



FSRBC Retiree Benefit Meeting

2022 Plan Year Annual Enrollment

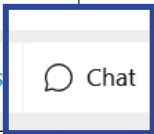
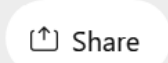
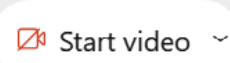
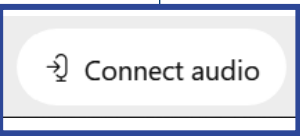
October 15, 2021 – November 5, 2021



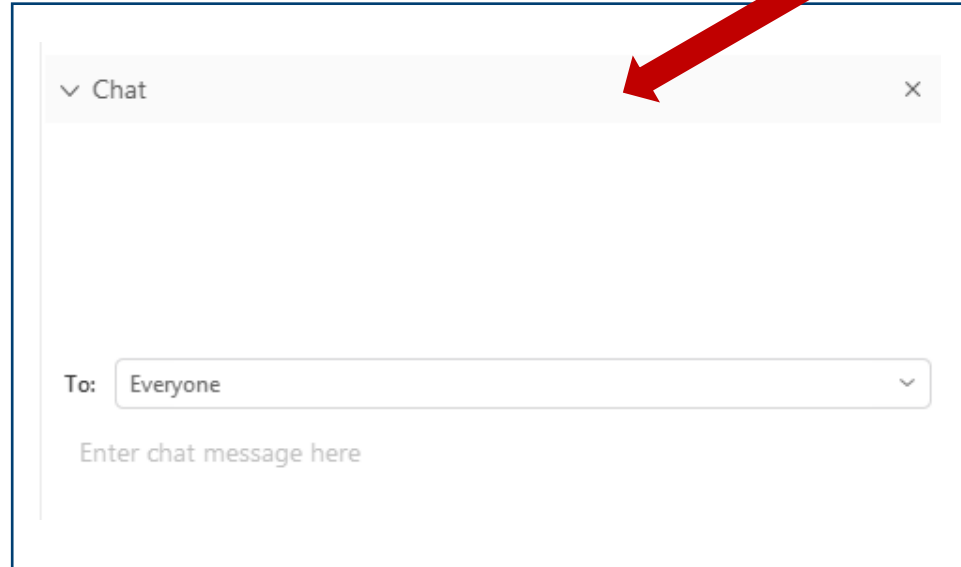
Webex Features You Need to Know

Shows dial-in information for this call

Enables you to submit questions via Chat



Access recording at:
www.myfsrbc.bswift.com
and
www.myfsrbc.com



Agenda



Timeline and Key Changes



Overview of Dental and Vision



Overview of Medicare Medical Plans



Questions and Answers

Annual Enrollment Timeline

October 2021

Annual Enrollment Begins 10.15.2021

- If new to FSRBC, call or log in to enroll in Medicare/Medical, Dental, or Vision coverage for 2022

Medicare/Medical

- Contact FSRBC for Medicare/Medical coverage
- Set up payment options: FRS, ACH, or check

Dental/Vision

- Contact Humana for Dental/Vision coverage
- Set up payment options: FRS, ACH, or check

November 2021

- If new to program, receive Annual Enrollment Reminder Post Card

Annual Enrollment Ends 11.5.2021

December 2021

- First Medicare/Medical invoice mailed to home from FSRBC/bswift, if elected check payment option
- First Dental/Vision invoice mailed to home from Humana

January 2022

- CMS enrollment confirmation received

Key Changes

Medicare/Medical Plans

- Plans are remaining basically the same, with some small plan design changes dictated by Center for Medicare Services (CMS) as well as some rate changes
- Enhancement on the UnitedHealthcare Comprehensive MAPD plan: 100% coverage once you enter the Catastrophic phase.
- As a reminder, Medicare Supplement Plan F is no longer accepting new enrollments from those who became Medicare-eligible after January 1st, 2020. Those already enrolled or who were Medicare-eligible prior to January 1st, 2020 have been grandfathered in and are able to enroll. For those ineligible to enroll, Plan G is the “replacement” plan that is most similar.

Dental and Vision Plans

- No Changes

Annual Enrollment

- **2022 Annual Enrollment will continue to be passive and will require no action to maintain coverage in FSRBC Medicare/Medical, Dental, or Vision plans**
 - If you are enrolled in a Medicare/Medical, Dental plan, or Vision plan, your coverage will roll over into 2022 as it has in the past. You will have the option to change plans or disenroll during Annual Enrollment.



Dental and Vision Options

Humana Dental PPO Plans

Humana Dental PPOs

Benefits	Low Plan	Medium Plan	High Plan
Deductible—In Network	\$50	\$25	\$50
Annual Maximum Benefit Paid	\$800	\$1,250	\$2,000
Preventive Coinsurance (Plan Paid)	100% after deductible	100% (no deductible)	100% (no deductible)
Basic Coinsurance (Plan Paid) <i>Fillings, Emergency Visit</i>	70%	80%	80%
Major Coinsurance (Plan Paid) <i>Extractions (Surgical), Crowns, Dentures</i>	50%	50%	50%
MONTHLY RATES			
Retiree Only	\$34.30	\$40.39	\$47.87
Retiree + 1	\$68.27	\$69.36	\$95.32
Retiree + Family	\$88.96	\$99.20	\$123.77

No Rate Change for 2022

Humana Dental DHMO Plans

Humana Dental DHMOs

Benefits	Low Plan	High Plan
Preventive	\$0	\$0
Emergency Visit	\$20	\$10
Extractions (Surgical)	\$40	\$30
Root Canal	\$110-\$250	\$100-\$210
Dentures	\$375	\$325
MONTHLY RATES		
Retiree Only	\$10.53	\$17.10
Retiree + 1	\$20.85	\$33.85
Retiree + Family	\$37.07	\$60.17

No Rate Change for 2022

Humana Vision Plans – Low Option

Humana Vision

In-Network Benefits	Humana Vision 130 (Low)
Exam Copay	\$10
Lens/Frames Copay	\$15
Frequency (Exam / Frames / Lenses)	12 / 24 / 12
Lenses Single / Bifocal / Trifocal / Lenticular	All Included (In Network)
Anti-reflective Coating	\$45-80% of charge , depending on tier
Polycarbonate (Children/Adults)	\$0 / \$40 copay
Progressive Lenses	\$15-\$90 plus 80% of charge less \$120 allowance , depending on tier
Frame Allowance	Up to \$130 (20% off balance over \$130)
Contact Lenses Allowance	Up to \$130 (15% off balance over \$130)
MONTHLY RATES	
Retiree Only	\$6.58
Retiree + 1	\$13.15
Retiree + Family	\$21.42

No Rate Change for 2022

Humana Vision Plans – High Option

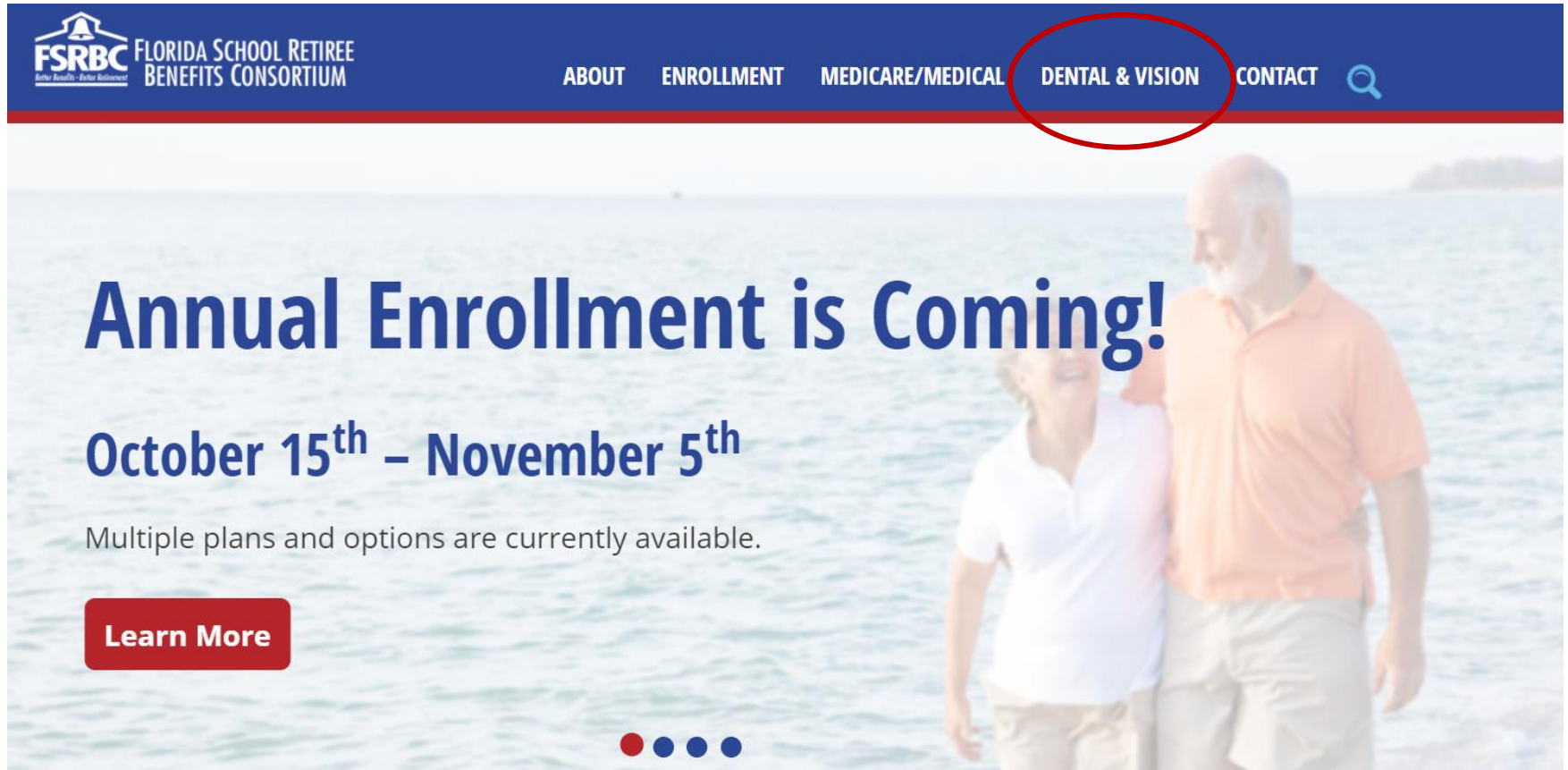
Humana Vision

In-Network Benefits	Humana Vision 130 (High)
Exam Copay	\$5
Lens/Frames Copay	\$15
Frequency (Exam / Frames / Lenses)	12 / 12 / 12
Lenses	All Included (In Network)
Single / Bifocal / Trifocal / Lenticular	
Anti-reflective Coating	\$45-80% of charge , depending on tier
Polycarbonate (Children/Adults)	\$0 / \$40 copay
Progressive Lenses	\$15-\$90 plus 80% of charge less \$120 allowance , depending on tier
Frame Allowance	Up to \$130 (20% off balance over \$130)
Contact Lenses Allowance	Up to \$130 (15% off balance over \$130)
MONTHLY RATES	
Retiree Only	\$7.64
Retiree + 1	\$15.28
Retiree + Family	\$24.58

No Rate Change for 2022

Dental/Vision Enrollment: MyFSRBC Website

Go to www.myfsrbc.com



The screenshot shows the top navigation bar of the MyFSRBC website. The header is dark blue with a red underline. On the left is the FSRBC logo with the text "FLORIDA SCHOOL RETIREE BENEFITS CONSORTIUM". To the right of the logo are navigation links: "ABOUT", "ENROLLMENT", "MEDICARE/MEDICAL", "DENTAL & VISION", and "CONTACT". A magnifying glass icon is on the far right. The "DENTAL & VISION" link is circled in red. Below the navigation bar is a large banner with a background image of an elderly couple walking on a beach. The banner text reads: "Annual Enrollment is Coming!" in large blue font, followed by "October 15th – November 5th" in a smaller blue font, and "Multiple plans and options are currently available." in a smaller grey font. A red button with white text says "Learn More". At the bottom of the banner are four small circles: the first is red, and the other three are blue.

Dental/Vision Enrollment

Dental & Vision Plans

FSRBC offers Dental and Vision plans through Humana. Humana direct bills for these lines of coverage, which means that you will receive a bill directly from Humana, should you choose to enroll. Please contact Humana directly for any enrollment or billing questions.

[ENROLLMENT](#)[WAIVE COVERAGE](#)[DENTAL PLANS](#)[VISION PLANS](#)[BILLING](#)[FAQS](#)

How to Enroll

Enrollment in a FSRBC Humana Dental or Vision Plan can be completed independently online, telephonically or by sending an enrollment form to Humana for processing.

Option 1

To enroll telephonically:

- Call the Humana Customer Service Enrollment Center (877) 589-4051 Monday – Friday from 8:00am – 8:00pm EST
(Phoneline Opens October 15, 2021)

Option 2

To enroll online:

- Visit <https://slservices.humana.com/enrollmentregistration/slfallogin.aspx>; enter either login credentials applicable below
- Non-Registered Users will securely authenticate your enrollment with your SSN, date of birth, and zip code
- Registered Users—if already enrolled with Humana and previously registered at MyHumana.com, you can login with your user ID and password.

Option 3

To enroll via enrollment form:

- Download the Enrollment form
- Complete the form
- Send to Humana through email at: NFLOpenEnrollment@humana.com

Billing and Payment Options – Dental & Vision

- Your consolidated insurance premiums are mailed monthly by **Humana** for Dental and Vision—payment options include FRS, ACH/bank draft and check.
 - You can choose to pay your premiums on a monthly, semi-annual, or annual basis.
 - If paying via check, premiums are due on the 1st of each month
 - If paying via FRS, payments will be debited the last business day of the month for the following month's coverage
 - ♦ If you are new to the program and want to begin making payments through FRS, **you must take action** and complete the FRS deduction form, available online.
 - If paying via ACH/bank draft, payments will be debited between the 1st and the 10th of each month (you can choose the exact date)
- Access billing support through Humana's Billing Customer Service Center at 1-877-829-5037
- There is a link to Humana's Dental and Vision enrollment portal at <https://www.myfsrbc.com>

Dental and Vision Customer Service

Informational Website

www.myfsrbc.com contains important information on all Dental and Vision plans available through FSRBC. Also contains recorded version of this presentation.

<u><i>Pre-Enrollment Hotline</i></u>	<u><i>Customer Service Phone Number</i></u>
<p>1-877-589-4051</p> <p><i>New enrollees only</i></p> <p><i>(Phoneline Opens October 15, 2021)</i></p>	<p>Dental: 1-800-233-4013</p> <p>Vision: 1-877-398-2980</p> <p>Billing(Dental & Vision): 1-877-829-5037</p>

Enrollment Website

www.myfsrbc.com

contains link to Humana enrollment website

A group of diverse, smiling elderly people in a bright indoor setting. The image is split diagonally. The top half shows a group of people, including a woman in the foreground with a wide smile. The bottom half shows a woman in a blue dress and hat hula hooping on a beach.

Overview of Medicare Medical Plans Options

Medicare Advantage with Rx vs MedSupp with Rx

Lower Premium / Higher Out of Pocket

Medicare Advantage with Prescription Drug (MAPD)

Medicare Advantage with Prescription Drug (MAPD)

Low (\$0 Premium)	Medium (\$50-\$200)	High (\$200+)
United Healthcare PPO Plus	United Healthcare Low Premium United Healthcare Comprehensive	United Healthcare Premier
Total: \$0	Total: \$50 - \$200	Total: \$200+

Questions to Consider

- Would you prefer to pay a smaller monthly premium and more out of pocket at time of service or a larger monthly premium and less out of pocket (OOP) at time of service?
- What is the highest monthly premium you're willing to pay?
- Do you take prescription drugs?

Higher Premium / Lower Out of Pocket

Combined MedSupp / PDP – MedSupp Varies by Zip, Age, and Health Status

Medicare Supplement*

Low (~\$150)	Medium (\$150-\$180)	High (\$180-\$225)
Plan A	Plan N	Plan F Plan G
Prescription Drug Plan (Rx)		
Low (\$0-\$125)	Medium (\$125-\$200)	High (\$200+)
United Healthcare AARP Saver Plus PDP United Healthcare AARP Preferred PDP United Healthcare Comprehensive PDP		United Healthcare Premier PDP
Total: ~\$150-\$275	Total: \$275 - \$380	Total: \$380 - \$425

*Medicare Supplement rates illustrated are Age 65, Male, Non-Smoker

If you enroll in a Medicare Supplement plan, you must enroll in a Prescription Drug Plan to avoid a CMS penalty

Medicare Advantage with Rx vs MedSupp with Rx: Example

- **Example:** Mary is taking a drug known as Prolia (injectable for osteoporosis), which is around \$1,200 for a 30-day supply. Below is what her monthly cost would be under each of the different plans listed:

Example: High-Cost Specialty Drug			
	Medicare Advantage with Rx	Medicare Advantage with Rx	Medicare Supplement with Rx
<i>Plan Examples</i>	<i>United Healthcare Group PPO Plus</i>	<i>United Healthcare Premier</i>	<i>Medicare Supplement Plan G and United Healthcare Saver Plus (PDP)</i>
Deductible	\$0	\$0	\$435
Initial Specialty	\$100 copay until \$4,430 total drug cost	\$80 copay until \$4,430 total drug cost	25% coinsurance until \$4,430 total drug cost
Coverage Gap/Donut Hole Specialty	25% coinsurance until \$7,050 out of pocket	\$80 copay until \$7,050 out of pocket	25% coinsurance until \$7,050 out of pocket
Catastrophic Specialty	Greater of \$9.85 or 5%	Lesser of \$9.85 or 5%	Greater of \$9.85 or 5%
Total Monthly Plan Premium	\$0	\$352.66	Plan G*: \$255.44 Saver Plus: \$54.20
Total Out of Pocket Drug Spend (30 day retail supply in initial phase)	\$100	\$80	Deductible: \$435 25% coins.: \$303.75
Monthly Total	\$100	\$432.66	First Month: \$1,048.39 Afterwards: \$613.39

*Premium based on 65 year old female, zip code 33472

Medicare Plans Offered

Medicare Advantage

- United Healthcare (UHC)
 - Group National
 - Low Premium National PPO
 - Comprehensive National PPO
 - Premier National
- Aetna
 - Basic
 - Enhanced

Medicare Supplement plans are individually rated;
please contact carriers for rates.

Some rates may not be available until November.
Plan F no longer accepting new enrollments from
those with Medicare effective date later than 1/1/20.
Plan G is most similar.

Medicare Supplement

- United Healthcare (UHC/AARP)
 - A
 - F
 - G
 - N
- Cigna
 - F
 - G
 - N

Prescription Drug Plan

- United Healthcare (UHC)
 - AARP Medicare Rx Saver Plus
 - AARP Medicare Rx Preferred
 - Comprehensive Plan
 - Premier Plan
- Cigna
 - HealthSpring Rx Basic PDP
 - HealthSpring Rx High PDP

A group of diverse, smiling older adults in a bright, indoor setting. The image is split diagonally by a white line with a red border. The top right shows a group of people smiling, including a woman in a white shirt in the foreground. The bottom right shows a woman in a blue dress and hat hula hooping on a beach.

Medicare Advantage Prescription Drug (MAPD)

UHC Medicare Advantage w/Prescription Drug (MAPD)

United Healthcare—Group PPO+ (*Broader Network*)

Benefit	2021	2022
Deductible (In Network)	\$0	\$0
Out of Pocket Maximum (In Network)	\$4,500	\$4,000
Family Physician (PCP)	\$10 copay	\$10 copay
Specialist	\$40 copay	\$35 copay
PRESCRIPTION DRUG—Deductible	\$0	\$0
Initial	(until \$4,130 total drug cost)	(until \$4,430 total drug cost)
Preferred Generic / Generic	\$15 copay	\$15 copay
Preferred Brand	\$47 copay	\$47 copay
Non-Preferred Brand	\$100 copay	\$100 copay
Specialty	\$100 copay	\$100 copay
Coverage Gap/Donut Hole	(until \$6,550 out of pocket)	(until \$7,050 out of pocket)
Preferred Generic / Generic	25%	25%
Preferred Brand	25%	25%
Non-Preferred Brand	25%	25%
Specialty	25%	25%
Catastrophic	(starts at \$6,550 out of pocket)	(starts at \$7,050 out of pocket)
Preferred Generic / Generic	Greater of \$3.70 or 5%	Greater of \$3.95 or 5%
Preferred Brand	Greater of \$9.20 or 5%	Greater of \$9.85 or 5%
Non-Preferred Brand	Greater of \$9.20 or 5%	Greater of \$9.85 or 5%
Specialty	Greater of \$9.20 or 5%	Greater of \$9.85 or 5%
MONTHLY RATE	\$0	\$0

No change in rate for 2022!

UHC Medicare Advantage w/Prescription Drug (MAPD)

United Healthcare—Low Premium National PPO (*Broader Network*)

Benefit	2021	2022
Deductible (In Network)	\$400	\$400
Out of Pocket Maximum (In Network)	\$6,700	\$6,700
Family Physician (PCP)	\$25 copay	\$25 copay
Specialist	\$45 copay	\$45 copay
PRESCRIPTION DRUG—Deductible	\$445	\$480
Initial	(until \$4,130 total drug cost)	(until \$4,430 total drug cost)
Preferred Generic / Generic	25%	25%
Preferred Brand	25%	25%
Non-Preferred Brand	25%	25%
Specialty	25%	25%
Coverage Gap/Donut Hole	(until \$6,550 out of pocket)	(until \$7,050 out of pocket)
Preferred Generic / Generic	25%	25%
Preferred Brand	25%	25%
Non-Preferred Brand	25%	25%
Specialty	25%	25%
Catastrophic	(starts at \$6,550 out of pocket)	(starts at \$7,050 out of pocket)
Preferred Generic / Generic	Greater of \$3.70 or 5%	Greater of \$3.95 or 5%
Preferred Brand	Greater of \$9.20 or 5%	Greater of \$9.85 or 5%
Non-Preferred Brand	Greater of \$9.20 or 5%	Greater of \$9.85 or 5%
Specialty	Greater of \$9.20 or 5%	Greater of \$9.85 or 5%
MONTHLY RATE	\$73.75	\$66.25

Rate decrease for 2022!

UHC Medicare Advantage w/Prescription Drug (MAPD)

United Healthcare—Comprehensive National PPO (*Broader Network*)

Benefit	2021	2022
Deductible (In Network)	\$250	\$250
Out of Pocket Maximum (In Network)	\$6,700	\$6,700
Family Physician (PCP)	\$20 copay	\$20 copay
Specialist	\$30 copay	\$30 copay
PRESCRIPTION DRUG—Deductible	\$0	\$0
Initial	(until \$4,130 total drug cost)	(until \$4,430 total drug cost)
Preferred Generic	\$7 copay	\$7 copay
Preferred Brand	\$40 copay	\$40 copay
Non-Preferred Brand	\$90 copay	\$90 copay
Specialty	\$90 copay	\$90 copay
Coverage Gap/Donut Hole	(until \$6,550 out of pocket)	(until \$7,050 out of pocket)
Preferred Generic	\$7 copay	\$7 copay
Preferred Brand	\$40 copay	\$40 copay
Non-Preferred Brand	\$90 copay	\$90 copay
Specialty	\$90 copay	\$90 copay
Catastrophic	(starts at \$6,550 out of pocket)	(starts at \$7,050 out of pocket)
Preferred Generic	Greater of \$3.70 or 5%	\$0
Preferred Brand	Greater of \$9.20 or 5%	\$0
Non-Preferred Brand	Greater of \$9.20 or 5%	\$0
Specialty	Greater of \$9.20 or 5%	\$0
MONTHLY RATE	\$196.69	\$199.19

Minimal Rate Increase for 2022 – No longer any cost in the Catastrophic Phase!

UHC Medicare Advantage w/Prescription Drug (MAPD)

United Healthcare—Premier National (*Broader Network*)

Benefit	2021	2022
Deductible (In Network)	\$0	\$0
Out of Pocket Maximum (In Network)	\$2,500	\$2,500
Family Physician (PCP)	\$5 copay	\$5 copay
Specialist	\$15 copay	\$15 copay
PRESCRIPTION DRUGS—Deductible	\$0	\$0
Initial	(until \$4,130 total drug cost)	(until \$4,430 total drug cost)
Preferred Generic	\$5 copay	\$5 copay
Preferred Brand	\$30 copay	\$30 copay
Non-Preferred Brand	\$60 copay	\$60 copay
Specialty	\$80 copay	\$80 copay
Coverage Gap/Donut Hole	(until \$6,550 out of pocket)	(until \$7,050 out of pocket)
Preferred Generic	\$5 copay	\$5 copay
Preferred Brand	\$30 copay	\$30 copay
Non-Preferred Brand	\$60 copay	\$60 copay
Specialty	\$80 copay	\$80 copay
Catastrophic	(starts at \$6,550 out of pocket)	(starts at \$7,050 out of pocket)
Preferred Generic	Lesser of \$3.70 or 5%	Lesser of \$3.95 or 5%
Preferred Brand	Lesser of \$9.20 or 5%	Lesser of \$9.85 or 5%
Non-Preferred Brand	Lesser of \$9.20 or 5%	Lesser of \$9.85 or 5%
Specialty	Lesser of \$9.20 or 5%	Lesser of \$9.85 or 5%
MONTHLY RATE	\$366.16	\$352.66

Rate decrease for 2022!

United Healthcare Value-Added Services

Program	Description
HouseCalls (Virtual & In-person)	Offers access to an annual 45-60 minute in-home health and wellness visit by an advanced practice clinician.
NurseLine Services	24/7 phone line staffed by registered nurses with clinical experience ready to answer any question you may have.
UHC Hearing	Offers 100s of name brand and private-labeled hearing aids from leading manufacturers at up to 80% off industry prices (with discount, range from \$699-\$2,499 per hearing aid).
Renew Rewards	Members can receive merchant gift cards for completing an annual wellness visit, accepting a HouseCall or completing certain eligible health care screenings.
Renew Active (Formerly SilverSneakers)	Free gym membership program with access to an extensive network of gyms and fitness locations as well as a variety of fitness classes. Also includes AARP Staying Sharp, an online brain health program.
Virtual Doctor Visits	Live video chat with a doctor through computer, tablet, or smartphone at any time.
Dental	Medicare-covered services only
Vision	Annual routine eye exam refraction (\$30 copay applies)

Available at no additional cost!

All available with any UHC MAPD plan

Renew Active available with select UHC Medicare Supplement plans

Hearing Aid discounts available with any UHC PDP plan

Aetna Medicare Advantage w/Prescription Drug (MAPD)

Aetna—Basic Plan

Benefit	2021	2022	
Deductible (In Network)	\$0	\$0	
Out of Pocket Maximum (In Network)	\$2,000	\$2,000	
Family Physician (PCP)	15%	15%	
Specialist	15%	15%	
PRESCRIPTION DRUG—Deductible	\$0	\$0	
Pharmacy	Standard	Preferred	Standard
Initial	(until \$4,130 total drug cost)	(until \$4,430 total drug cost)	
Preferred Generic / Generic	\$5 / \$20 copay	\$0 / \$5 copay	\$5 / \$20 copay
Preferred Brand	\$40 copay	\$40 copay	\$40 copay
Non-Preferred Brand	\$75 copay	\$75 copay	\$75 copay
Specialty	33%	33%	33%
Coverage Gap/Donut Hole	(until \$6,550 out of pocket)	(until \$7,050 out of pocket)	
Preferred Generic / Generic	25%	25%	25%
Preferred Brand	25%	25%	25%
Non-Preferred Brand	25%	25%	25%
Specialty	25%	25%	25%
Catastrophic	(starts at \$6,550 out of pocket)	(starts at \$7,050 out of pocket)	
Preferred Generic / Generic	\$0	\$0	\$0
Preferred Brand	\$0	\$0	\$0
Non-Preferred Brand	\$0	\$0	\$0
Specialty	\$0	\$0	\$0
MONTHLY RATE	\$129.13	\$128.29	

Rate decrease for 2022!

Aetna Medicare Advantage w/Prescription Drug (MAPD)

Aetna—Enhanced Plan

Benefit	2021	2022	
Deductible (In Network)	\$0	\$0	
Out of Pocket Maximum (In Network)	\$2,000	\$2,000	
Family Physician (PCP)	15%	15%	
Specialist	15%	15%	
PRESCRIPTION DRUG—Deductible	\$0	\$0	
Pharmacy	Standard	Preferred	Standard
Initial	(until \$4,130 total drug cost)	(until \$4,430 total drug cost)	
Generic	\$10	\$0	\$10
Preferred Brand	\$20	\$20	\$20
Non-Preferred Brand	\$35	\$35	\$35
Specialty	\$35	\$35	\$35
Coverage Gap/Donut Hole	(until \$6,550 out of pocket)	(until \$7,050 out of pocket)	
Generic	\$10	\$10	
Preferred Brand	\$20	\$20	
Non-Preferred Brand	\$35	\$35	
Specialty	\$35	\$35	
Catastrophic	(starts at \$6,550 out of pocket)	(starts at \$7,050 out of pocket)	
Generic	\$0	\$0	
Preferred Brand	\$0	\$0	
Non-Preferred Brand	\$0	\$0	
Specialty	\$0	\$0	
MONTHLY RATE	\$490.92	\$498.44	

Rate increase for 2022



Medicare Supplement (MedSupp)

UHC AARP Medicare Supplement Plans

2022 Benefit	A	F (Some Grandfathered)	G	N
Part A coinsurance and hospital costs up to an additional 365 days after Medicare benefits are used up	Yes	Yes	Yes	Yes
Part B coinsurance or copayment	Yes	Yes	Yes	Yes
Blood (first 3 pints)	Yes	Yes	Yes	Yes
Part A hospice care coinsurance or copayment	Yes	Yes	Yes	Yes
Skilled nursing facility care coinsurance	No	Yes	Yes	Yes
Part A deductible	No	Yes	Yes	Yes
Part B deductible	No	Yes	No	No
Part B excess charge	No	Yes	Yes	No
Foreign travel exchange (up to plan limits)	No	80%	80%	80%

Medicare Supplement plans are individually rated; please contact carriers for rates.
Some rates may not be available until November.



Prescription Drug Plans (PDP)

UHC Prescription Drug Plan (PDP)

United Healthcare—AARP Medicare Rx Saver Plus*

Benefit	2021	2022
Deductible (In Network)	\$435	\$435
Initial	(until \$4,130 total drug cost)	(until \$4,430 total drug cost)
Preferred Generic / Generic	\$1 / \$8	\$1 / \$11
Preferred Brand	\$40	\$42
Non-Preferred Brand	40%	40%
Specialty	25%	25%
Coverage Gap/Donut Hole	(until \$6,550 out of pocket)	(until \$7,050 out of pocket)
Preferred Generic / Generic	25%	25%
Preferred Brand	25%	25%
Non-Preferred Brand	25%	25%
Specialty	25%	25%
Catastrophic	(starts at \$6,550 out of pocket)	(starts at \$7,050 out of pocket)
Preferred Generic / Generic	Greater of \$3.70 or 5%	Greater of \$3.95 or 5%
Preferred Brand	Greater of \$9.20 or 5%	Greater of \$9.85 or 5%
Non-Preferred Brand	Greater of \$9.20 or 5%	Greater of \$9.85 or 5%
Specialty	Greater of \$9.20 or 5%	Greater of \$9.85 or 5%
MONTHLY RATE	\$54.20	\$63.20

* Assumes residency in Florida

Rate increase for 2022

UHC Prescription Drug Plan (PDP)

United Healthcare—AARP Medicare Rx Preferred*

Benefit	2021	2022
Deductible (In Network)	\$0	\$0
Initial	(until \$4,130 total drug cost)	(until \$4,430 total drug cost)
Preferred Generic / Generic	\$5 / \$10	\$5 / \$10
Preferred Brand	\$45	\$45
Non-Preferred Brand	40%	40%
Specialty	33%	33%
Coverage Gap/Donut Hole	(until \$6,550 out of pocket)	(until \$7,050 out of pocket)
Preferred Generic / Generic	25%	25%
Preferred Brand	25%	25%
Non-Preferred Brand	25%	25%
Specialty	25%	25%
Catastrophic	(starts at \$6,550 out of pocket)	(starts at \$7,050 out of pocket)
Preferred Generic / Generic	Greater of \$3.70 or 5%	Greater of \$3.95 or 5%
Preferred Brand	Greater of \$9.20 or 5%	Greater of \$9.85 or 5%
Non-Preferred Brand	Greater of \$9.20 or 5%	Greater of \$9.85 or 5%
Specialty	Greater of \$9.20 or 5%	Greater of \$9.85 or 5%
MONTHLY RATE	\$88.70	\$101.20

* Assumes residency in Florida

Rate increase for 2022

UHC Prescription Drug Plan (PDP)

United Healthcare—Comprehensive Plan

Benefit	2021	2022
Deductible (In Network)	\$0	\$0
Initial	<i>(until \$4,130 total drug cost)</i>	<i>(until \$4,430 total drug cost)</i>
Generic	\$10	\$10
Preferred Brand	\$45	\$45
Non-Preferred Brand	\$75	\$75
Specialty	33%	33%
Coverage Gap/Donut Hole	<i>(until \$6,550 out of pocket)</i>	<i>(until \$7,050 out of pocket)</i>
Generic	\$10	\$10
Preferred Brand	25%	25%
Non-Preferred Brand	25%	25%
Specialty	25%	25%
Catastrophic	<i>(starts at \$6,550 out of pocket)</i>	<i>(starts at \$7,050 out of pocket)</i>
Generic	Greater of \$3.70 or 5%	Greater of \$3.95 or 5%
Preferred Brand	Greater of \$9.20 or 5%	Greater of \$9.85 or 5%
Non-Preferred Brand	Greater of \$9.20 or 5%	Greater of \$9.85 or 5%
Specialty	Greater of \$9.20 or 5%	Greater of \$9.85 or 5%
MONTHLY RATE	\$125.58	\$125.58

No Rate Change for 2022!

UHC Prescription Drug Plan (PDP)

United Healthcare—Premier Plan

Benefit	2021	2022
Deductible (In Network)	\$0	\$0
Initial	<i>(until \$4,130 total drug cost)</i>	<i>(until \$4,430 total drug cost)</i>
Generic	\$7	\$7
Preferred Brand	\$30	\$30
Non-Preferred Brand	\$60	\$60
Specialty	\$75	\$75
Coverage Gap/Donut Hole	<i>(until \$6,550 out of pocket)</i>	<i>(until \$7,050 out of pocket)</i>
Generic	\$7	\$7
Preferred Brand	\$30	\$30
Non-Preferred Brand	\$60	\$60
Specialty	\$75	\$75
Catastrophic	<i>(starts at \$6,550 out of pocket)</i>	<i>(starts at \$7,050 out of pocket)</i>
Generic	Greater of \$3.70 or 5%	Greater of \$3.95 or 5%
Preferred Brand	Greater of \$9.20 or 5%	Greater of \$9.85 or 5%
Non-Preferred Brand	Greater of \$9.20 or 5%	Greater of \$9.85 or 5%
Specialty	Greater of \$9.20 or 5%	Greater of \$9.85 or 5%
MONTHLY RATE	\$310.94	\$310.94

No Rate Change for 2022!

Cigna Prescription Drug Plan (PDP)

Cigna—Rx Medicare (Basic)

Benefit	2021	2022
Deductible (In Network)	\$0	\$0
Initial	<i>(until \$4,130 total drug cost)</i>	<i>(until \$4,430 total drug cost)</i>
Generic	\$20	\$20
Preferred Brand	\$45	\$45
Non-Preferred Brand	50% (\$150 max)	50% (\$150 max)
Specialty	75% (\$250 max)	33% (\$250 max)
Coverage Gap/Donut Hole	<i>(until \$6,550 out of pocket)</i>	<i>(until \$7,050 out of pocket)</i>
Generic	\$20	\$20
Preferred Brand	\$45	\$45
Non-Preferred Brand	25% (\$150 max)	25% (\$150 max)
Specialty	25% (\$250 max)	25% (\$250 max)
Catastrophic	<i>(starts at \$6,550 out of pocket)</i>	<i>(starts at \$7,050 out of pocket)</i>
Generic	Greater of \$3.70 or 5%	Greater of \$3.95 or 5%
Brand	Greater of \$9.20 or 5%	Greater of \$9.85 or 5%
MONTHLY RATE	\$202.61	\$202.61

No rate change for 2022

Cigna Prescription Drug Plan (PDP)

Cigna—Medicare Rx (High)

Benefit	2021	2022
Deductible (In Network)	\$0	\$0
Initial	<i>(until \$4,130 total drug cost)</i>	<i>(until \$4,430 total drug cost)</i>
Generic	\$7	\$7
Preferred Brand	\$30	\$30
Non-Preferred Brand	\$60	\$60
Specialty	\$75	\$75
Coverage Gap/Donut Hole	<i>(until \$6,550 out of pocket)</i>	<i>(until \$7,050 out of pocket)</i>
Generic	\$7	\$7
Preferred Brand	\$30	\$30
Non-Preferred Brand	\$60	\$60
Specialty	\$75	\$75
Catastrophic	<i>(starts at \$6,550 out of pocket)</i>	<i>(starts at \$7,050 out of pocket)</i>
Generic	Lesser of \$3.70 or 5%	Lesser of \$3.95 or 5%
Brand	Lesser of \$9.20 or 5%	Lesser of \$9.85 or 5%
MONTHLY RATE	\$304.14	\$304.14

No rate change for 2022



Medicare Enrollment and Billing

Medicare/Medical Enrollment: Login Page—First Time User

Go to <https://www.myfsrbc.bswift.com>

FSRBC FLORIDA SCHOOL RETIREE BENEFITS CONSORTIUM
Better Benefits - Better Retirement

Log In

Username

Password

First time visiting, register now!
Forgot your password?

Log In >

First Time User

Please enter your information below and be careful to enter 2-digit month and day and 4-digit year with slashes (/) for date of birth (mm/dd/yyyy).

If your account is located, you will then be asked to **Create a New Username and Password**. Lastly, you will be directed back to the Login page to use your new Username and Password.

* You must enter the above information exactly as it appeared on the information you received in the mail. For example, if the information was addressed to Janice, but you go by Jan, please use Janice.

* First Name

* Last Name

* Zip Code

* Date of Birth

Continue Cancel

First Time User

Please enter your information below and be careful to enter 2-digit month and day and 4-digit year with slashes (/) for date of birth (mm/dd/yyyy).

If your account is located, you will then be asked to **Create a New Username and Password**. Lastly, you will be directed back to the Login page to use your new Username and Password.

* Username

* Password

Verify Password

Passwords must be 8 characters minimum and contain both alpha and numeric characters, no spaces

Continue Cancel


Home Page—Start Your Enrollment

My Benefits ▾ My Profile Library ▾ Help

Welcome to your benefits enrollment!

Enrollment Deadline 11/5/2020
Your Status: Not Started

Start Your Enrollment



See FSRBC's Enrollment Packet on our website www.myfsrbc.com for additional enrollment instructions


Enrollment Highlights

- If you are new to FSRBC, be sure to complete the FRS attestation to pay for your benefits through FRS.
- If you are an existing FSRBC retiree, no action is needed and your benefits will roll over to the future plan year.
- To complete the FRS attestation, click 'Update Benefit Payment Preference' on the 'My Billing Information' Panel below.

Enrollment Checklist

- Register for an account and confirm your personal information.
- Add Medicare Parts A and B details. Be sure to verify your Medicare number and effective date, which can be found on your red, white and blue Medicare ID card.
- Review network information to confirm your preferred medical providers, clinics and hospitals are in your plan's network.
- Review Prescription Drug formulary.
- Compare plans using our comparison tool and/or estimate annual expenses with our Modeler tool
- Set up payment option (FRS/pension, ACH/online bill pay, Check).
- View and print your enrollment confirmation.


Welcome, Jane Doe

My Profile 

Edit my profile


Edit dependent profiles

Change my address

My Family 

John Doe

My Billing Information


Update Benefits Payment Preference 

TOTAL BALANCE DUE ⓘ

Not yet determined

Payment due
Last payment received
Last payment amount

[Manage Billing and Payments](#)

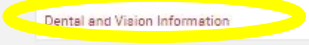
 [bsoft Payment Terms and Conditions](#)

Interested in Dental and Vision Coverage?

To enroll in FSRBC Dental and Vision coverage, call the Humana Pre-Enrollment Hotline at 1-888-393-6765

For Humana Member Customer Service, see call information below:
Humana Dental: 1-800-233-4013
Humana Vision: 1-877-398-2980
Billing Support: 1-877-829-5037

You will enroll at Humana and be billed by Humana for this coverage. Click the link below to learn more information online.

Dental and Vision Information 

SCHOOL'S OUT...BUT YOUR BENEFITS CONTINUE!

Medicare Education

MEDICARE PART D COVERAGE

Medicare Education

Medicare and You

MEDICARE & YOU

Medicare and You 2020

How to Access the Medicare Billing Page

Welcome,
OE AonTest1

My Profile

- Edit my profile
- Edit dependent profiles
- Change my address

My Billing Information

Update Benefits Payment Preference

TOTAL BALANCE DUE

Not yet determined

Payment due
Last payment received
Last payment amount

1

Manage Billing and Payments

bswift Payment Terms and Conditions

Medicare Education



Medicare Education

Medicare and You

Interested in Dental and Vision Coverage?

Logout

Pay Now Manage Accounts

2

If your invoice shows \$0.00 Total Amount Due, you do not need to make a payment for this billing cycle. This can happen sometimes, for example, if you overpaid a prior bill, your coverage has changed, or in cases where a subsidy or adjustment is applied to your account. Always be sure to review your monthly invoice, as you may need to make a payment on the next invoice.

Invoice Type

FSRBC Invoice - Total Amount Due: \$366.16

Account History

Transaction Identifier	Due Date	Coverage Month	Amount	Transaction Type	Transaction Date	View
328246	8/1/2021	8/2021	\$366.16	Invoice	7/6/2021	PDF
333618			\$366.16	Payment	6/30/2021	Receipt

3

1. On the homepage select "Manage Billing and Payments"
2. Choose "Pay Now" to pay your balance or "Manage Accounts" to change payment preference
3. View Invoices or Payment Receipts

Billing and Payment Options – Medicare/Medical

No change to billing or payment process

- Your consolidated insurance premiums are due monthly to **FSRBC**—payment options include ACH/bank draft, FRS, and check.
- After Annual Enrollment, you can view your invoice with elections and payment options online or, if paying by check, you will be mailed an invoice.
 - If no action is taken during Annual Enrollment, you will still receive an invoice.
- Access billing support through the Customer Service Center at **1-833-686-0983** for any questions you may have.
- If you are new to the program and want to begin making payments through FRS, you must take action. An e-signature is required via phone or online.
 - To avoid lapse in payment, you will be prompted to elect a substitute payment option, if required.

If you are new to FSRBC and want to begin making payments through FRS for your Medicare/Medical plan, you **must take action**.

Medicare Contact Information

Informational Website

- www.myfsrbc.com contains important information on all Medicare plans available through FSRBC. Also contains recorded version of this presentation.

Medicare/Medical

Customer Service Phone Number

1-833-686-0983

Enrollment Website

- www.myfsrbc.bswift.com to enroll; also contains recorded version of this presentation



Let's answer your questions