

Your retirement, your decision

Congratulations on your retirement! As a new retiree, you need to know all of the insurance benefit options available to you. Please read each section carefully .

When you retire, you have three insurance benefit options:

1. You can continue your current health, life, dental and vision insurance plans for yourself and your eligible dependent(s) (see Section A).
2. If you're not enrolled in a health plan right now, you can enroll in health insurance before you retire (see Section B).
3. You can cancel your current coverage, but be sure you understand the risk (see Section C).

When your personnel office completes the retirement process for you, we will send you two packets by mail:

1. **COBRA rights information packet:**

- **Health:** Federal law (COBRA) provides that insured employees and their covered dependent(s) may continue group health coverage for up to 18 months from the date employment ends or until the employee becomes covered under another group plan, whichever is first. We are required by law to notify you of your COBRA rights, so you will receive a COBRA mailing in addition to information about coverage as a retiree. You can only keep COBRA coverage for a limited time; however, you may continue your state health and/or life coverage indefinitely as a retiree, as long as you enroll before retirement and pay the premiums timely.
- **Supplemental Dental and Vision:** The enrollment forms in your COBRA information packet have information about your current state dental and/or vision plans (if any). You can only continue your dental and/or vision plans under COBRA provisions.

2. **Retiree enrollment packet:**

- **Your Benefits Statement:** Shows your current insurance coverage with the state. Please carefully review this statement and the benefit messages.
- **New Retiree Health and Life Insurance Election Form:** Use to continue or end your coverage as a retiree. We must receive this form within 31 days of your last day of work if you are currently enrolled in health and/or life insurance. You must also send the appropriate payments to remain covered (see Section A). Please call us if you have questions about this form.
- **Premium Chart:** Shows retiree premium rates for the Preferred Provider Organization (PPO) Plan and Health Maintenance Organizations (HMO) Plans.

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SECTION A: To continue your coverage if you currently have insurance benefits

1. **Call the People First Service Center within 31 days after your employment ends.** Ask about your health and/or life coverage choices and how much your monthly cost will be if you choose to continue coverage.
2. **Tell the Service Center what coverage you want OR complete the New Retiree Insurance Election Form (available on the People First website or in your retiree enrollment package).** Use this form to continue your coverage as a retiree. If you call the Service Center and make your choices over the phone, you don't need to complete the form.
3. **Submit the required premium payments for each month of coverage.** To continue state health and/or life as a retiree, you must send a personal check, money order, or cashier's check (and enrollment form, if applicable) for the first month of coverage to the address below. **Make checks payable to Division of State Group Insurance.**

People First Service Center
Post Office Box 863477
Orlando, Florida 32886-3477

- a. You can pay up to six months in advance, but you must pay by the 10th for the next month's coverage; for example, payments for July coverage are due to the Service Center by June 10th. To enroll before sending your payment, call the Service Center.
 - b. If you will receive a Florida Retirement System (FRS) pension payment from the Division of Retirement, your premiums can be deducted if your monthly pension is sufficient to cover the cost. **You must submit monthly payments until your retirement benefit payments begin.** Please call the Division of Retirement at (850) 488-5207 to verify the start of your retirement benefit pension payment.
4. **Submit your application for the Health Insurance Subsidy.** The Division of Retirement will send you an application for the Health Insurance Subsidy in your retirement packet. This subsidy is available to all eligible retirees and will help you offset the cost of your monthly insurance premiums. You **must** complete the application process to receive this benefit.
 5. **We can send you coupons to pay directly.** Call us if you are a retiree under an optional retirement plan or if your FRS benefit, including the Health Insurance Subsidy, will not cover your monthly premium deductions.

If you prefer, you can make your insurance coverage choices before you receive your packets. Call us as soon as you send your retirement application to the Division of Retirement (or as soon as you contact the person handling retirement from one of the state's optional retirement plans, if applicable).

SECTION B: To begin health insurance coverage if you are not currently enrolled

While you're still an active employee, enroll in health insurance within 31 days before you end employment and before your retirement effective date with FRS. As long as you're enrolled as an active employee for one month, you can continue your health insurance coverage as a retiree. For example:

- Sue's last day of employment is 6-25-09.
- Her retirement date at FRS is 7-1-09.
- To get health insurance coverage as an active employee, Sue must enroll by 6-24-09 (within 31 days of her last day of employment) for an effective date of July 1.
- Sue must send payment immediately to People First for July (active employee) coverage.
- Then she sends a payment to People First by July 10 for August (retiree) coverage.
- Sue's retiree insurance starts 8-1-09.

SECTION C: To cancel your coverage

Call the People First Service Center OR complete the New Retiree Insurance Election Form (available on the People First website) within 31 days after your employment ends to cancel your plans.

You should know: If you decide not to enroll or to continue your plans within this time frame, ***you will not be allowed to re-enroll at a later date as a retiree.*** Program guidelines are clear that if you opt out of insurance benefits at the time of retirement, you cannot re-enter the state's insurance program unless you are re-employed with the state or a special legislative mandate occurs. If your spouse will continue to be actively employed, you can be covered as a dependent under your spouse's plan. If your spouse leaves employment, you can change your coverage at that time.

Important reminder: When you or your spouse becomes eligible for Medicare, send a copy of your Medicare card to People First and enroll in Medicare Parts A and B through Social Security. If you are eligible for Medicare, your state insurance health plan will pay secondary coverage whether you enroll in Medicare coverage or not and you will pay the first 80% of your healthcare and prescription costs.

If you have questions about your insurance benefits upon retirement, please call us at (866) 663-4735 or TTY (866) 221-0269. We are open Monday through Friday, from 8:30 a.m. to 5:30 p.m. Eastern Time.

New Retiree Health and Life Insurance Election Form



People First Service Center • P.O. Box 6830 • Tallahassee, FL 32314 • Tel: 866-663-4735 • Fax: 904-828-6092 • TTY: 866-221-0268

Please return this completed form to the address or fax number above to continue or cancel your health and/or life insurance benefits.

People First Employee ID: _____ Name: _____

Complete Mailing Address: _____

Day Phone: (____) _____ Home Phone: (____) _____ Birth Date: ____/____/____

Please check the appropriate box(es) to indicate your choice(s).

Regular Retirement Disability Retirement Optional Retirement Plan PEORP

Employment termination date: ____/____/____

Part 1: Health Insurance Election

- I want to continue my current level of health insurance coverage as a retiree.
 I want to make the following changes to my health insurance coverage as a retiree:

Change my coverage level to:

- (01) Individual – Not entitled to Medicare / Not enrolled in Medicare
- (09) Family - Not entitled to Medicare / Not enrolled in Medicare
- (23) Medicare I – Individual eligible for Medicare*
- (24) Medicare II – At least one eligible for Medicare/At least one ineligible for Medicare*
- (25) Medicare III – All members eligible for Medicare*

**HMO members must enroll in Medicare Parts A and B to qualify for the reduced premium. PPO plan members must enroll in Medicare Parts A and B for Medicare to pay claims first and the PPO plan to pay second; otherwise, you will pay the balance.*

- I want to end my State Health Insurance Coverage.

NOTE: If you end your coverage, you will not be eligible to re-enroll in the State Health Insurance Program.

Part 2: Life Insurance Election

I want to continue my Basic Life insurance coverage at one of the benefit levels below. I understand that these benefits and rates are subject to change:

- I understand that the amount of life insurance shall be \$10,000, the accidental death and dismemberment benefits (AD&D) shall not exceed \$10,000, and the monthly premiums shall be \$29.65.

- I understand that the amount of life insurance shall be \$2,500, the accidental death and dismemberment benefits (AD&D) shall not exceed \$2,500, and the monthly premiums shall be \$7.41.

(If I cease active employment due to total disability, the benefit would be based on my benefit amount at the time of the disability.)

- I do not want to continue my Basic Life insurance coverage under the State Group Life Insurance Plan as a retiree and request that the coverage be terminated.

NOTE: If you end your coverage, you will not be eligible to re-enroll in the State Life Insurance Program.

Part 3: Method of Premium Payment

- I will submit premium payments to People First by the tenth of the month before each month of coverage.

- I have elected to continue benefits coverage as indicated above and authorize People First to have the appropriate deductions taken from my retirement warrant from the Division of Retirement.

Retiree Signature _____

Date _____

RETIREE HEALTH INSURANCE PREMIUM RATE CHART

Locate your county and see checkmarks to determine available plans. Then go to page 2 (PPO) or 3 (HMO) to find the premium amounts for your coverage level. Your premium is based on whether you're (1) enrolled in a Standard or HIHP plan, (2) less than age 65 or 65+, and (3) covering yourself or yourself and your family.

County Name	State's PPO Plan	AvMed	Capital Health	Florida Health	United Health	Vista	County Name	State's PPO Plan	AvMed	Capital Health	Florida Health	United Health	Vista
Alachua	✓	✓			✓	✓	Lee	✓	✓			✓	
Baker	✓	✓			✓		Leon	✓		✓		✓	✓
Bay	✓				✓		Levy	✓	✓				✓
Bradford	✓	✓			✓	✓	Liberty	✓					✓
Brevard	✓				✓		Madison	✓				✓	✓
Broward	✓	✓			✓	✓	Manatee	✓				✓	
Calhoun	✓					✓	Marion	✓	✓			✓	✓
Charlotte	✓				✓		Martin	✓				✓	
Citrus	✓	✓			✓		Miami-Dade	✓	✓			✓	✓
Clay	✓	✓			✓		Monroe	✓		No HMOs offered in this county.			
Collier	✓				✓		Nassau	✓	✓			✓	
Columbia	✓	✓			✓	✓	Okaloosa	✓				✓	
Desoto	✓				✓		Okeechobee	✓				✓	
Dixie	✓	✓				✓	Orange	✓	✓			✓	
Duval	✓	✓			✓		Osceola	✓	✓			✓	
Escambia	✓				✓	✓	Palm Beach	✓	✓			✓	✓
Flagler	✓			✓	✓		Pasco	✓	✓			✓	
Franklin	✓					✓	Pinellas	✓	✓			✓	
Gadsden	✓		✓			✓	Polk	✓	✓			✓	
Gilchrist	✓	✓				✓	Putnam	✓				✓	
Glades	✓		No HMOs offered in this county.				Santa Rosa	✓				✓	✓
Gulf	✓		No HMOs offered in this county.				Sarasota	✓	✓			✓	
Hamilton	✓	✓				✓	Seminole	✓	✓			✓	
Hardee	✓		No HMOs offered in this county.				St. Johns	✓	✓			✓	
Hendry	✓					✓	St. Lucie	✓				✓	
Hernando	✓	✓			✓		Sumter	✓		No HMOs offered in this county.			
Highlands	✓				✓		Suwannee	✓	✓			✓	✓
Hillsborough	✓	✓			✓		Taylor	✓				✓	
Holmes	✓		No HMOs offered in this county.				Union	✓	✓			✓	✓
Indian River	✓				✓		Volusia	✓			✓	✓	
Jackson	✓		No HMOs offered in this county.				Wakulla	✓		✓		✓	✓
Jefferson	✓		✓		✓	✓	Walton	✓				✓	
Lafayette	✓					✓	Washington	✓		No HMOs offered in this county.			
Lake	✓	✓			✓								

RETIREE HEALTH INSURANCE PREMIUM RATE CHART

IMPORTANT REMINDERS FOR ALL RETIREES:

- When you choose a plan, you **must** also enroll in Medicare Part B once you become eligible for Medicare (usually age 65 or due to a disability). Otherwise, you will pay the first 80% of your healthcare and prescription costs.
- When you become eligible for Medicare, please mail a **copy** of your Medicare card (with your People First ID written in the top right corner) to:
 People First
 PO Box 6830
 Tallahassee, FL 32314
- Call (866) 663-4735 to deduct premiums from your monthly retirement pension check (FRS) or mail payment with coupon by the 10th prior to the effective date of coverage. For example, mail payment by January 10, 2009 for February coverage. Make your check payable to DSGI and mail to:
 People First
 PO Box 863477
 Orlando, FL 32886-3477
- If you have automatic bill pay service through your bank or credit union, please change the amount of your premium to ensure you coverage continues.
- If you are moving or will be on extended travel, update your address information in People First.

PPO Plan - Premiums effective June 1, 2008 through April 30, 2009

STANDARD PLANS:	Less than 65 Years of Age		65 Years of Age and Older (Medicare eligible)		
	Individual	Family	¹ Medicare 1	² Medicare 2	³ Medicare 3
State's PPO Plan (BlueCross & Caremark)	\$449.26	\$1,015.98	\$238.54	\$687.80	\$477.08
HEALTH INVESTOR HEALTH PLANS:					
(High Deductible Plans, No State Contributions)	Less than 65 Years of Age		65 Years of Age and Older (Medicare eligible)		
	Individual	Family	¹ Medicare 1	² Medicare 2	³ Medicare 3
State's PPO Plan (BlueCross & Caremark)	\$372.60	\$816.95	\$179.80	\$594.06	\$359.60

PPO Plan - Premiums effective in May 2009 for June 2009 coverage

STANDARD PLANS:	Less than 65 Years of Age		65 Years of Age and Older (Medicare eligible)		
	Individual	Family	¹ Medicare 1	² Medicare 2	³ Medicare 3
State's PPO Plan (BlueCross & Caremark)	\$498.68	\$1,127.74	\$264.78	\$763.46	\$529.56
HEALTH INVESTOR HEALTH PLANS:					
(High Deductible Plans, No State Contributions)	Less than 65 Years of Age		65 Years of Age and Older (Medicare eligible)		
	Individual	Family	¹ Medicare 1	² Medicare 2	³ Medicare 3
State's PPO Plan (BlueCross & Caremark)	\$422.02	\$928.72	\$199.58	\$659.40	\$399.16

¹Medicare 1 = Individual policy; enrollee is Medicare eligible due to age (typically 65) or disability.

²Medicare 2 = Family plan covering at least one person who is eligible for Medicare.

³Medicare 3 = Family policy covering only two people and both are Medicare eligible.

RETIREE HEALTH INSURANCE PREMIUM RATE CHART

HMO Plans - Premiums effective December 1, 2008 for January 2009 coverage

STANDARD PLANS:	Less than 65 Years of Age		65 Years of Age and Older (Medicare eligible)		
	Individual	Family	¹ Medicare 1	² Medicare 2	³ Medicare 3
AvMed	\$449.26	\$1,015.98	\$266.10	\$754.64	\$532.22
Capital Health Plan	\$449.26	\$1,015.98	\$229.08*	\$837.65*	\$458.16*
Florida Health Care Plan	\$449.26	\$1,015.98	\$41.80*	\$578.30*	\$83.60*
United Healthcare	\$449.26	\$1,015.98	\$284.57	\$890.16	\$569.16
VISTA	\$449.26	\$1,015.98	\$281.28	\$1,032.40	\$562.57

HEALTH INVESTOR HEALTH PLANS: (High Deductible Plans, No State Contributions)	Less than 65 Years of Age		65 Years of Age and Older (Medicare eligible)		
	Individual	Family	¹ Medicare 1	² Medicare 2	³ Medicare 3
AvMed	\$372.60	\$816.95	\$266.10	\$736.52	\$532.22
Capital Health Plan	No HIHP	No HIHP	No HIHP	No HIHP	No HIHP
Florida Health Care Plan	\$372.60	\$816.95	\$41.80*	\$481.81	\$83.60*
United Healthcare	\$372.60	\$816.95	\$194.07	\$607.09	\$388.17
VISTA	\$372.60	\$816.95	\$198.40	\$728.20	\$396.80

HMO Plans - Premiums effective in May 2009 for June 2009 coverage

STANDARD PLANS:	Less than 65 Years of Age		65 Years of Age and Older (Medicare eligible)		
	Individual	Family	¹ Medicare 1	² Medicare 2	³ Medicare 3
AvMed	\$498.68	\$1,127.74	See above chart. Rate change was made in December 2008 for January 2009 coverage.		
Capital Health Plan	\$498.68	\$1,127.74			
Florida Health Care Plan	\$498.68	\$1,127.74			
United Healthcare	\$498.68	\$1,127.74			
VISTA	\$498.68	\$1,127.74			

HEALTH INVESTOR HEALTH PLANS: (High Deductible Plans, No State Contributions)	Less than 65 Years of Age		65 Years of Age and Older (Medicare eligible)		
	Individual	Family	¹ Medicare 1	² Medicare 2	³ Medicare 3
AvMed	\$422.02	\$928.72	See above chart. Rate change was made in December 2008 for January 2009 coverage.		
Capital Health Plan	No HIHP	No HIHP			
Florida Health Care Plan	\$422.02	\$928.72			
United Healthcare	\$422.02	\$928.72			
VISTA	\$422.02	\$928.72			

¹Medicare 1 = Individual policy; enrollee is Medicare eligible due to age (typically 65) or disability.

²Medicare 2 = Family plan covering at least one person who is eligible for Medicare.

³Medicare 3 = Family policy covering only two people and both are Medicare eligible.

* In addition to Medicare, for CHP and FHCP, you must enroll in their Medicare Advantage plan.