



ANNUAL ENROLLMENT GUIDE

For the 2026 Plan Year

For Retirees of participating School Districts

In this guide you will find valuable information about the **Medical, Dental and Vision** Retiree plans you have available to you through your District.

If you are satisfied with your current coverage, no action is required—your plan will automatically continue into 2026 with update monthly premiums as applicable. Please note the current Comprehensive and Premier Prescription Drugs will be replaced by the **NEW** Elite Drug Plan – all enrollees in these plans will automatically be moved into the new plan.

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WELCOME TO YOUR FSRBC ANNUAL ENROLLMENT GUIDE

The Florida School Retiree Benefits Consortium (FSRBC) is an extension of your District's benefit offerings for 65 and older. Medicare-eligible retirees, from participating School Districts, are eligible to enroll in high-quality, comprehensive, and competitive Medicare Medical, Dental and Vision plans. This guide includes information about the benefits available to you that we believe you'll find valuable during this Annual Enrollment period.

What do you need to do this Annual Enrollment?

FSRBC Annual Enrollment will be held from October 27th – November 14th

Your Current Plan:

If you are satisfied with your current coverage, no action is required—your plan will automatically continue into 2026 with update monthly premiums as applicable. Please note the current Comprehensive and Premier Prescription Drugs will be replaced by the **NEW** Elite Drug Plan – all enrollees in these plans will automatically be moved into the new plan.

Considering a Change?

If you would like to review or change your plan, you may do so during the Annual Enrollment period for an effective date of January 1, 2026. We encourage you to attend one of our Annual Enrollment webinars to learn more about the options available to you.

Changes you can make during Annual Enrollment:

- Elect benefits for the first time
- Change plans
- Add dependents
- Remove dependents
- Drop coverage

Key changes and notes for the 2026 plan year:

Medicare Plans

- **UnitedHealthcare Group Prescription Drug Plans (PDP)**
 - Comprehensive and Premier Prescription Drug Plans will no longer be available in 2026. All enrollees will automatically be moved to the New Elite Rx Plan.
 - The 2026 monthly premium for the Elite Rx is \$146.58
- **Medicare Advantage w/ prescription Drug Plans (MAPD)** – There are changes in 2026 premiums for most MAPD plans, see page 15 for details.
- **Prescription Drug Plan (PDP)** There are changes in 2026 premiums for most PDP plans, see page 23 for details.
- **Medicare Supplement / Medigap**
 - **Cigna** has changed its name to “HealthSpring” - 2026 premiums have increased, see page 25 for details
 - **UnitedHealthcare** - Monthly Premiums Change Annually in June – You will receive a letter directly from UHC in March.

Dental & Vision Plans

- **Dental**
 - **Great news!** Rates will remain the same in 2026 as they were in 2025
 - Plan designs will remain the same in 2026
 - **In case you missed it: Implants are covered** under Major Service on the **High PPO Dental Plan**
- **Vision**
 - **Great news!** Rates will remain the same in 2026 as they were in 2025
 - Plan designs will remain the same

Who is Eligible FSRBC?

FSRBC Medicare Medical Plans—65 or older Medicare-eligible **retirees & spouses** that are enrolled in Medicare Parts A and B.

- If your spouse is older, they can enroll in an FSRBC place once they are enrolled in Original Medicare, even if you are not yet 65 or retired.
- If your spouse is younger than you, they can enroll in an FSRBC plan once they are enrolled in Original Medicare
- *If your spouse is eligible to enroll but you are not eligible yet, please call our Customer Service at 1-833-686-0983 as our team will need to ensure your spouse's account is setup. Please note this could take 48-72 hours to setup.*

Humana Dental and Vision Plans—If a retiree is enrolled in FSRBC, their spouse and dependents may also enroll in a dental and vision plan.

Who is FSRBC?

The FSRBC was established in 2012, under the Florida Statute 163.01, to provide benefits for Retirees and Dependents eligible for Medicare. Since its inception, FSRBC has grown and is now comprised of 19 School Districts throughout Florida and provides coverage to over 17,000 school district retired employees.

The FSRBC offers members access **to high-quality, affordable health plans** designed to provide more value than those available on the individual marketplace. Through FSRBC, retirees can choose from Group Medicare Advantage and Prescription Drug Plans that feature broader drug coverage—including 100% of Part D medications—lower copays, and generally lower out-of-pocket costs. Plans include \$0 premium Medicare Advantage options, nationwide PPO coverage, and the ability to pair Medicare Supplement insurance with prescription drug benefits. In addition, members can enroll in Humana dental and vision plans, take advantage of concierge services with educational sessions, and enjoy enhanced payment options such as FRS Pension deductions, which may offer favorable tax treatment with your Health Insurance Subsidy (HIS) dollars.

What is included in this guide:

Medicare Plans

- Annual Enrollment Information
- CMS Updates
- Changing Medicare Plans during AE
- Confirming Your Prescription Drugs
- Medicare Medical Plan Details
- Enrollment & Billing Information

Dental & Vision Plans

- Plan Details
 - How to Enroll
 - Important Billing Information
-

What if I have Additional Questions?

We are here to help! If you have questions about Annual Enrollment, we invite you to join one of our FREE Annual Enrollment Webinars, see page 5 for details. Our website also has extensive resources for you. Visit us at www.myfsrbc.com. Additional contact details are included in this booklet including numbers for the insurance companies.

FREE ANNUAL ENROLLMENT WEBINARS

FSRBC Annual Enrollment will be held from October 27th – November 14th

We will be holding General AE meetings to review all 2026 plans at a high-level, below you can find meeting details.

The webinar schedule is below. At the scheduled time click the meeting link you wish to join

Monday October 20, 2025	11:00 AM EST Click Here to Join
Tuesday October 21, 2025	10:00 AM EST Click Here to Join
Tuesday October 21, 2025	3:30 PM EST Click Here to Join
Wednesday October 22, 2025	2:00 PM EST Click Here to Join

Webinar Format:

- All FSRBC meetings are held as *webinars*.
- Each presentation starts promptly at the listed time and lasts about 45 minutes.
- Afterwards, there will be time for *questions and answers*.
- The webinar ends after all questions are addressed.
- All meetings are recorded* and uploaded to <https://myfsrbc.com>.

Webinar Agenda:

- Overview of *2026 plan changes*.
- How to change plans.
- Question-and-answer session* to address your concerns.

How to Join—Easy Steps

On a Computer or Laptop:

1. Visit www.myfsrbc.com to find the meeting links; At the scheduled time click the meeting link you wish to join.
2. At the start time, open the link in your web browser (like Edge, Chrome, or Firefox).
3. Click “Continue on this browser”. This lets you join without installing anything or creating an account.
4. If prompted, allow access to your microphone and camera.
5. Follow the on-screen instructions to join the webinar.
6. You may choose to listen through your computer speakers or by phone.

On a Smartphone or Tablet:

- 1.Download the Microsoft Teams App from the App Store (Apple/iPhone/iPad) or Google Play Store (Android).
- 2.Visit www.myfsrbc.com to find the meeting links; At the scheduled time click the meeting link you wish to join
- 3.The app will guide you to join the webinar.
- 4.You may listen with your device speakers or headphones.

Additional Tips for Ease of Use:

- You do not need a Microsoft Teams account to join.
- If you get stuck, close your browser/app and reopen the joining link.
- Try to join 5–10 minutes early in case you need extra time.
- All microphones will be automatically muted until the question-and-answer session.

2026 Plan Year Annual Enrollment Updates



2026 Center for Medicare Services (CMS) Updates & Changes

Center for Medicaid and Medicare Services (CMS) 2026 Updates

		2025	2026
Part A	Monthly Premium	Free for most people	Pending release from CMS
	Inpatient Hospital Deductible	\$1,676	Pending release from CMS
Part B	Monthly Premium	\$185.00	Pending release from CMS
	IRMAA Threshold	\$106,000	Pending release from CMS
	Deductible	\$257	Pending release from CMS
	Coinsurance	20%	Pending release from CMS
Part D	Catastrophic Threshold	\$2,000	\$2,100
	Deductible	\$590	\$615

Considering Changing Your Medicare Plan during Annual Enrollment?

To have complete coverage you should be enrolled in one of the following options, as these offer the most comprehensive coverage, combining medical and prescription drug benefits.

- Option 1: Medicare Advantage with prescription Drugs (MAPD)
 - Combines Medicare Part A, B and D into a single plan; known as Part C. These plans, offered by private insurance companies, provide a way for individuals to access both Medicare's comprehensive health care and prescription drug benefits through one option.
- Option 2: Medicare Supplement (Medigap) plan + a standalone prescription drug plan.
 - Helps cover out-of-pocket costs like copayments, coinsurance, and deductibles for medical services covered by Original Medicare (Parts A and B). Standalone Prescription Drug – Provides coverage for prescription drugs.

Options and Considerations when Changing plans:

Current Plan	Change Options During Annual Enrollment
Medicare Advantage with Prescription Drug (MAPD)	• Switch to another MAPD plan • Switch to Medicare Supplement + Standalone Prescription drug plan (you will be subject to medical underwriting to assess your health and determine eligibility, and you could be denied coverage. If approved, your monthly premium will be based on your current age)
Medicare Supplement (Medigap)	• Switch to another Medicare Supplement (Medigap) plan (you will be subject to medical underwriting to assess your health and determine eligibility, and you could be denied coverage. If approved, your monthly premium will be based on your current age) – Application needs to be completed through UHC and approved by both UHC and Medicare • Switch to a Medicare Advantage with Prescription Drug plan (MAPD)
Standalone Prescription Drug Plan	• Switch to another drug plan, • Switch to a Medicare Advantage with Prescription Drug plan (MAPD)

CONFIRM YOUR PRESCRIPTION DRUG COVERAGE

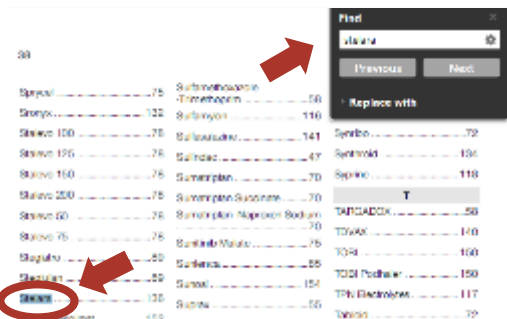
If you are enrolled in or are consider enrolling in an FSRBC plan with Prescription Drug coverage, here is how you can confirm your prescription drugs are covered on the plan's Formulary.

What is a Formulary?

A Formulary is a list of prescription drugs covered by a prescription drug plan or another insurance plan offering prescription drug benefits. Also called a drug list.

Finding Your Plan's Formulary:

1. Visit our website at www.myfsrbc.com
2. Choose the tab labeled "Medicare/Medical" in the dark blue header
3. Then select the "Medicare Plans" tab in the light blue section of tabs
4. Scroll down to find the plan you are either enrolled in, or that plan(s) you want to look at enrolling in
5. Click the link under the "Formulary" column



How do I find my drug in the Formulary:

1. Click the link for the plan you want
2. The document will open, or you may be required to download the document
3. Once open, use the search feature to look up your drug (be sure to check your spelling)
4. Go to the page listed, here you will see the **tier** of the drug
5. If the drug is not listed, it is not covered

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Solista (Oral Tablet)	B	4	PA; QL
Stelara (Subcutaneous Solution)	B	4	PA; QL
Stelara (Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
Tolva (Subcutaneous Solution, Auto-Injector)	B	4	PA; QL

What is a Drug Tier?

A Formulary is organized into Drug Tiers. These tiers have different copays or coinsurances assigned to them that you'll see when you look at the different plan designs.

Tier Definitions:

Tier 1	Preferred Generic	Most generic drugs
Tier 2	Preferred Brand	Many common brand name drugs, called preferred brands, and some higher-cost generic drugs
Tier 3	Non-Preferred	Non-preferred generic and non-preferred brand name drugs
Tier 4 and 5	Specialty	Unique and/or very high-cost brand and generic drugs

HOW TO COMPARE DRUG COVERAGE EXAMPLE

Medicare Advantage w/ Prescription Drug (MAPD)

Notes on Comparing Drug Tiers:

- Drug tiers can vary based on plan, which can impact your cost – know which drug tier your prescription drugs fall into.
- Premier, Comprehensive and Low National are GROUP plans with a richer formulary
- We suggest you request a printout, from your pharmacy, of your last year's prescriptions showing the total cost, the cost the insurance covered and your cost. This will help you with determining your potential cost out of pocket cost.
- This chart is for example purposes only, please confirm drug tiers and cost with current plan documents.

On this page we've created an example comparing 4 of the UnitedHealthcare MAPD plans. On the next page there is a PDP example, and the following page contains a blank version of this table that you can use to input the drugs you take and the plans you want to compare. This example assumes that this member takes each of the drugs listed below on a regular monthly basis.

UnitedHealthcare Medicare Advantage Plans									
		Premier PPO		Comprehensive PPO		Low National PPO		Group PPO \$0	
Plan's Pharmacy Deductible		None		None		\$590		None	
Retail Cost of Drug (<i>estimate</i> per GoodRx website)		Tier	Monthly Cost (Based on Tier)	Tier	Monthly Cost (Based on Tier)	Tier	Monthly Cost (Based on Tier)	Tier	Monthly Cost (Based on Tier)
Eliquis	\$620	2	\$30	2	\$40	2	\$30	3	\$47
Lexapro	\$480	3	\$60	3	\$90	3	\$45	*Not Covered	\$480
Lipitor	\$1,700	3	\$60	3	\$90	3	\$45	*Not Covered	\$1,700
Metformin	\$25	1	\$5	1	\$7	1	\$10	1	\$15
Nexium	\$345	2	\$30	2	\$40	2	\$30	3	\$47
Novolog	\$396	3	\$60	3	\$90	3	\$45	*Not Covered	\$396
Synthroid	\$190	2	\$30	2	\$40	2	\$30	3	\$47
Ozempic	\$1,150	2	\$30	2	\$40	2	\$30	3	\$47
Xarelto	\$650	2	\$30	2	\$40	2	\$30	3	\$47
Zoloft	\$500	3	\$60	3	\$90	3	\$45	*Not Covered	\$500
Monthly Copay/Coinsurance Total Paid to Pharmacy		\$395.00		\$567.00		\$340.00		\$3,326.00	
Plan's Monthly Premium		\$392.58		\$273.10		\$111.98		\$0.00	

*If a drug is not covered on the formulary (indicated either by the words "not covered" or by the omission of that drug name appearing in the formulary list for that plan) the member would be responsible for paying the full retail price of that drug. The member could also talk to their doctor about changing their medications to a similar drug that is covered.

HOW TO COMPARE DRUG COVERAGE EXAMPLE

Prescription Drug Plan (PDP)

Notes on Comparing Drug Tiers:

- Drug tiers can vary based on plan, which can impact your cost – know which drug tier your prescription drugs fall into.
- Premier and Comprehensive are Group plans and have a richer formulary
- We suggest you request a printout, from your pharmacy, of your last year's prescriptions showing the total cost, the cost the insurance covered and your cost. This will help you with determining your potential cost out of pocket cost.
- This chart is for example purposes only, please confirm drug tiers and cost with current plan documents.

On this page we've created an example comparing 3 of the UnitedHealthcare PDP plans. On the next pages there is a blank version of this table that you can use to input the drugs you take and the plans you want to compare.

		UnitedHealthcare PDP Plans					
		Elite PDP		AARP Saver Plan		AARP Preferred Plan	
Plan's Pharmacy Deductible		None		\$615		None	
	Retail Cost of Drug (<i>estimate</i> per GoodRx website)	Tier	Monthly Cost (Based on Tier)	Tier	Monthly Cost (Based on Tier)	Tier	Monthly Cost (Based on Tier)
Eliquis	\$620	2	\$45	3	18% - \$112	3	17% - \$105
Lexapro	\$480	3	\$75	*Not Covered	\$480	*Not Covered	\$480
Lipitor	\$1,700	3	\$75	*Not Covered	\$1,700	*Not Covered	\$1,700
Metformin	\$25	1	\$10	1	\$2	1	\$5
Nexium	\$345	2	\$45	*Not Covered	\$345	*Not Covered	\$345
Novolog	\$396	3	\$75	*Not Covered	\$396	*Not Covered	\$396
Synthroid	\$190	2	\$45	3	18% - \$34	3	17% - \$32
Ozempic	\$1,150	2	\$45	*Not Covered	\$1,150	3	17% - \$196
Xarelto	\$650	2	\$45	3	18% - \$117	3	17% - \$111
Zoloft	\$500	3	\$75	*Not Covered	\$500	*Not Covered	\$500
Monthly Copay/Coinsurance Total Paid to Pharmacy		\$535.00		\$4,836.00		\$3,870.00	
Plan's Monthly Premium		\$146.58		\$98.70		\$119.10	

*If a drug is not covered on the formulary (indicated either by the words "not covered" or by the omission of that drug name appearing in the formulary list for that plan) the member would be responsible for paying the full retail price of that drug. The member could also talk to their doctor about changing their medications to a similar drug that is covered.

YOUR PRESCRIPTION DRUG WORKSHEET

You can use this page to look at your different drug costs across a few plans. When you ask your pharmacist for the list of your drugs, you can also ask them to include the “Retail Cost” of each drug. If they do not provide you can look at Good Rx for an estimate.

Your Personal Plan Compare							
		Plan #1		Plan #2		Plan #3	
Plan's Pharmacy Deductible							
Your Drugs	Retail Cost of Drug (estimate per GoodRx website)	Tier	Monthly Cost (Based on Tier)	Tier	Monthly Cost (Based on Tier)	Tier	Monthly Cost (Based on Tier)
Monthly Copay/Coinsurance Total Paid to Pharmacy							
Plan's Monthly Premium							

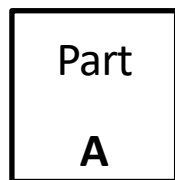
Medicare Medical & Prescription Drug Coverage Options



Medicare Basics

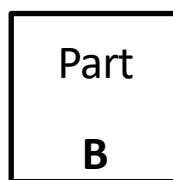
Original Medicare Plans

Provided by the federal government



Medicare Part A Hospital Insurance

Covers inpatient hospital care, skilled nursing facility, hospice, lab tests, surgery and home health care.



Medicare Part B Medical Insurance

Covers other medical benefits like doctor visits, ambulance services, durable medical equipment, mental health services, partial hospitalization, second opinions before surgery, and limited outpatient prescription drugs.

One of the significant aspects of Original Medicare is that it does not have an out-of-pocket maximum. This means that there is no cap on the amount you might have to pay for healthcare costs in a given year

FSRBC Medicare Medical Plans

While Medicare Parts A and B help cover most hospital and medical costs, for many people its just not enough. You can buy additional insurance through FSRBC's carrier partners to help cover the gaps in Original Medicare.

The pathways below offer the most comprehensive coverage, combining medical and prescription drug benefits. Please note that you cannot enroll in both a Medicare Advantage Plan and a Medicare Supplement Plan or Prescription Drug Plan simultaneously. You must choose one pathway or the other to ensure you have the coverage you need

Pathway 1:

Choose a Medicare Advantage Plan



Medicare Advantage Including Prescription Drug (MAPD)

Known as Part C

Medicare Advantage plans combine Parts A and B (Original Medicare) into one comprehensive plan. Advantage plans function similarly to an employer HMO or PPO plan. All FSRBC Advantage plans include prescription drug coverage.

Pathway 2:

Add the below to Original Medicare Plans A and B



Medicare Supplement

Known as Medigap

Helps cover some or all of the out-of-pocket costs that Original Medicare does not cover



Prescription Drug Plan (PDP)

Known as Part D

Covers most out-of-pocket prescription drug expenses

Choosing a FSRBC Medicare Plan

If you are a new retiree and are currently enrolled in your employer's plan, below is an example to show how the typical services covered by your employer's plan may compare to the FSRBC Medicare plans. These could vary depending on plan type and carrier. Please refer to specific plan documents to review covered benefits.

Medical Benefit	Employer	Original Medicare		FSRBC Plans		
	Traditional Employer PPO	Part A	Part B	MAP D	MED SUP P	PDP
Office Visits	✓		✓	✓	✓	
Inpatient Hospital Care	✓	✓		✓	✓	
Skilled Nursing Facility	✓	✓		✓	✓	
Hospice Care	✓	✓		✓	✓	
Home Health Care	✓	✓	✓	✓	✓	
Outpatient Care	✓		✓	✓	✓	
Durable Medical Equipment	✓		✓	✓	✓	
Preventive Services	✓		✓	✓	✓	
Labs & Imaging	✓		✓	✓	✓	
Prescription Drugs	✓			✓		✓

Plan Highlights:

- **Medicare Advantage Including Prescription Drug (Part C, MAPD)**
 - Similar to a traditional employer PPO or HMO Plan
 - Wide range of plan costs to fit your budget
 - Prescription Drug benefits included
- **Prescription Drug (Part D, PDP)**
 - Provides coverage solely for Prescription Drugs
 - Can enroll in a PDP with Original Medicare or in conjunction with a Medicare Supplement plan
- **Medicare Supplement (MedSupp, Medigap)**
 - Additional medical coverage to supplement Medicare Parts A and B
 - Prescription drug benefits NOT included, highly recommended to also enroll in a Prescription Drug Plan



Medicare Advantage Prescription Drug Plans (MAPD)

Please Note the Following Changes for the 2026 Plan Year:

- **Still in place:** The Medicare Prescription Payment Plan was a new program in 2025 created under the Inflation Reduction Act that allows participants to spread their covered Part D out-of-pocket spending over the remainder of the calendar year. Contact you're the insurance carrier for more information.
- **All United Healthcare MAPD** monthly premiums are increasing by \$35.00, except the Group PPO which will remain at \$0
- **Florida Blue MAPD** monthly premiums are increasing
 - Low PPO from \$189.98 in 2025 to \$199.48 in 2026
 - Group PPO from \$381.91 in 2025 to \$401.00 in 2026.
- **Humana MAPD** monthly premium increasing for the Humana Comprehensive PPO from \$403.50 in 2025 to \$451.95 (Humana Zero Premium HMO remaining at \$0 premium)
- **Aetna MAPD** monthly premiums are increasing
 - Basic from \$157.63 in 2025 to \$175.07 in 2026
 - Enhanced from \$508.51 in 2025 to \$558.51 in 2026

Districts Eligible		Carrier	Plan Names	2026 Retiree Premium
MAPD	All Districts	United Healthcare	Group PPO	\$0.00
			Low Premium National PPO	\$111.98
			Comprehensive National PPO	\$273.10
			Premier National PPO	\$392.58
	Polk	Florida Blue	Low PPO (closed to new enrollments)	\$199.48
			Group PPO	\$401.00
	Palm Beach, Sarasota, Volusia	Humana	Humana Zero Premium HMO	\$0.00
			Humana Comprehensive PPO	\$451.95
	Manatee	Aetna	Basic	\$175.07
			Enhanced	\$558.51

The benefits comparisons included in this booklet are for illustrative purposes only and shows the amount you pay for each service. Please note the benefits charts provide an overview of benefits. For additional details about your benefits please refer to the individual plan document provided by the carrier. If any discrepancy exists between this guide and the official documents, the official documents will prevail.

To look up additional plan details, visit <https://myfsrbc.com/medicare-medical-plans/#plans>

\$0 Premium UnitedHealthcare PPO Plan



The below comparison is for illustrative purposes only and shows the amount **you pay** for each service. This plan is a PPO plan with nationwide coverage.

- ☒ Available to all Districts
☐ Some FL County restrictions (see below)

Please Note: This plan is only available for Florida Residents who reside in the service areas. This plan is NOT available if you reside in any of the following Florida Counties:

- Baker
- Bay
- Broward
- Bradford
- Calhoun
- Citrus
- DeSoto
- Dixie
- Gilchrist
- Gulf
- Hamilton
- Highlands
- Jackson
- Lafayette
- Levy
- Liberty
- Madison
- Miami-Dade
- Monroe
- Okaloosa
- Okeechobee
- Putnam
- St. Lucie
- Suwannee
- Taylor
- Union

Please note this chart provides an overview of benefits. For additional details about your benefits please refer to the individual plan document provided by the carrier. If any discrepancy exists between this guide and the official documents, the official documents will prevail. This plan also includes out-of-network benefits that differ from in-network benefits.

Group PPO Plus	
Calendar Year Deductible (CYD)	\$0
Medical Out-of-Pocket Max (OOP)	\$4,500
Coinsurance	20%
Physician Office Visits	
PCP	\$5
Specialist	\$30
Hospital Services	
Inpatient	\$275/Day for Days 1-6 \$0/Day for Days 7+
ER Copay	\$90
Urgent Care Copay	\$35
Outpatient Services	
Hospital	20%
Surgery	20%
Diagnostic Radiology (MRI, CT)	10%
Lab Services	\$0
Rx Benefits	
Deductible	\$300
Part D Initial Coverage (30-day retail)	
Tier 1 Copay	\$15
Tier 2 Copay	\$15
Tier 3 Copay	\$47
Tier 4 Copay	\$100
Tier 5 Copay	\$100
Part D Catastrophic Coverage (>\$2,100)	
Tier 1 – 5 Copay	\$0
2026 Monthly Retiree Premium	\$0.00

UnitedHealthcare National PPO Plans



☒ Available to all Districts

The below comparison is for illustrative purposes only and shows the amount **you pay** for each service. These plans have coverage throughout the U.S.

Note: These plans offer out-of-network benefits, and the copays and coinsurance are the same amount. These plans can be used at any provider who accepts Medicare and will bill UnitedHealthcare. **These plans are PPO plans with nationwide coverage.**

	Premier	Comprehensive	Low
Calendar Year Deductible (CYD)	\$0	\$0	\$400
Medical Out-of-Pocket Max (OOP)	\$2,500	\$3,000	\$6,700
Coinsurance	20%	20%	20%
Physician Office Visits			
PCP	\$5	\$20	\$25
Specialist	\$15	\$30	\$45
Hospital Services			
Inpatient	\$175 Per Admit	\$230/Day for Days 1-7 \$0/Day for Days 8+	\$210/Day for Days 1-7 \$0/Day for Days 8+
ER Copay	\$65	\$65	\$65
Urgent Care Copay	\$35	\$35	\$35
Outpatient Services			
Hospital	\$15	20%	20%
Surgery	\$15	20%	20%
Diagnostic Radiology (MRI, CT)	\$20	20%	20%
Lab Services	\$0	20%	20%
Rx Benefits			
Deductible	\$0	\$0	\$615
Part D Initial Coverage			
Tier 1 Copay	\$5	\$7	\$10
Tier 2 Copay	\$30	\$40	\$30
Tier 3 Copay	\$60	\$90	\$45
Tier 4 Copay	\$80	\$90	\$60
Part D Catastrophic Coverage (>\$2,100)			
Tier 1 - 5 Copay	\$0	\$0	\$0
2026 Monthly Retiree Premium	\$392.58	\$273.10	\$111.98



Please note the above chart provides an overview of benefits. For additional details about your benefits please refer to the individual plan document provided by the carrier. If any discrepancy exists between this guide and the official documents, the official documents will prevail.

Aetna Plans



The below comparison is for illustrative purposes only and shows the amount **you pay** for each service. **These plans are PPO plans with nationwide coverage**

☒ Available to Manatee County

Available to Manatee County

	Basic PPO		Enhanced PPO	
Calendar Year Deductible (CYD)	\$0		\$0	
Medical Out-of-Pocket Max (OOP)	\$2,000		\$2,000	
Coinsurance	15%		15%	
Physician Office Visits				
PCP	15%		15%	
Specialist	15%		15%	
Hospital Services				
Inpatient	\$500 Per Stay		\$500 Per Stay	
ER Copay	\$50		\$50	
Urgent Care Copay	\$50		\$50	
Outpatient Services				
Hospital	15%		15%	
Surgery	15%		15%	
Diagnostic Radiology (MRI, CT)	15%		15%	
Lab Services	15%		15%	
Rx Benefits				
	Preferred Network	Standard Network	Preferred Network	Standard Network
Deductible	\$0		\$0	
Part D Initial Coverage				
Tier 1 Copay	\$0	\$5	\$0	\$10
Tier 2 Copay	\$5	\$20	\$20	\$20
Tier 3 Copay	\$40	\$40	\$35	\$35
Tier 4 Copay	\$75	\$75	\$35	\$35
Tier 5 Copay/Coinsurance	33%	33%		
Part D Catastrophic Coverage (>\$2,100)				
Tier 1 - 5 Copay	\$0		\$0	
2026 Monthly Retiree Premium	\$175.07		\$558.51	



Please note the above chart provides an overview of benefits. For additional details about your benefits please refer to the individual plan document provided by the carrier. If any discrepancy exists between this guide and the official documents, the official documents will prevail.

Florida Blue Plans



The below comparison is for illustrative purposes only and shows the amount **you pay** for each service. **These plans are PPO plans with nationwide coverage. These plans have different out of-network benefits.**

☒ Available to Polk County

	Low PPO (closed to new enrollments)	Group PPO
Calendar Year Deductible (CYD)	\$0	\$0
Medical Out-of-Pocket Max (OOP)	\$5,900	\$1,000
Coinsurance	20%	20%
Physician Office Visits		
PCP	\$5	\$10
Specialist	\$45	\$30
Hospital Services		
Inpatient	\$225/Day for Days 1-7 \$0/Day for Days 8+	\$150/Day for Days 1-7 \$0/Day for Days 8+
ER Copay	\$75	\$75
Urgent Care Copay	\$10	\$30
Outpatient Services		
Hospital	\$75	\$75
Surgery	\$150	\$150
Diagnostic Radiology (MRI, CT)	\$100	\$125
Lab Services	\$10	\$15
Rx Benefits		
Deductible	\$295	\$0
Part D Initial Coverage		
Tier 1 Copay	\$12	\$5
Tier 2 Copay	\$13	\$5
Tier 3 Copay	\$40	\$35
Tier 4 Copay	\$93	\$65
Tier 5 Copay/Coinsurance	26%	\$110
Part D Catastrophic Coverage (>\$2,100)		
Tier 1 Copay	\$0	\$0
2025 Monthly Retiree Premium	\$199.48	\$401.00

Silver Sneakers included

Please note the above chart provides an overview of benefits. For additional details about your benefits please refer to the individual plan document provided by the carrier. If any discrepancy exists between this guide and the official documents, the official documents will prevail.

The below comparison is for illustrative purposes only and shows the amount **you pay** for each service.



☒ Available to Palm Beach County

	Comprehensive PPO (out of network benefits are the same as in-network)	HMO 076-649 Rx 34 (No out-of-network benefits)
Calendar Year Deductible (CYD)	\$0	\$0
Medical Out-of-Pocket Max (OOP)	\$2,500	\$1,200
Coinsurance	20%	20%
Physician Office Visits		
PCP	\$5	\$0
Specialist	\$15	\$0
Hospital Services		
Inpatient	100% after \$175 copayment per admission	\$0
ER Copay	\$65	\$110
Urgent Care Copay	\$15	\$0
Outpatient Services		
Hospital	\$50	\$40
Surgery	\$50	\$40
Diagnostic Radiology (MRI, CT)	\$50	\$0
Lab Services	\$0	\$0
Rx Benefits		
Deductible	\$0	\$0
Part D Initial Coverage		
Tier 1 Copay	\$5	\$0
Tier 2 Copay	\$30	\$5
Tier 3 Copay	\$60	35%
Tier 4 Copay/Coinsurance	33%	33%
Part D Catastrophic Coverage (>\$2,100)		
Tier 1 -4 Copay	\$0	\$0
2026 Monthly Retiree Premium	\$451.95	\$0.00



Please note the above chart provides an overview of benefits. For additional details about your benefits please refer to the individual plan document provided by the carrier. If any discrepancy exists between this guide and the official documents, the official documents will prevail.

Humana Plans



The below comparison is for illustrative purposes only and shows the amount **you pay** for each service.



☒ Available to Sarasota

	Comprehensive PPO (out of network benefits are the same as in-network)	HMO 076-178 Rx TBD2 (No out-of-network benefits)
Calendar Year Deductible (CYD)	\$0	\$0
Medical Out-of-Pocket Max (OOP)	\$2,500	\$2,400
Coinsurance	20%	20%
Physician Office Visits		
PCP	\$5	\$0
Specialist	\$15	\$5
Hospital Services		
Inpatient	100% after \$175 copayment per admission	100% after \$145 copayment/Day for Days 1-3
ER Copay	\$65	\$150
Urgent Care Copay	\$15	\$0
Outpatient Services		
Hospital	\$50	\$75
Surgery	\$50	\$75
Diagnostic Radiology (MRI, CT)	\$50	\$65
Lab Services	\$0	\$20
Rx Benefits		
Deductible	\$0	\$0
Part D Initial Coverage		
Tier 1 Copay	\$5	\$0
Tier 2 Copay	\$30	\$5
Tier 3 Copay	\$60	35%
Tier 4 Copay/Coinsurance	33%	33%
Part D Catastrophic Coverage (>\$2,100)		
Tier 1 -4 Copay	\$0	\$0
2026 Monthly Retiree Premium	\$451.95	\$0.00

SilverSneakers included

Please note the above chart provides an overview of benefits. For additional details about your benefits please refer to the individual plan document provided by the carrier. If any discrepancy exists between this guide and the official documents, the official documents will prevail.

Humana Plans



The below comparison is for illustrative purposes only and shows the amount **you pay** for each service.



☒ Available to Volusia County

	Comprehensive PPO	HMO 076-178 Rx TBD1 (No out-of-network benefits)
Calendar Year Deductible (CYD)	\$0	\$0
Medical Out-of-Pocket Max (OOP)	\$2,500	\$2,400
Coinsurance	20%	20%
Physician Office Visits		
PCP	\$5	\$0
Specialist	\$15	\$5
Hospital Services		
Inpatient	100% after \$175 copayment per admission	100% after \$145 copayment/Day for Days 1-3
ER Copay	\$65	\$150
Urgent Care Copay	\$15	\$0
Outpatient Services		
Hospital	\$50	\$75
Surgery	\$50	\$75
Diagnostic Radiology (MRI, CT)	\$50	\$65
Lab Services	\$0	\$20
Rx Benefits		
Deductible	\$0	\$0
Part D Initial Coverage		
Tier 1 Copay	\$5	\$0
Tier 2 Copay	\$30	\$5
Tier 3 Copay	\$60	35%
Tier 4 Copay/Coinsurance	33%	33%
Part D Catastrophic Coverage (>\$2,100)		
Tier 1 -4 Copay	\$0	\$0
2026 Monthly Retiree Premium	\$451.95	\$0.00

SilverSneakers included

Please note the above chart provides an overview of benefits. For additional details about your benefits please refer to the individual plan document provided by the carrier. If any discrepancy exists between this guide and the official documents, the official documents will prevail.



Prescription Drug Plans & Supplement Plans

Please Note the Following Changes for the 2026 Plan Year:

The Current Comprehensive and Premier Prescription Drugs will be replaced by the NEW Elite Drug Plan – all enrollees will automatically be moved into the new plan.

- **United Healthcare AARP PDP** monthly premiums are changing
 - AARP Preferred PDP from \$92.20 in 2025 to \$119.10 in 2026
 - AARP Saver Plus PDP from \$112.60 in 2025 to \$98.70 in 2026
- **UnitedHealthcare Group Prescription Drug Plans (PDP)**
 - Comprehensive and Premier Prescription Drug Plans These plans will no longer be available in 2026. All enrollees will automatically be moved to the New Elite Plan
 - The 2026 monthly premium for the Elite Rx is \$146.58
- **CIGNA PDP** monthly premiums are increasing
 - Basic Rx PDP from \$206.10 in 2025 to \$206.41 in 2026
 - High Rx PDP from \$322.34 in 2025 to \$328.46 in 2026
- **Medicare Supplement / Medigap**
 - **Cigna** has changed its name to “HealthSpring” - 2026 premiums have increased, see page 25 for details
 - **UnitedHealthcare** - Monthly Premiums Change Annually in June – Your will receive a letter directly from UHC

Prescription Drug Plans (PDP)

	Districts Eligible	Carrier	Plan Names	2026 Retiree Premium
MED PDP	All Districts	United Healthcare	Group Elite PDP - NEW	\$146.58
			AARP Saver (FL rate)	\$98.70
			AARP Preferred (FL rate)	\$119.10
	Manatee, Orange, Osceola	HealthSpring (previously Cigna)	Basic Rx PDP	\$206.41
			High Rx PDP	\$328.46

Medicare Supplement Plans (MedSupp/Medigap)

	Districts Eligible	Carrier	2026 Monthly Premiums			
MedSupp	Orange, Osceola	HealthSpring (previously Cigna)	Age Bracket*	Plan F	Plan G	Plan N
			All age brackets	See page 25 for monthly premiums		
	All Districts	United Healthcare	Cost varies based on age, gender, zip code and health status. <i>(Monthly Premiums Change Annually in June – Your will receive a letter directly from UHC)</i>			

To look up your exact monthly premium for a supplement plan with UnitedHealthcare, visit <https://apps.fldfs.com/MCWS/CWSSearch>

UnitedHealthcare Prescription Drug Plan

The below comparison is for illustrative purposes only and shows the amount you pay for each service. Supplement Plan premiums vary based on age, gender, zip code and health status. Your monthly Premium will be provided during enrollment process. **2026 Plan Example G Premium will be based on an individual's age/tobacco status/gender/ zip code**

☒ Available to all Districts

UHC Plan G – Medicare Supplement	
2025 Part B Deductible*	\$240
Medical Out-of-Pocket Max	\$0
Coinsurance	0%
Copays	
PCP Office Visit	\$0
Specialist Office Visit	\$0
ER Copay	\$0
Urgent Care Copay	\$0
Outpatient Hospital	\$0
Outpatient Surgery	\$0
Inpatient Hospital	\$0
2025/26 Plan Example G Monthly Premium <i>Monthly premiums changes each year on June 1st</i>	\$237.32 <i>(based on 65-year-old nonsmoking female, zip code 32207)</i>

Prescription Drug Benefits (Rx)	AARP Rx Preferred	AARP Rx Saver	Group Elite RX
Deductible	\$0	\$615	\$0
Part D Initial Coverage			
Tier 1	\$5	\$2	\$10
Tier 2	\$10	\$8	\$45
Tier 3	17%	18%	\$75
Tier 4	34%	35%	\$100
Tier 5	31%	25%	
Part D Catastrophic Coverage starts at \$2,100			
Tier 1	\$0	\$0	\$0
Tier 2	\$0	\$0	\$0
Tier 3	\$0	\$0	\$0
Tier 4	\$0	\$0	\$0
Tier 5	\$0	\$0	\$0
2026 Rx Plan Monthly Premium	\$119.10	\$98.70	\$146.58

* 2026 Part B Deductibles have not been published by CMS at the time this document was created.

HealthSpring (previously Cigna) Rx Plans



The below comparison is for illustrative purposes only and shows the amount you pay for each service. Supplement Plan premiums vary based on age, gender, zip code and health status. Your monthly Premium will be provided during enrollment process.

Please note: Cigna has changed its name to “HealthSpring”

☒ Available to Manatee, Orange and Osceola

HealthSpring Plan G – Medicare Supplement		2026 Monthly Premiums Florida Residents living outside the 330XX-334XX zip codes			
2025 Part B Deductible*	\$240	Age Bracket*	Plan G	Plan N	Plan F**
Medical Out-of-Pocket Max	\$0	Issue Age 65-69	\$242.86	\$202.50	\$270.01
Coinurance	0%	Issue Age 70-74	\$287.02	\$243.78	\$315.68
Copays		Issue Age 75-79	\$325.76	\$278.81	\$355.04
PCP Office Visit	\$0	Issue Age 80+	\$368.01	\$315.34	\$397.38
Specialist Office Visit	\$0	*Please Note: you will retain the age bracket you first enrolled with Cigna			
ER Copay	\$0				
Urgent Care Copay	\$0				
Outpatient Hospital	\$0				
Outpatient Surgery	\$0				
Inpatient Hospital	\$0				

**Plan F no longer accepting new enrollments from those with Medicare effective date later than 1/1/20. Plan G is most similar.

Prescription Drug Plans (Rx)	Rx Basic	Rx High
Deductible	\$0	\$0
Part D Initial Coverage		
Tier 1	\$20	\$7
Tier 2	\$45	\$30
Tier 3	50% (\$150 max)	\$60
Tier 4	33% (\$250 max)	\$75
Part D Catastrophic Coverage starts at \$2,100		
Tier 1	\$0	\$0
Tier 2	\$0	\$0
Tier 3	\$0	\$0
Tier 4	\$0	\$0
2026 Rx Plan Monthly Premium	\$206.41	\$328.46

* 2026 Part B Deductibles have not been published by CMS at the time this document was created

Dental & Vision Coverage Options





Humana Dental & Vision Plans

Don't forget: Retirees, their spouses and eligible dependent children are eligible for the dental and vision plans!

All dental and vision plan designs and premiums remain the same and at the same premiums in 2026 as in 2025

Plan Design Notes:

- Implants covered under Major Service on the High PPO Dental Plan only as of 1/1/2024

	Districts Eligible	Carrier	Plan Names	2026 Retiree Only Premium	2026 Retiree + 1 Premium	2026 Retiree + Family Premium
Dental Plans	All District	Humana	DPPO Low Plan	\$34.30	\$68.27	\$88.96
			DPPO Medium Plan	\$40.39	\$69.36	\$99.20
			DPPO High Plan	\$51.70	\$102.95	\$133.68
			DHMO Low Plan	\$10.53	\$20.85	\$37.07
			DHMO High Plan	\$17.10	\$33.85	\$60.17
Vision Plans	All Districts	Humana	Low Plan	\$6.24	\$12.48	\$20.33
			High Plan	\$7.25	\$14.50	\$23.33

To confirm if your preferred provider is in the network on the Humana Dental and Vision plans:

Dental:

Visit <https://www.humana.com/finder/dental> the Humana website and search using the network names below

Humana Dental PPO Plans Network - PPO/Traditional Preferred

Humana Dental HMO Plan Networks

HD205 DHMO/Prepaid Network (Low DHMO Plan)

HS195 DHMO/Prepaid Network (High DHMO Plan)

Vision:

Visit <https://www.humana.com/finder/vision> the Humana website and search using the network name Humana Insight Network

The benefits comparisons included in this booklet are for illustrative purposes only and shows the amount you pay for each service. Please note the benefits charts provide an overview of benefits. For additional details about your benefits please refer to the individual plan document provided by the carrier. If any discrepancy exists between this guide and the official documents, the official documents will prevail.

To look up additional details, visit <https://myfsrbc.com/dental-and-vision-plans/>

Humana Dental Plans



	PPO Plans		
	Low	Medium	High
Calendar Year Deductible	\$50	\$25	\$50
Calendar Year Annual Max	\$800	\$1,250	\$2,000
Plan Paid Benefits			
Preventive Coinsurance	100% after deductible	100%	100%
Basic Coinsurance	70%	80%	80%
Major Coinsurance	50%	50%	50%
2026 Monthly Premiums			
Retiree Only	\$34.30	\$40.39	\$51.70
Retiree + 1	\$68.27	\$69.36	\$102.95
Retiree + Family	\$88.96	\$99.20	\$133.68

Humana PPO Additional Details:

- Preventive Includes: Oral Examinations, X-Rays, Two regular cleanings per year, Three Periodontal cleanings per year.
- Basic Includes: Fillings, Emergency Visit.
- Major Includes: Extractions (Surgical), Crowns, Dentures and Implants (**High PPO Plan ONLY**).

	HMO Plans	
	Low	High
Calendar Year Deductible	\$50	\$50
Member Cost Share for Benefits		
Preventive	\$0	\$0
Emergency Visit	\$20	\$10
Extractions (Surgical)	\$40	\$30
Root Canal	\$110-\$250	\$100-\$210
Dentures	\$375	\$325
2026 Monthly Premiums		
Retiree Only	\$10.53	\$17.10
Retiree + 1	\$20.85	\$33.85
Retiree + Family	\$37.07	\$60.17

Humana DHMO Additional Details:

- High Plan includes up to 2 additional cleanings at \$25 - \$35 each

	Low	High
Member Cost Share for Benefits		
Exam Copay	\$10	\$5
Lens/Frame Copay	\$15	\$15
Benefit Frequency		
Exam	1 every 12 months	1 every 12 months
Frames	1 every 24 months	1 every 12 months
Lenses	1 every 12 months	1 every 12 months
Benefit Allowances		
Frames	up to \$130 (20% off balance over \$130)	up to \$130 (20% off balance over \$130)
Contact Lenses	up to \$130 (15% off balance over \$130)	up to \$130 (15% off balance over \$130)
2026 Monthly Premiums		
Retiree Only	\$6.24	\$7.25
Retiree + 1	\$12.48	\$14.50
Retiree + Family	\$20.33	\$23.33

Humana Vision Plan Differences:

- Low Plan:
 - **\$10** Exam copay
 - Frames every **24** months
 - **Lower** premiums
- High Plan:
 - **\$5** Exam copay
 - Frames every **12** months
 - **Higher** premiums

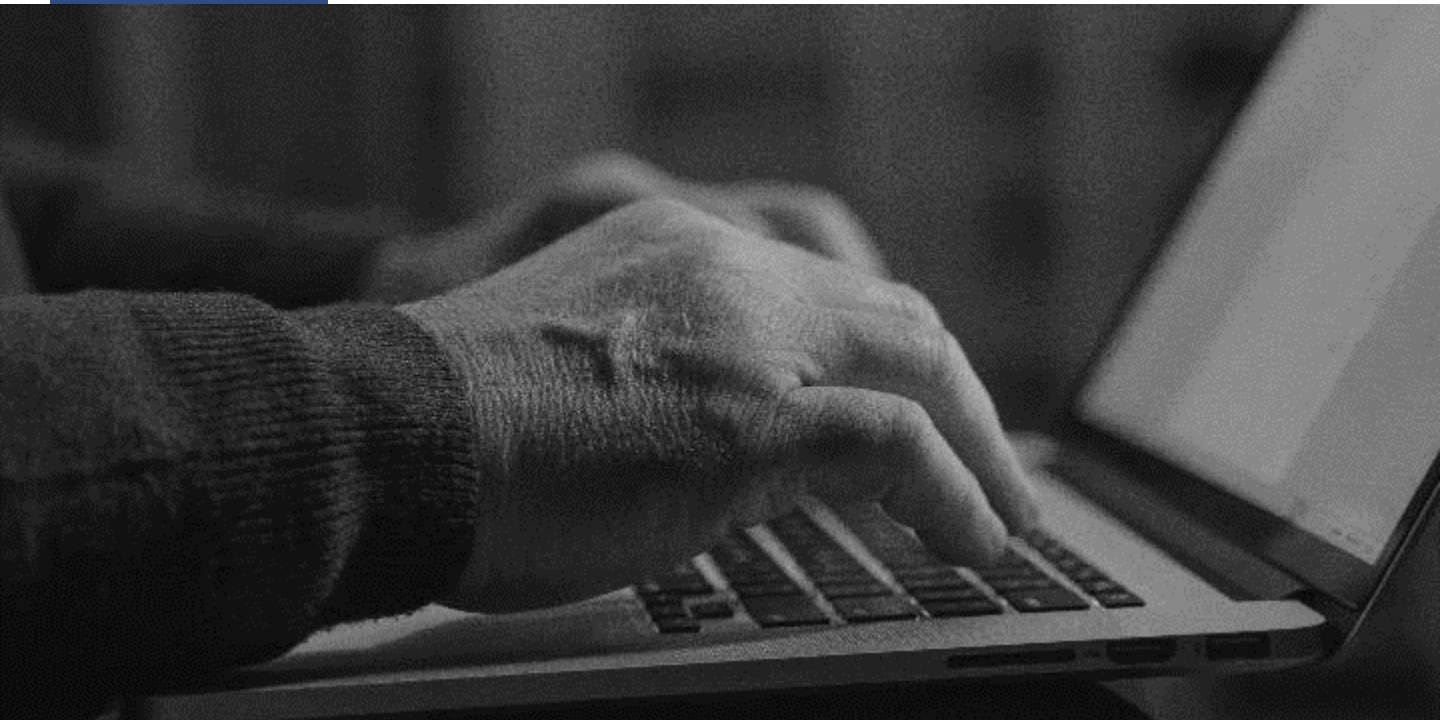
NEW – EyeRewards Program!

EyeRewards is a program that rewards our vision members for getting their annual vision exam at an in-network provider.

How it works:

- When a member visits an in-network provider for their annual exam, they will receive a \$25 voucher to use at Sunglass Hut!
- After their annual exam, the voucher will appear in the member portal, MyHumana, under an “EyeRewards” page in their navigation bar.

Billing & Enrollment





Billing and Enrollment: Medicare Plans

Annual Enrollment Enroll, Change or Cancel your Plan

Annual Enrollment Changes – Please use the instructions below:

Changes include – Enroll in a new plan, cancel current plan, change current plan

Please note changes can only be made during 10/27-11/14

Plan	Enroll, Change or Cancel
Medicare Advantage with Prescription Drug (MAPD) - UHC Group - UHC Low Premium - UHC Comprehensive - UHC Premier - Florida Blue Group - Humana Comprehensive - Humana HMO - Aetna Basic - Aetna Enhanced	Phone: 1-833-686-0983 Online: www.myfsrbc.bswift.com
Group Prescription Drug Plans (PDP) - Comprehensive Rx - Premier Rx	These plans are no longer being offered in 2026, anyone enrolled in these plans will be automatically enrolled in the Elite Rx PDP plan; see below for instructions to enroll, change or cancel.
Group Prescription Drug Plans (PDP) - Elite Rx	Phone: 1-833-686-0983 Online: www.myfsrbc.bswift.com
Individual Prescription Drug Plan - AARP Preferred - AARP Saver	Phone: 1-833-686-0983 Call our Medicare Customer Service, they will transfer you directly to Unitedhealthcare to enroll, change or cancel these plans
UnitedHealthcare Medicare Supplement/Medigap	Phone: 1-833-686-0983 Call our Medicare Customer Service, they will transfer you directly to Unitedhealthcare to enroll, change or cancel these plans
HealthSpring (Cigna) Medicare Supplement/Medigap	Phone: 1-833-686-0983 Online: www.myfsrbc.bswift.com

ONLINE

Visit our online portal to:

- Access the billing portal to view statements and update payment preference
- Update view/Change your personal information
- **Add email address**
- View the Medicare plan(s) you are enrolled in through the consortium
- Add a Legal Representative

Visit www.myfsrbc.bswift.com and login:

- **Non-Registered Users:** select “First time visiting, register now” and enter you Name, Zip Code and Date of Birth. You will then be prompted to enter a username and password.
- **Registered User:** if you have previously logged into the Bswift system, you can login with your user ID and password or follow the prompts to reset your password if needed.

Use your phone or tablet's camera to scan the QR code featured here. You'll be directed to the FSBRC enrollment website powered by BSwift.



Billing Options and Details for Medicare Plans

FRS/Pension



Payment Timing: Payment deducted on last business day of the month for following month (i.e. 12/31 for January coverage)

Billing Cycle: Payment preference due by 3rd of each month for preference to be reflected for that billing cycle. Billing team sends file to FRS on/around 7th of each month.

Set Up: Retirees enrolling in FSRBC benefits for the first time must attest by completing the FRS form on the enrollment site or by phone through Customer Service.

If you have any technical issues or questions, please call our Medicare Customer Service Center at 1 (833) 686-0983. Representatives are available Monday through Friday from 7am – 7pm Eastern Time during the Annual Enrollment time (October 27th – November 14th 2025) and 9am-5pm Eastern Time throughout the rest of the year.

ACH/Bank Draft



Payment Timing: Payment deducted on the 5th of the month for the billing month (i.e. 1/5 for January coverage)

Billing Cycle: Payment preference due by 1st of each month for upcoming billing cycle (i.e. 2/1 for 2/1 coverage).

Set Up: Complete the setup online through the enrollment portal by entering the required information or through by calling customer service

If you have any technical issues or questions, please call our Medicare Customer Service Center at 1 (833) 686-0983. Representatives are available Monday through Friday from 7am – 7pm Eastern Time during the Annual Enrollment time (October 27th – November 14th 2025) and 9am-5pm Eastern Time throughout the rest of the year.

Check



Payment Timing: Payment is posted when check is received by BSwift

Set Up: No set up needed. Billing statements are sent monthly by Bswift and due on the first of the month. Each month's invoiced premiums are due at the first of that billing month.

Payment Notes:

- You can view a statement with your elections online or, if paying by check, you will be mailed an invoice.
- While going through the Bswift enrollment site, you will be prompted to elect a substitute payment option. Doing so will help ensure you do not experience a lapse in coverage due to non-payment.



Billing and Enrollment: Dental & Vision Plans

Options for Enrolling, Changing or Canceling a Humana Dental and Vision Plan(s)

If you're currently enrolled in Dental and/or Vision plans and would like to make plan changes during Annual Enrollment, please have your current ID card available when calling to speak to Humana Customer Service.

ONLINE



<https://myfsrbc.com/dental-and-vision-plans/#enrollment>

Click on the link under the "To enroll online" section or use your phone or tablet's camera to scan the QR code featured here.

You'll be directed to the Humana website.

Non-Registered Users: will securely authenticate your enrollment with your SSN, date of birth, and zip code.

Registered User: if already enrolled with Humana and previously registered at MyHumana.com, you can login with your user ID and password.



TELEPHONICALLY



1 (877) 589-4051

Dental and Vision NEW Enrollment customer service phone line

Please mention you are part of the Florida School Retiree Benefits Consortium when you speak with a Humana representative

PAPER FORM



<https://myfsrbc.com/dental-and-vision-plans/#enrollment>

Click on the link under the "To enroll online" section or use your phone or tablet's camera to scan the QR code featured here. You can also request a paper form be mailed to you by calling the Humana number above.

Once the form is completed, send it to Humana via email or via postal mail:

Email: NFLOpenEnrollment@humana.com

Postal Mail: 14260 West Newberry Road #183
Newberry, FL 32669



Billing Options and Details for Dental and Vision Plans

FRS/Pension



Payment Timing: Payment deducted on last business day of the month for following month (i.e. 12/31 for January coverage)

Billing Cycle: Payment preference due by 3rd of each month for preference to be reflected for that billing cycle. Billing team sends file to FRS on/around 7th of each month.

Set Up: On the FSRBC website (<https://myfsrbc.com/dental-and-vision-plans/#billing>), click on the link under the “FSRBC Dental and Vision Plan Billing and Payment” section or use your phone or tablet’s camera to scan the QR code featured here.

Once the form is completed, send it directly to Humana via email or via postal mail:

Email: FRSauthorization@humana.com

Postal Mail: Billing 8th Floor
101 E Main Street
Louisville, KY 40202



ACH/Bank Draft



Payment Timing: Payment deducted on the 5th of the month for the billing month (i.e. 1/5 for January coverage)

Billing Cycle: Payment preference due by 1st of each month for upcoming billing cycle (i.e. 2/1 for 2/1 coverage).

Set Up: Call Humana to establish ACH/Bank Draft at 1 (877) 829-5037 or follow the instructions included on your monthly statement for benefits. Humana customer service is available to assist Monday through Friday from 8am – 6pm Eastern Time.

Check



Payment Timing: Payment is posted when check is received by Humana

Set Up: No set up needed. Billing statements are sent monthly by Humana and due on the first of the month. Each month’s invoiced premiums are due at the first of that billing month.

If enrolled in a Humana Dental or Vision plan please contact Humana directly if you need to make updates to your contact information (address, phone # or emails). When calling Humana please be sure to have your member ID number available, which can be found on your Humana ID card. Additionally, when calling please state you are calling from the Florida School Retiree Benefits Consortium.

YOUR FSRBC CONTACT LIST

Annual Enrollment Changes – Please call phone numbers below:
Changes include – Enroll in a new plan, cancel current plan, change current plan
Please note changes can only be made during 10/27-11/14

Medicare Medical 1-833-686-0983; 7am-7pm EST (Annual Enrollment Hours)

Humana Dental and Vision 1-877-589-4051; 8am-4pm EST

Additional Information visit www.myfsrbc.com

Please note that benefits available vary by District. For a complete list of carrier contact information, please visit our website at www.myFSRBC.com/contact.

Additional Contact Details

1-833-686-0983 (TTY 711)
 Monday –Friday 9am – 5pm ET
<https://myfsrbc.bswift.com>

Medicare Medical Customer Service Center

Medicare Medical Initial Enrollment
 Medicare Medical Plan Changes
 Medicare Medical Plan Terminations
 Medicare Medical Billing Questions & Payment Preference

www.myFSRBC.com
benefits@myFSRBC.com

FSRBC Contact and Website

Website contains additional information on FSRBC plans including free recorded webinars, plan documents and additional carrier contact details

Humana Dental & Vision Contact Details

When calling, please be sure to have your member ID number available (can be found on your Humana ID card) and state you are calling from **Florida School Retiree Benefits Consortium**.

1-877-589-4051

Dental & Vision Initial Enrollment
Dental & Vision Plan Changes
Dental & Vision Add/Drop Dependent
Dental & Vision Plan Terminations

1-877—829-5037

Dental & Vision Billing Questions
 Dental & Vision FRS Authorization Form
 Dental & Vision Change Payment Preference

1-800-233-4013

Dental Claims	Dental Name or Address Change
Dental Benefits	Dental DHMO Provider Change
Dental Provider Search	Vision Name or Address Change

1-877-398-2980

Vision Benefits
 Vision Claims

Additional Questions?

send us an email:
benefits@myfsrbc.com

Visit our extensive website:
www.myfsrbc.com



Thank you to our participating Districts!

