

Employee Frequently Asked Questions People First Health and Insurance Benefits Screens

Question: I'm a new state employee. Can I enroll in my health and insurance benefits online?

Answer: Yes, once you have a People First identification number, you can enroll online. New employees have 60 days to make elections.

Question: My hire date is in the middle of the month. One biweekly pay date has passed and there is no way to deduct a premium for my coverage to begin the next month. What should I do?

Answer: Make your personal check or money order payable to the Division of State Group Insurance. Put your People First ID number on your check or money order, and mail it to
People First Service Center
P.O. Box 863477
Orlando, FL 32886-3477

Question: Can I process multiple qualifying status changes (QSCs)?

Answer: You can process one QSC online, but that one QSC may allow you to make multiple changes to your coverage; for example, if you get married, you can add your new spouse and add new dependents as a result of that single event. If you have more than one qualifying event within your election window (usually 31 days), call the Service Center.

Question: What is the difference between the "plan effective date" and "coverage date" on the Benefits Summary page?

Answer: The coverage date reflects the date your coverage level changed; for example, the date you went from individual to family coverage. The plan effective date is the date your enrollment in that benefit plan went into effect.

Question: What is the expected timeframe for dependent documentation paperwork to be processed?

Answer: Usually 48 hours.

Question: Will I receive a letter asking for dependent documentation?

Answer: Yes, the Service Center sends reminder letters on the 30th and 60th day after your enrollment.

Question: Will the system alert me if I failed to assign my dependents to a plan (health, dental, etc.)?

Answer: The system will display a message if you enrolled in family coverage, but no enrolled dependents. Your benefit confirmation statement will identify the family members who are enrolled in each benefit plan.

Question: What changes will be saved in the Process Benefits screen if I don't complete the enrollment process?

Answer: Your dependents will remain since you completed and saved that information on a previous screen; however, since you didn't complete the enrollment process, no changes to coverage levels or plans will save. The next time you log on, you will see your current plans and coverage levels.

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Question: Do I need to resend dependent documentation for my dependents if I've already sent it for another plan? For example, my dental policy includes all of my dependents. I want to increase my health coverage to family and add these same dependents. Will I have to submit the same documentation to add them to my health coverage?

Answer: No. You've already proven that they are eligible dependents.

Question: My child turned 19 and is no longer eligible for health and insurance benefits. How do I drop coverage?

Answer: Call the Service Center to drop a dependent from your coverage, especially when doing so reduces the coverage level from family to individual. Otherwise, the health insurer will verify whether the dependent continues to be eligible after the age of 19.

Question: Why don't the underpayment amounts on the premium history report also display on the premium history screen that shows the column for over/under payments?

Answer: The screen indicates whether an over or under payment exists, and the detail report shows the actual amount of the underpayment.

Question: How do I see the account balance of my Medical Reimbursement Account?

Answer: The screens to see MRA, FSA, etc. account balances are under construction. For the time being, call the service center and choose option 2 for benefits and then option 4 for FSA information.

Question: If I change my coverage, when will I see that reflected in my premium history report, benefits summary report, etc.?

Answer: Changes should show immediately. Be sure to run your report based on the correct "as of" date.

Question: When is my baby eligible to be covered under my insurance?

Answer: At the moment of birth, provided you properly add the child within 60 days of birth.

Question: Can I enroll in the spouse program online?

Answer: No. The Service Center must process enrollments for the spouse program.

Question: I chose an early effective date for my coverage to begin. I've since decided I don't want the early effective date. Can I cancel it?

Answer: Yes, provided the first day of the early effective month has not passed. Once the early effective date arrives, you cannot cancel.

Question: If I've already saved my enrollment changes due to a Qualifying Status Change, can I make additional changes to my coverage or plans in People First?

Answer: You may, as long as you are still within the timeframe for the QSC.

Question: After I enrolled in coverage, I closed my benefits confirmation statement. How can I see that information?

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Answer: Go to the View Benefits Elections screen and select Overview from the drop down menu.

Question: How can I find out about different plans?

Answer: Click the Benefits Materials link at the bottom of the Health & Insurance homepage. Select the type of document you wish to view and then click View Materials.

Question: How can I find out more about the insurance providers?

Answer: Click the View Provider Information link for a list of providers and their contact information.