dependent Eligibility

The following dependents are eligible for coverage:

- **Your spouse** – The person to whom you are legally married.
- **Your child** – Your biological child, child with a qualified medical support order, legally adopted child, or child placed in the home for the purpose of adoption in accordance with applicable state and federal laws through the end of the calendar year in which he/she turns age 26.
- **Your stepchild** – The child of your spouse for as long as you remain legally married to the child's parent through the end of the calendar year in which he/she turns age 26.
- **Your foster child** – A child that has been placed in your home by the Department of Children and Families Foster Care Program or the foster care program of a licensed private agency through the end of the calendar year in which he/she turns age 26.
- **Legal guardianship** – A child for whom you have legal guardianship in accordance with an Order of Guardianship pursuant to applicable state or federal laws or a child for whom you are granted court-ordered temporary or other custody through the end of the calendar year in which he/she turns age 26.
- **Your over-age dependent** – After the end of the calendar year in which he/she turns 26 through the end of the calendar year in which he/she turns 30 – if he/she is unmarried, has no dependents of his/her own, is a resident of Florida or a full- or part-time student, and has no other health insurance.
- **Your over-age dependent with a disability** – Your covered child with intellectual or physical disabilities. This child may continue health insurance coverage after reaching age 26 and while remaining continuously covered in a State Group Insurance health plan, or the child was over the age of 26 at the time of your initial enrollment. The child must be incapable of self-sustaining employment because of the intellectual or physical disability, and be dependent on you for care and financial support.
- **Newborn child of a covered dependent** – A newborn dependent of a covered dependent – a newborn child born to a dependent while the dependent is covered under the plan. The newborn must have been added within 60 days of the birth. Coverage may remain in effect for up to 18 months of age as long as the newborn's parent remains covered.
- **Children of law enforcement, probation, or correctional officers** – Children of law enforcement, probation, or correctional officers who were killed in the line of duty and who are attending a college or university beyond their 18th birthday.
- **Surviving spouse and dependents** – The widow or widower of a deceased state officer, state employee, or retiree if the spouse was covered as a dependent at the time of death; or an employee or retiree who died before July 1, 1979; or a retiree who retired before January 1, 1976, under any state retirement system who is not eligible for any Social Security benefits. Upon remarriage, the widow or widower is no longer considered a surviving spouse. A surviving spouse shall report remarriage within 60 days of the remarriage. The surviving spouse and dependents, including any eligible children of a surviving spouse, if any, must have been covered at the time of the enrollee's death and the coverage must have been continuous.

NOTICE: As prohibited by the rules of the program, the following acts will be treated as fraud or misrepresentation of material fact:

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

Such acts will require you to reimburse the plan for any fraudulent claims incurred or, if you're still within the COBRA election window, for paying COBRA premiums for any months that ineligible persons were covered.

Dependent Eligibility Verification

During the 2017 Legislative Session, the Florida Legislature directed the Division of State Group Insurance (DSGI) to conduct an audit to ensure that dependents covered under the State Group Insurance Program meet eligibility requirements. The audit began on December 1, 2017, and was completed in June 2018 with nearly 93,000 subscribers and approximately 193,000 actively enrolled dependents reviewed. Following the conclusion of the audit, DSGI began an ongoing quality assurance review in July 2018 to maintain the integrity of the State Group Insurance Program.

What does this mean to me? If you add a dependent to your health insurance coverage, you will receive a request to provide documentation of your newly added dependent(s) eligibility. This process applies to new hires, marriages, births, and other life events during the year as allowed by a qualifying status change (QSC) event.

Documentation requests will be generated through People First and sent via email from the PeopleFirstNoReply@ngahosting.com email to the employee's notification email in People First. If the employee does not have a notification email, a letter will be mailed to the employee's address on file. If employees do not send the required documents to DSGI within 60 days from the date of the request or if their documents do not prove dependent eligibility, insurance coverage on the dependents in question will be removed prospectively.

Where do I find more information? More information is available on the myBenefits website on the [Dependent Eligibility Verification webpage](#).



Enrollment

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

Make your state group insurance elections online in [People First](#). You'll have convenient access at just about any time with no forms to complete (except for spouse program members) and no phone hold time. You can see all available options, enroll your eligible dependents, and confirm your benefit selections instantly.

Enrollment Tips

- Watch for your benefits statement 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.
- Have correct Social Security numbers, birth dates, and required documentation to enroll your eligible dependents.
- Choose your options carefully. Once 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). You may also elect other plans, such as dental insurance, within that same 60-day window. 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 (January 1 through December 31).

What New Hires Need to Know

- Optional life insurance is guaranteed issue up to 5 times salary (\$500,000 max) when you are an eligible new hire. If you miss this opportunity to enroll, or want to enroll for up to 7 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

plenty of dentists in your area and the offices are accepting new patients. You won't be able to change dental plans because you don't like the dentists or because your dentist leaves the network.

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

Spouse Program Health Insurance

The spouse program provides family health insurance for two state employees married to each other. Each pays \$15 per month for family coverage. To enroll, you and your spouse must complete and sign the Spouse Program Election Form and send it to People First at the address on the form.

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

If you are in the spouse program, notify People First within 60 days if either one or both of you ends state employment, including through retirement, or if you divorce. If you delay in notifying People First, your account will become underpaid because your coverage will be changed to the correct level starting with the first day of the month you are no longer eligible for the spouse program. If this occurs, your health insurance coverage will be suspended until you pay the underpayment.

Surviving Spouse Health Insurance

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

If you were covered by your spouse's health insurance at the time of his or her death, you are entitled to continue health insurance coverage by paying the full premium for the rest of your life or until you remarry. To enroll, call People First to receive an enrollment package by mail. You will need to send the completed application with a copy of the death certification within 60 days of receiving People First's Enrollment package. Coverage must be continuous, so you may have to pay underpayments if enrollment is delayed.

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

You Are Not Allowed to Be Covered by Two Plans. Chapter 60P, Florida Administrative Code, does not permit an enrollee or dependent to be covered under two state group health plans simultaneously. Examples of what is not allowed include the following:

- Two married employees each enroll in a health plan and cover each other and/or their children under the other's plan.
- A child who is covered under her parent's health plan goes to work for the state and enrolls in her own health plan.

If you or your dependents are covered by two different state group health plans, please call People First to correct the enrollment. One plan does not act as secondary insurance to the other, so you receive no added benefit by being dually enrolled and you may be paying more than you should.

When Coverage Is Effective

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

- Health insurance may be effective as soon as the first day of the month following the month you elect coverage in People First. For births and adoptions, call People First to request coverage for the child effective on his or her date of birth or on the date that he or she is placed in the home for adoption, respectively. If a premium underpayment occurs because of an early effective date or your coverage level changes from single to family, the premium (up to \$180 bi-weekly or \$360 monthly) will be deducted from your next payroll in addition to the regular premium deduction for the next coverage month.
- Basic life 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, dependent spouse life, 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, are effective the first day of the month for which a full payroll deduction is taken.
- Healthcare, limited purpose, dependent care FSAs start on your enrollment date.
- Your HSA becomes active on the date you deposit money through payroll deduction and/or the state deposits money into your HSA.
- Your HRA becomes active on the date that you receive a reward payment through the Shared Savings Program.

When Coverage Suspends

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

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

Avoid this situation by keeping your address updated in People First, reading notices from People First, and taking quick action to pay any underpayments.

When Coverage Ends

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

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



Health and Wellbeing

Your total health is important to us. We offer a variety of benefits to keep you physically and mentally healthy. Take time to read about your options so that you can make informed decisions about the state group insurance plans that are best for you.

Regardless of which plan you select, you should select a primary care provider to manage your care and take advantage of free preventive services to monitor your health.

Health Insurance Plans

We offer four health insurance plans in each Florida county. Each plan provides comprehensive major medical and prescription drug coverage, as well as preventive care benefits and wellness programs on page [19](#).

1. The standard preferred provider organization (PPO), administered by Florida Blue, provides coverage in and out of network. You must meet a deductible and pay coinsurance or pay copayments. You can self-refer to many specialists, and you have access to a nationwide network (BlueCard Program®) and the international BCBS Global® Core Program.
2. The high deductible PPO works like the standard PPO except you have a higher deductible to meet before the plan pays for anything (except for certain preventive services). Once you meet your deductible, you pay coinsurance for all services and prescription drugs. You may enroll in an HSA if you meet eligibility requirements to help offset your out-of-pocket costs.
3. Standard health maintenance organization (HMO) services are provided by Aetna, AvMed, Capital Health Plan, and United Healthcare. One of these HMO plans is offered in each county in the State of Florida. HMOs cover only in-network services, except in certain emergency situations. You pay copayments for services provided in the HMO's network, and you may be required to have a primary care provider and referrals to some specialists.
4. The high deductible HMO has the same in-network requirements as the standard HMO. You must meet a deductible 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.

Learn More

Compare these [four plans](#) side-by-side.

- Review the [health plan's](#) online provider directory to ensure that your desired doctors and specialists are in the network.
- Read your health plan's specific [plan booklet and benefits document](#) for detailed coverage information and exclusions.

Health Savings Account

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

Use Emergency Rooms for Emergencies

Did you know that going to an emergency room costs you four times as much as going to urgent care? Did you also know that it can cost the plan 10 times more, sometimes higher? A procedure that costs your health plan \$100 in an urgent care facility can cost more than \$1,000 at an emergency room. Why should you care? When costs for the plan increase, premiums increase. You may not see the cost as an employee, but you will see it as a retiree.

Help keep costs low. If you have a primary care provider, you can often schedule an office visit 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.

Prescription Drug Plan

CVS Caremark administers prescription drug benefits for all health insurance enrollees (except Capital Health Plan Medicare Advantage members). Prescription drug costs differ depending on your health plan and whether you buy generic, preferred brand, or non-preferred brand drugs.

Call 888-766-5490 or visit www.Caremark.com/sofrxplan to learn about the preferred drug list (updated quarterly), maintenance medications list, specialty medications, mail order process, and 90-day maintenance at retail pharmacies.

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

Health Plan Summary Comparison Chart

| Your Costs: | Standard | | | High Deductible (Pair with Health Savings Account) | | |
|---|---|--|---|---|----------|---|
| | HMO | PPO | | HMO and PPO | | PPO Only |
| | Network Only | Network | Out of Network | Network | | Out of Network |
| Annual Deductible (You pay this amount first before the plan pays anything, except for preventive care.) | None | \$250 \$500 Single Family | \$750 \$1,500 Single Family | \$1,350 \$2,700 Single Family | | \$2,500 \$5,000 Single Family |
| Global In-Network Annual Out-of-Pocket Maximum | \$7,900 \$15,800 per indiv. per family (combined pharmacy and medical) | \$7,900 \$15,800 per indiv per family (combined pharmacy and medical) | N/A | \$4,300 \$8,700 (PPO) \$3,000 \$6,000 (HMO) per indiv. per family (combined pharmacy and medical) | | N/A |
| Preventive Care ¹ | Free | Free; no deductible | Amount between charge and out-of-network allowance; no deductible | Free; no deductible | | Amount between charge and out-of-network allowance; no deductible |
| Primary Care | \$20 copayment | \$15 copayment | 40% of out-of-network allowance plus the amount between the charge and the out-of-network allowance | Deductible then 20% of network allowed amount | | Deductible then 40% of out-of-network allowance plus amount between charge and out-of-network allowance |
| Specialist | \$40 copayment | \$25 copayment | | Deductible then 20% of out-of-network allowance | | |
| Urgent Care | \$25 copayment | \$25 copayment | | \$25 copayment | | |
| Emergency Room | \$100 copayment | \$100 copayment | \$100 copayment | | | |
| Hospital Stay | \$250 copayment | 20% after \$250 copayment | 40% after \$500 copayment plus the amount between charge and out-of-network allowance | Deductible then 20% of network allowed amount | | Deductible, \$1,000 copay, then 40% of out-of-network allowance plus the amount between charge and out-of-network allowance |
| Generic Drugs Preferred Brand Non-Preferred Brand | \$7 \$30 \$50 Network Retail (up to 30-day supply) \$14 \$60 \$100 Mail Order or Participating 90-Day Retail (up to 90-day supply) | | Pay in full; file claim for reimbursement | After paying deductible, 30% 30% 50% Network Retail and Mail Oder | | Pay in full; file claim for reimbursement |
| Monthly Premiums: | We Deduct Your Premium a Month in Advance (e.g., December 2018 for January 1, 2019, coverage) | | | | | |
| Career Service/OPS | \$50.00 Single | | \$180.00 Family | \$15.00 Single | | \$64.30 Family |
| Select Exempt Service/ Sr. Management Service | \$8.34 Single | | \$30.00 Family | \$8.34 Single | | \$30.00 Family |
| Spouse Program | \$30.00 (\$15 each employee) | | | \$30.00 (\$15 each employee) | | |
| Over-age Dependents (age 26 - 30) | \$734.42 Each | | | \$657.76 Each | | |
| COBRA | \$749.11 Single | | \$1,686.24 Family | \$670.92 Single | | \$1,483.23 Family |
| Retiree < Age 65 | \$734.42 Single | | \$1,653.18 Family | \$657.76 Single | | \$1,454.15 Family |
| Medicare Tiers²: | Medicare I | Medicare II | Medicare III | Med I | Med II | Med III |
| Retiree ≥ Age 65 or on SSI Disability | \$388.38 | \$1,119.85 | \$776.76 | \$292.76 | \$917.13 | \$585.51 |
| Capital Health Plan | \$282.62 | \$945.62 | \$565.24 | \$257.23 | \$852.80 | \$514.46 |

¹ Preventive care based on age and gender.

² Medicare I = single coverage for retired participant eligible for Medicare. Medicare II = family coverage for two or more and at least one is Medicare eligible. Medicare III = family coverage for retiree and one dependent, and both are Medicare eligible.

Wellness Benefits Comparison Chart

| Benefits | HMO PLANS | | | | |
|--|--|---|--|---|--|
| | Florida Blue | Aetna | AvMed | Capital Health Plan | UnitedHealthcare |
| Online Information, Tools and Member Discounts | www.floridablue.com/state-employees | www.aetnastateflorida.com | www.avmed.org/go/state | www.capitalhealth.com/state | Members: www.myuhc.com Prospective Members: www.florida.welcometouhc.com Rally wellness portal: https://werally.com/client/stateoff/register/ |
| Health Assessments | Provided. | Provided. | Provided. | Provided. | Provided through the Rally wellness portal. |
| Fitness Memberships | 5%–20% discount at participating facilities. | Discounts at participating facilities through partnership with GlobalFit. Learn more at www.globalfit.com/fitness or call 800-298-7800. | Members have access to more than 12,000 fitness clubs and exercise centers that offer free trials and discounted monthly dues and initiation rates. Learn more on AvMed's website in the Health & Wellness section or call 877-335-2746. | Discounts available at participating facilities and up to \$150 annual reimbursement per household. | Health Allies provides up to 50% off enrollment fees and up to 10% off monthly fees at participating facilities. |
| Smoking Cessation | | The online Breathe program of the "Simple Steps to a Healthier Life" initiative offers a smoking cessation plan that gives enrollees tailored strategies for overcoming barriers and effective steps for managing withdrawal. | Easy-to-follow methods available for kicking the smoking habit. Learn more on AvMed's website or call 888-762-8633 to get started. | Health Information Line: 850-383-3400 Florida Quit Line: 877-822-6669 Freedom from Smoking: www.ffsonline.org Quit Smoking Now: 850-224-1177 Tools to Quit: 877-784-8486 (NE Florida AHEC) or 850-224-1177 (Big Bend AHEC) CHPConnect: Healthy Conversations topics | Living Free Program: Smoking cessation treatment plan and discounts on nicotine replacement products. |
| Weight Management | Discounts available through Jenny Craig and Retrofit. | Program discounts available through eDiets, Jenny Craig, and Nutrisystem online weight management tools and resources. | Weight Watchers reimbursement for up to one year of fees once you reach your goal weight. Learn more on AvMed's website. | Referral to a network registered dietician. Talk with local nurses 24/7 via the Health Information Line at 850-383-3400 or use online tools at capitalhealth.com . Limited annual fitness reimbursement. | Discounts on Jenny Craig, Nutrisystem, and Think Light! online weight management program. |
| Nutritional Counseling | Health Coach: 877-789-2583 | Discounts available for nutritional resources, including dietetic counseling, books and other products. | Get 25% off on services offered by a registered dietician. Learn more on AvMed's website in the Health & Wellness section or call 877-335-2746. | Referral to a network registered dietician. Talk with local nurses via the Health Information Line 24/7 at 850-383-3400 or by email via the CHP Wellness Inbox through CHPConnect, an interactive website with streaming media presentations covering many health and wellness topics. | Health coaching online including nutrition program support and discounts on books and products. Provider may offer discounts on nutritional counseling. |
| Nutritional Supplements | | Save 15% on more than 2,400 over-the-counter vitamins and other homeopathic remedies. | Members receive discounted prices on a broad choice of health and wellness supplements and products. Learn more on AvMed's website in the Health & Wellness section or call 877-335-2746. | Members receive discounted prices on a broad choice of health and wellness supplements and products. | Discounts on vitamins and foods at GNC stores and Step One Foods. |
| Health Counseling | Health Dialog: 877-789-2583 | 24/7 Informed Health® Line: 800-556-1555 Disease management nurse contact and online medical consultations with medical doctors with a 20-50% discount. | Available Programs 1. Chronic condition management for illnesses including asthma, coronary artery disease, COPD, diabetes, and heart failure. 2. Complex case management for situations dealing with wound care, transplants, kidney disease, and maternity. 3. 24/7 Nurse On-Call support: Speak confidentially with a registered nurse about a health concern or learn more about surgery. 4. Call 888-762-8633 24/7. | Talk with local nurses via the Health Information Line 24/7 at 850-383-3400 or by email via the CHP Wellness Inbox through CHPConnect. Healthwise is a searchable online health encyclopedia with embedded shared decision-making tools for those weighing decisions about their healthcare. | Nurse Line at 877-614-0581. Nurse Chat available via myuhc.com and Health Coach online. Case management provides clinical counseling services and disease management for COPD, asthma, diabetes, coronary artery disease, and congestive heart failure. |
| Prenatal Education | Healthy Addition Prenatal Program: 800-955-7635, option 6 | Prenatal and postpartum care programs through Beginning Right Maternity management. | Prenatal and postpartum care available. Case management programs available for more complex maternity care needs. For more information about these programs, call 888-762-8633. | Member's obstetrician provides prenatal education. Talk with local nurses via the Health Information Line 24/7 at 850-383-3400 or by email via the CHP Wellness Inbox through CHPConnect. | Healthy Pregnancy Program |
| Massage and Acupuncture | | Discounts available, up to 25% with some providers. | Get 25% off on services offered by a registered acupuncturist or massage therapist. Learn more in the Health & Wellness section on AvMed's website or call 877-335-2746. | | Discounts from local providers, where available. |
| Meditation and Guided Imagery | | Discounts available. | Discounts available. | Explore CHPConnect, accessed through capital-health.com . | Discounts available. |
| Exercise Classes (e.g., yoga, Pilates) | Discounts available. | Discounts available, including yoga equipment, books and DVDs through Pranamaya. | Discounts available. | Discounts available and up to \$150 annual reimbursement per household available at participating facilities. | Included at participating gym locations. |
| Fitness Equipment, Apparel and Footwear | Discounts available. | Discounts available. | Discounts available. | | Discounts available (e.g., Body Media, NordicTrack, Altra running footwear). |



Weight Management Pilot

The Department of Management Services (Department) will offer the second year of a Weight Management Pilot Program (Pilot) for the 2019 Plan Year. The Pilot will give participants access to a lifestyle change wellness program, cover medical services provided by in-network physicians, and provide coverage for all Federal Drug Administration-approved medications prescribed for chronic weight management. Pilot participants will be responsible for all applicable medical and prescription drug copayments, coinsurance, deductibles, and out-of-pocket expenses

The application period for this pilot is Oct. 8, 2018- Nov. 16, 2018.

The Pilot is open to 2,000 enrollees and their dependents in the State Group Health Insurance Program who meet **ALL** of the following eligibility criteria:

1. Enrolled in Aetna, AvMed, Florida Blue, or United Healthcare in the 2018 and 2019 plan years;
2. Body Mass Index (BMI) of 27 or higher and at least one weight-related comorbid condition (e.g., hypertension, high cholesterol, type 2 diabetes) or BMI of 30 without a comorbid condition;
3. 18 years or older;
4. Completed a health risk assessment in 2018;
5. Consent to provide personal and medical information to the Department;
6. Referred and supervised by a licensed physician in-network with the health plan during the 2018 plan year; and
7. Agree to enroll in a Department-approved wellness program during the 2019 plan year;
8. If enrollees participated in year one of this pilot, they must have submitted a completed Mid-Year Progress Report and End of Year Progress Report.

The following enrollees or their dependents covered under the State Group Health Insurance Program are not eligible to participate in the Pilot:

- Enrollees and their dependents enrolled in Capital Health Plan during the 2018 and 2019 plan years;
- Enrollees or dependents under the age of 18;
- Enrollees in COBRA;
- Women who are pregnant, plan to become pregnant, or are nursing;
- Enrollees or dependents who do not meet all of the Pilot's eligibility criteria.

For more information about participant responsibilities and how to apply to participate in the pilot, visit the My Benefits website.

Employee Assistance Program

E4 administers the state's Employee Assistance Program (EAP). If eligible, you will see an EAP link in the upper right-hand corner of your [People First](#) home page, or you can check with your human resources office.

E4 offers free support, resources, and counseling for your total wellbeing: work-life balance, child and elder care referral and location services, financial and legal concerns, family and relationship challenges, depression, and substance abuse.

You, your family, and your household members are automatically enrolled in this free benefit, and you can receive up to six counseling sessions per issue, per year at no cost. E4 Health also supports teenagers with their life challenges, such as cyberbullying and peer pressure.

Look for monthly e-newsletters on topics to help you better manage life's unexpected turns. Help is available any time and is always confidential.

On September 1, 2018, E4 launched Talkspace, a new way for employees to connect with counseling services. Talkspace offers online text messaging, audio, and video counseling as an alternative to face-to-face therapy. Members communicate with licensed psychotherapists 24/7 via secure text message using desktop computers or smartphone app. One week of texting is generally considered the equivalent of a traditional face-to face session. Learn more by visiting E4 Health today by logging on to [People First](#) .



New Benefits for 2019

The Shared Savings Program is a voluntary program that is available to you and your dependents who are enrolled in an 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's new vendors, Healthcare Bluebook or SurgeryPlus. Rewards will be credited to the savings and spending account of your choice, and you can use the funds to pay for future, eligible medical, dental, and vision expenses.

You can earn rewards through one or both of the following new benefits:

1. "Shop" for eligible healthcare services on the Healthcare Bluebook transparency website or mobile app. The website will identify certain healthcare services that are available for a reward. Rewards will be credited to your account after you "shop" for a rewardable healthcare service on the website, receive the service, and the claim has been paid.
2. Receive a "bundled" medical service offered by SurgeryPlus. Each healthcare service will be available for a reward. After you receive the healthcare service and the claim has been paid, the reward will be credited to your account.

Choosing an account for your rewards

You have the opportunity to select a pretax account to which your rewards will be credited. You may make your selection through People First during Open Enrollment or throughout the year. Rewards will be automatically credited to the pretax account of your choice after you receive a rewardable healthcare service.

The spending and savings account selections available to you as part of the Shared Savings Program vary depending on your health plan.

Employees enrolled in the standard plan can choose from the following:

- Health reimbursement account
- Flexible spending account

Employees enrolled in the high deductible health plan can choose from the following:

- Health savings account
- Post-deductible health reimbursement account
- Limited purpose flexible spending account

You can also get reimbursed for out of pocket medical expenses instead of crediting rewards to one of the accounts listed above. More information about the accounts you can select to receive reward payments is available on page XX and online on the My Benefits website.

HealthCare Bluebook

Healthcare Bluebook is a new, voluntary benefit that offers an online transparency website for you to “shop” for healthcare services, facilities, and providers. Healthcare Bluebook’s website and mobile app show you the range of costs and the quality of in-network healthcare services in your area. You can then earn rewards for some of the services that you or your dependents “shop” for.

Healthcare Bluebook rates providers and healthcare facilities on cost and quality. Services that are eligible for rewards will be those rated “green.” More information about the cost and quality ratings is available online.

Earning rewards through Healthcare Bluebook

Under Healthcare Bluebook’s “Go Green to Get Green” rewards program, the website or mobile app will identify the healthcare services that have rewards and specify the reward amount. You earn the reward once the following occurs:

1. You or your dependent use Healthcare Bluebook to “shop” for a rewardable healthcare service;
2. Healthcare Bluebook validates that you or your dependent received a rewardable healthcare service and used its service to “shop” for the healthcare service; and
3. Healthcare Bluebook notifies the Division of State Group Insurance that you or your dependent earned the reward.
4. The reward will then be credited to the spending and saving account of your choice. Learn more about spending and savings accounts on page [25](#).

SurgeryPlus

SurgeryPlus is a voluntary benefit that provides non-emergency surgical services. By choosing to receive services through SurgeryPlus, you and your dependents can earn financial rewards that will be deposited into the spending and saving account of your choice.

SurgeryPlus is separate from your health plan and has its own network of high-quality providers. SurgeryPlus offers procedures that are covered under the State Group Health Insurance Program, but is different from your health insurance plan because surgical services are “bundled” together. For example, rather than paying separately for the surgeon, facility, anesthesiologist, and radiologist, SurgeryPlus negotiates one “bundled” rate. By packaging surgical expenses into one simple, bundled rate, SurgeryPlus is able save money for you and the State of Florida.

Types of services offered by SurgeryPlus

SurgeryPlus offers a variety of medical procedures, including the following:

| | |
|-------------------------------|-------------------------------|
| Spine | Knee Replacement |
| Fusions | Hip Replacement |
| Disk Repair/Replacement | Shoulder Replacement |
| Laminectomy | Ankle/Wrist/Elbow Replacement |
| Laminotomy | Arthroscopy |
| | Rotator Cuff Repair |
| Cardiac | Tendon Repair |
| Cardiac Valve Surgery | Carpal Tunnel Bunionectomy |
| Cardiac Defibrillator Implant | |
| | Ear, Nose & Throat |
| General Surgery | Septoplasty |
| Gallbladder Removal | Sinuplasty |
| Hernia Repair | Eustachian Tubes |
| Thyroidectomy | Thyroidectomy |
| | |
| Genitourinary | Pain Management |
| Hysterectomy | Cervical Epidural |
| Bladder Repair | Lumbar Epidural Steroid |
| | Stellate Ganglion Block |
| Orthopedic | |

Earning rewards through SurgeryPlus

Connect with a Care Advocate at SurgeryPlus to start the conversation about what services you need and let them guide you through the process. You earn the reward once the following occurs:

1. You or your dependent use SurgeryPlus to receive a preoperative to post-operative surgical service;
2. SurgeryPlus validates that you or your dependent received a rewardable service; and
3. SurgeryPlus notifies the Division of State Group Insurance that you or your dependent earned the reward.

The reward will then be credited to the spending and saving account of your choice. Learn more about spending and savings accounts on page [25](#).



Savings and Spending Accounts

Health Reimbursement Accounts

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

For the HRA and post-deductible HRA, December 31, 2019, is the last day to incur claims for the 2019 plan year, and you must submit all claims by April 15, 2020. However, unlike an FSA, if you have funds remaining at the end of 2019, all funds will carry over to the next plan year.

As long as you are enrolled in a State Group Insurance Health Plan, you may continue your HRA through COBRA upon termination of employment, including retirement.

Find out [how each account works](#) or see chart.

Saving and Spending Accounts

Chard Snyder is the administrator of three types of FSA reimbursement accounts 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.

- Healthcare FSA—Deposit up to \$2,700 each plan year on a pretax basis and use to pay for eligible healthcare expenses.
- Limited purpose FSA—Deposit up to \$2,700 each plan year on a pretax basis and use to pay for eligible dental and vision expenses (can be paired with a health savings account).
- Dependent care FSA—Deposit up to \$5,000 each plan year on a pretax basis and use 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, December 31, 2019, is the last day to incur claims for the 2019 plan year, and you must submit all claims by April 15, 2020. Otherwise, if you have funds remaining at the end of 2019, a maximum of \$500 will carry over to the next plan year, while any funds in excess of \$500 will be forfeited.

For the dependent care FSA, March 15, 2020, is the last day to incur claims for the 2019 plan year, and you must submit all claims by April 15, 2020. Otherwise, you lose any remaining money.

Health Savings Account

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

Find out [how this account works](#) or see chart.

2019 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 | <p>You deposit pretax money into the account through payroll deductions to pay for eligible medical, dental, vision, preventative and prescription drug expenses.</p> <ul style="list-style-type: none"> Using 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. | <ul style="list-style-type: none"> You deposit pretax money into the account through payroll deductions to pay for eligible dental, vision, and preventative care expenses that are not covered by your high deductible health plan. Use the Benny® prepaid benefits card to pay for qualified services and items, Pay your provider directly from your online account, or Pay out of pocket for eligible expenses; then submit claims to be reimbursed. | <ul style="list-style-type: none"> You deposit pretax money into the account through payroll deductions. You get reimbursed for eligible services (non-healthcare related) to care for children under age 13 that you can claim on your tax return or age 13 or older who lives with you at least 8 hours a day and needs supervised care, such as an elderly parent or spouse with a disability. Use the Benny® prepaid benefits card to pay for qualified dependent care services, Pay your provider directly from your online account, or Pay out of pocket for eligible dependent care expenses; then submit claims to be reimbursed. | <ul style="list-style-type: none"> The state contributes pretax money to your personal account each month for you to pay for eligible health expenses and save for future costs. You may also deposit pretax money. Pay for eligible expenses from this savings account at time of service or purchase, Pay your provider directly from your online account, or Pay out of pocket for eligible expenses; then submit claims to be reimbursed. | <p>Shared Savings Program rewards are credited to your account as they are earned. HRA money is used to pay for eligible medical, dental, vision, preventative and prescription drug expenses.</p> <ul style="list-style-type: none"> 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. <p>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 \$1,350 and Family deductible is \$2,700.</p> |
| Who Is Eligible | Benefits-eligible employees. | Benefits-eligible employees | Benefits-eligible employees. | Employees enrolled in an HDHP. | Enrollees who have a State Group Insurance health plan are eligible. If you enroll in an HDHP, you are only eligible for the Post-Deductible HRA. Your HRA becomes active once your first reward has been credited to the account. |
| Shared Savings Program Rewards | <p>Yes. Earn up to \$500 in Shared Savings rewards.</p> <p>Shared Savings Program rewards are credited to your account on January 1st of the following plan year.</p> | <p>Yes. Earn up to \$500 in Shared Savings rewards.</p> <p>Shared Savings Program rewards are credited to your account on January 1st of the following plan year.</p> | No. | <p>Yes. Earn up to the annual contribution limit in Shared Savings rewards.</p> <p>Shared Savings Program rewards are credited to your account as they are earned.</p> | <p>Yes. There is no limit in the amount of Shared Savings rewards earned.</p> <p>Shared Savings Program rewards are credited to your account as they are earned.</p> |
| Employee Contribution Limit | <ul style="list-style-type: none"> Yes. \$60 minimum/year \$2,700 maximum/year. | <ul style="list-style-type: none"> Yes. \$60 minimum/year \$2,700 maximum/year. | <ul style="list-style-type: none"> Yes. \$60 minimum/year \$5,000 maximum/year/household | <ul style="list-style-type: none"> Yes. \$3,500/year for single coverage \$7,000/year for family coverage (Limits include the state's contribution.) Employees ages 55+ may make catch-up contributions of an additional \$1,000/year. | N/A |
| When Money Is 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). | 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). | Money is added to your account after each payroll deduction. You may use only the amount you have in your account at the time. | As the state deposits amounts into your Chard Snyder HSA Advantage™ personal savings account. | <p>HRA funds will be available within 5 business days of the reward notification to Chard Snyder.</p> <p>If you choose a Post-Deductible HRA, funds are available for use after you have met the deductible. Single deductible is \$1,350 and Family deductible is \$2,700.</p> |
| 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. Use funds by December 31 and submit all claims by April 15 of the next plan year. If any funds are remaining, up to \$500 will be carried over into the following plan year. Amounts over \$500 will be forfeited. | Yes. Use funds by December 31 and submit all claims by April 15 of the next plan year. If any funds are remaining, up to \$500 will be carried over into the following plan year. Amounts over \$500 will be forfeited. | Yes. Grace period to use funds ends March 15 of the next plan year and you must submit all claims by April 15 of the next plan year. Otherwise, you lose any remaining money. | 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. | Use funds by December 31 and submit all claims by April 15 of the next plan year. Balance rolls over from year to year. |
| Health Plan | N/A | High deductible PPO or HMO. | N/A | High deductible PPO or HMO. | Any health plan offered by the state. |
| Enroll in Another Savings or Spending Account | Yes. Dependent Care FSA, HRA. | Yes. HSA, Dependent Care FSA, and Post-Deductible HRA. | Yes. Healthcare and Limited Purpose FSA, HSA, HRA or Post-Deductible HRA. | Yes. Limited Purpose FSA, Dependent Care FSA, and Post-Deductible HRA. | Yes. Healthcare FSA, Limited Purpose FSA, and Depended Care FSA. If enrolled in an HDHP, you must choose the Post-Deductible HRA. |
| How to Enroll | <ol style="list-style-type: none"> Enroll online in People First. Complete the Dependent Verification process. Complete the Choose Plan step by selecting the Change or Add icon in the Change column for the spending account type. Enter the Annual Election Amount and click the Save button. <p>Enrolling during the year? Be careful. We divide this annual dollar amount by the remaining number of payrolls left in the year and subtract accordingly from your pay. You may want to choose a lower annual amount today and raise it during open enrollment for next year.</p> <ol style="list-style-type: none"> Complete the Dependent Summary, Plan Summary and Shared Savings Program* screens. Enter your password and select the Complete Enrollment button. Once you enter an amount, you can change only during open enrollment or during the year with a QSC event. | | | <ol style="list-style-type: none"> Enroll online in People First. Complete the Dependent Verification process. Enroll in a high deductible health plan. If you want to contribute money in addition to the state's contribution, enter your contribution amount. You may change this amount at any time. Enter your password and select the Complete Enrollment button. We automatically enroll you in the HSA, which starts the state's contributions. | <p>You do not need to enroll into the HRA.</p> <p>*At the time of enrollment into your benefit plans, you can select the HRA as your account of choice for rewards earned through the Shared Savings</p> <p>Program. (There will be prompts to walk you through the process after you complete your benefit enrollment.)</p> <p>You may update your account selection at any time by logging into People First and clicking on the Shared Savings Quick Link.</p> |



Life Insurance

[Securian Financial](#) offers group term life insurance to eligible employees and retirees. Designate your [beneficiary](#) or beneficiaries at the time you enroll and review your designations periodically to account for changes. Learn about some of the available [plan features](#).

During the 2018 Open Enrollment for the 2019 plan year, 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. This benefit opportunity is only available during the 2018 Open Enrollment.

| Life Insurance Options | | | |
|--|--|---|--|
| Type | Benefit Amount | Enrollment | Monthly Premium |
| Basic Life | \$25,000 | <ul style="list-style-type: none"> Salaried, full-time employees automatically enrolled Part-time and OPS employees must enroll | <ul style="list-style-type: none"> 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 you marry | \$4.50 \$6.00 |
| 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 | \$4.83 \$19.33 |

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



Supplemental Insurance

The State Group Insurance Program offers dental, vision, and other supplemental insurance plans to eligible employees on a pretax basis. You pay the full premium for all supplemental plans. The state does not contribute. You may continue dental or vision through COBRA upon 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 give you in- and out-of-network benefits. Be sure the plan you want has plenty of dentists in your area who are accepting new patients. You can't change dental plans because you don't like the dentists or because your dentist leaves the network..

| Dental Plans Comparison Chart | | | | |
|---|---|---|--|--|
| | Prepaid Dental | Dental Preferred Provider Organization (DPPO) | Dental Indemnity with a DPPO Network Plan | Dental 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 cost. | You pay a percentage of cost for the Standard plan. However, for the Preventive plan you will pay the full negotiated rate for major care. | You pay cost above a set dollar amount or a percentage of cost. | You pay cost above a set dollar amount. |
| Calendar Year Maximum | No. | Yes. | Yes. | Yes. |
| You Should Know | Your dentist could leave the network at any time. This is not a qualifying status change (QSC) event to cancel or change dental plans or coverage levels. | You pay all charges above the annual maximum each calendar year. Thus, your costs will be higher if you see an out-of-network dental provider. | | You pay all charges above the annual maximum each calendar year. Dentist fee are not negotiated by insurer and dentists may charge any amount they choose per procedure. |
| People First Plan Code and Plan Name | 4025 Sun Life Prepaid 225 4034 Cigna Dental 4044 Humana Select 15 | 4022 Ameritas Standard PPO 4023 Ameritas Preventive PPO 4032 MetLife Standard PPO 4033 MetLife Preventive PPO 4074 Sun Life Freedom Advance | 4021 Ameritas Indemnity w/PPO 4031 MetLife Indemnity w/PPO | 4084 Humana Schedule B |

Dental Plan Monthly Premiums

| People First Plan Code | Plan Name | Employee Only | Employee + Spouse | Employee + Child(ren) | Employee + Family |
|------------------------|---------------------------|---------------|-------------------|-----------------------|-------------------|
| 4021 | Ameritas Indemnity w/PPO | \$37.96 | \$70.40 | \$80.16 | \$115.76 |
| 4022 | Ameritas Standard PPO | \$31.50 | \$59.04 | \$66.08 | \$96.22 |
| 4023 | Ameritas Preventative PPO | \$22.84 | \$43.20 | \$46.24 | \$67.76 |
| 4031 | MetLife Indemnity w/PPO | \$45.50 | \$84.16 | \$94.04 | \$136.52 |
| 4032 | MetLife Standard PPO | \$32.08 | \$59.34 | \$66.32 | \$96.28 |
| 4033 | MetLife Preventative PPO | \$21.98 | \$40.64 | \$45.42 | \$65.94 |
| 4025 | Sun Life Prepaid 225 | \$14.93 | \$25.17 | \$33.26 | \$43.54 |
| 4074 | Sun Life Freedom Advance | \$43.55 | \$ 83.61 | \$ 98.83 | \$130.35 |
| 4034 | Cigna Prepaid | \$ 24.01 | \$ 47.31 | \$ 56.41 | \$72.06 |
| 4044 | Humana Select 15 | \$ 12.64 | \$ 21.20 | \$ 23.00 | \$ 32.98 |
| 4084 | Humana Schedule B | \$ 14.74 | \$ 21.96 | \$ 23.30 | \$ 37.10 |

Vision Plan

Humana offers eye exams and materials coverage.

Vision Plan Chart

| Exam and Materials | | | | |
|---|---|--------------------------|------------------------------|--------------------------|
| Benefit Frequency (based on the service date and not per calendar year) | | | | |
| Exam Every | 12 months | | | |
| Lenses Every | 12 months | | | |
| Frames Every | 24 months | | | |
| Benefits | In Network | | Out of Network | |
| Eye Exam | 100% after you pay \$10 copay | | \$40 allowance | |
| Lenses: | | | | |
| Single | 100% after you pay \$10 copay | | \$40 allowance | |
| Bifocal | 100% after you pay \$10 copay | | \$60 allowance | |
| Trifocal | 100% after you pay \$10 copay | | \$80 allowance | |
| Scratch Resistance Lenses | \$25 allowance | | Not Covered | |
| Anti-Reflective Lenses | \$50 allowance | | Not Covered | |
| Frames | \$75 wholesale allowance | | \$60 retail allowance | |
| Contact Lenses | | | | |
| Elective | \$150 allowance | | \$75 allowance | |
| Medically Necessary | 100% | | \$100 allowance | |
| LASIK | Receive a 25% discount off the usual and customary price or 5% off advertised promotions or specials for LASIK services from in-network providers. Discount covers consultations, laser procedure, follow-up visits and any additional necessary corrective procedures. | | | |
| Monthly Premium | | | | |
| | Employee Only | Employee + Spouse | Employee + Child(ren) | Employee + Family |
| | \$6.96 | \$13.74 | \$13.60 | \$21.36 |

Other Supplemental Plans

The following supplemental plans pay benefits directly to you, in addition to the coverage you receive from your health plan. Certain 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 | <ul style="list-style-type: none"> Specified benefit amount(s) payable directly to 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 | <ul style="list-style-type: none"> 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 | <ul style="list-style-type: none"> 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 | <ul style="list-style-type: none"> Specified payment amounts directly to covered individual when hospitalized. Additional payments, depending on coverage selected, for ancillary services related to hospitalization. | Cigna Health and Life Insurance Company (CHLIC), through Capital Insurance Agency (800) 780-3100 New Era (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 |
| <p>*Both the Aflac Cancer and Aflac Intensive Care policies require submission of a paper application. Upon completion of an election in People First, please access the Aflac brochure on the MyBenefits website, complete it and mail to the address listed at the top of the application. Contact Aflac or Capital Insurance Agency directly for application related questions.</p> | | |

Health and Wellness Money Savers

Earn financial rewards by shopping for healthcare services through Healthcare Bluebook and SurgeryPlus.

- Learn more about your prescription drug costs by using CVS Caremark's online transparency tool.
- 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 ER if you have a life-threatening emergency). Your primary care provider may be part of an urgent care center. Be sure to ask.
- Get fit and take advantage of any gym membership reimbursement and other discounts that may be offered by your health plan on page [19](#).
- Pay nothing for your annual physical and certain preventive screenings. Track your biometric numbers to see positive movement.
- Ask for generic drugs. If no generic drug is available, ask for preferred brand drugs over non-preferred ones. See the Preferred Drug List.
- For your maintenance prescription drugs, use 90-day retail fills at participating pharmacies or mail order. You'll pay only two copayments for three months' supply, saving you a copayment. Ask your prescribing provider to write your maintenance drug's prescription for up to a 90-day supply with three refills.
- Take advantage of all the resources your health plan has to offer:
 - Information about events.
 - Healthy recipes.
 - Resources to help you understand food nutrition labels.
 - Resources to help with quitting smoking.
 - Tips to prevent chronic disease, or management and education programs if you have a chronic disease.
 - Information about where to go for urgent care instead of the emergency room.
 - If you're eligible, call E4 for six free counseling sessions per incident instead of paying out-of-pocket copayments through your health plan.

Spending and Saving Account Money Savers

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

Dental Money Savers

- Review your dental plan's plan documents for benefit limits and exclusions, especially if you currently need major dental work.
- Confirm your dentist and dental specialists participate in your plan's network and accept the 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 the dental plan about prior authorization requirements and other special processes.



Important Information

Take time to review these important notices:

- [State Group Insurance Program Privacy Notice](#)
- [Employees and Their Dependents Eligible for Medicare](#)
- [Retirees and Their Dependents Eligible for Medicare](#)
- [Medicare Part D Notice](#)



Learn more about [Medicare](#).

Nondiscrimination Testing

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