



Retiree Benefits Guide



Humana
Dental and Vision
Open Enrollment
every October for
a January start



Curative
Medical
Open
Enrollment
every August
for an
October start

2025-2026

Important Contacts

Vendor	Phone Number	Website
Medical Curative	855-428-7284	www.curative.com
Dental Humana Dental	877-589-4051 (Enrollment) 877-829-5037 (Billing questions) <i>When calling mention part of FSRBC</i>	www.myhumana.com
Vision Humana Vision	877-589-4051 (Enrollment) 877-829-5037 (Billing questions) <i>When calling mention part of FSRBC</i>	www.myhumana.com
Life Insurance The Standard	800-325-5757 ext 0283	email: christine.d'angelo@standard.com
Florida School Retire Benefits Consortium (FSRBC)	833-686-0983	www.myfsrbc.com
Florida Retirement System (FRS)	866-446-9377	www.myfrs.com For Investment Plan Members www.frs.fl.gov For Pension Plan Members
MEDICARE	800-MEDICARE 800-633-4227	www.medicare.gov
BENCOR- Sick and annual leave payout	800-330-4014 ext 5075	www.bencorplans.usretirementpartners.com

All benefits in this booklet are subject to change. This is an Employee Benefits Guide and not a contract. All benefits are subject to the provisions and exclusions of the master contract.

Monthly Rates

Medical- Curative Pre 65

Coverage Level	EPO Value	EPO	PPO	PPO Max
Retiree Only/Spouse Only	\$605.00	\$782.28	\$1,091.83	\$1,305.82
Retiree + One Child	\$940.77	\$1,329.88	\$1,856.12	\$2,219.90
Retiree + Two or more Children	\$1,150.81	\$1,642.79	\$2,292.85	\$2,742.23
Retiree + Spouse	\$1,150.81	\$1,642.79	\$2,292.85	\$2,742.23
Retiree + Family	\$1,496.13	\$2,112.16	\$2,947.95	\$3,525.72

Dental PPO Plans- Humana

Coverage Levels	Low Plan	Med. Plan	High Plan
Retiree Only/Spouse Only	\$34.30	\$40.39	\$51.70
Retiree + 1	\$68.27	\$69.36	\$102.95
Retiree + Family	\$88.96	\$99.20	\$133.68

Dental HMO Plans- Humana

Coverage Levels	Low Plan	High Plan
Retiree Only/Spouse Only	\$10.53	\$17.10
Retiree + 1	\$20.85	\$33.85
Retiree + Family	\$37.07	\$60.17

Vision Plans- Humana

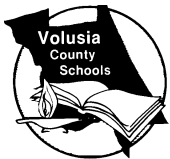
Coverage Levels	Low Plan	High Plan
Retiree Only/Spouse Only	\$6.24	\$7.25
Retiree + 1	\$12.48	\$14.50
Retiree + Family	\$20.33	\$23.33



Curative offers multiple \$0 out-of-pocket plan options for flexibility and member choice

	EPO Value	EPO	PPO	PPO Max
Brief	Value Plan: \$0 out-of-pocket costs when you go to recommended in-network providers	Essentials plan: \$0 out-of-pocket costs limited to in-network coverage only	Choice plan: \$0 out-of-pocket costs in-network with flexibility to pay some cost for out-of-network care	Maximum choice plan: \$0 out-of-pocket costs for both in and out-of-network care across the U.S.
In-Network	Wide choice of nearly 1M in-network providers, \$0 out-of-pocket costs only with Curative recommended providers	Wide choice of nearly 1M in-network providers	Wide choice of nearly 1M in-network providers	Wide choice of nearly 1M in-network providers
Out-of-Network	No coverage out-of-network	No coverage out-of-network	\$10k/\$20k Deductible (indiv/family)	\$0 Deductible / \$0 Coinsurance
	Benefits are always maximized in-network, but OON flexibility delivers value to many members. As with any network based plan, OON providers charging more than usual and customary fees for service may bill patients for remaining balances after receipt of claim payment from Curative. To prevent risk of balance bills, choose in-network providers.			
Rx Network	Mail order and select retail, including: H-E-B, Albertsons, Safeway, Publix 30,000+ pharmacies nationwide			+ CVS, Walgreens, Walmart, Rite Aid + 60,000+ pharmacies nationwide
Curative Zero Card	The Curative Zero Card is an easy point of service payment card that can be used when approved by Curative.	The Curative Zero Card is an easy point of service payment card with \$0 out of pocket costs. Usage is approved for guaranteed access at in-network or designated providers in the Curative provider directory.		
Chiropractic Coverage	Included	Included	Included	Included
Fitness	None	None	ClassPass	ClassPass

Maximize your benefits with Curative by utilizing our in-network providers and completing your Baseline Visit within the first 120 days of your effective date.



PRE 65 RETIREE MEDICAL APPLICATION FOR CURATIVE

Section 1 - Retiree Information

Name: _____ Date of Birth: _____

Social Security#: _____ - _____ - _____ Email Address: _____

Mailing Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____ Phone: _____

Section 2 - Benefit Selections

Health Insurance (Check One)

☐ EPO Value ☐ EPO ☐ PPO ☐ PPO Max

Health Coverage for: ☐ Retiree Only ☐ Retiree/Spouse ☐ Retiree/1 Child ☐ Retiree/2+ Children
☐ Retiree/Family ☐ Spouse Only

Section 3 - Dependent Information

<i>Relationship</i>	<i>Last Name</i>	<i>First Name</i>	<i>M</i>	<i>Social Security</i>	<i>Sex</i>	<i>Date of Birth</i>
<i>Spouse</i>						
<i>Dependent Child</i>						
<i>Dependent Child</i>						
<i>Dependent Child</i>						

Section 4 - Signature

I represent that the statements on this application are true and complete to the best of my knowledge and belief. I understand and agree that misrepresentations, omissions, concealment of facts, or incorrect statements may result in denial of benefits and/or termination of coverage/membership. I agree to be bound by the group contract's terms and conditions.

Signature

Date

SEND FORMS TO VCS INSURANCE

Email: insurance@volusia.k12.fl.us

Fax: 386-943-3416

OFFICE USE ONLY

Retiree date: _____

Active insurance ends: _____

Retiree insurance begins: _____

FSRBC 2026 Monthly Premiums

Humana Dental and Vision Plans

	Humana PPO Dental Plans		
	Low	Medium	High
Calendar Year Deductible	\$50	\$25	\$50
Calendar Year Annual Max	\$800	\$1,250	\$2,000
Plan Paid Benefits – Coinsurance			
Preventive	100% after deductible	100%	100%
Basic	70%	80%	80%
Major	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

DHMO Additional Details:

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

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

Visit <https://www.humana.com/finder/dental> the Humana website **and search using the network name below Humana Dental HMO Plan Networks**

1. HD205 DHMO/Prepaid Network (Low DHMO Plan)
2. HS195 DHMO/Prepaid Network (High DHMO Plan)

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**).

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

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

Humana Dental PPO Plans Network
PPO/Traditional Preferred

	Humana HMO Dental 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 Vision Plans	
	Low	High
Exam	\$10	\$5
Lens/Frames	\$15	\$15
Benefit Allowance		
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

Vision Plan Benefit Frequency

- Low Plan:**
 - Exam & Lenses – 1 every 12 months
 - Frames – 1 every 24 months
- High Plan:**
 - Exam, Frames & Lenses – 1 every 12 months

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

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

HOW TO ENROLL IN DENTAL AND/OR VISION

New Enrollment Customer Service
877-589-4051

When calling mention you are part of FSRBC

NOTE

If you would like for your premiums deducted from your pension check, let the representative know at the time of your benefits election. Must sign up within 60 days after losing benefits or will have to wait until open enrollment in October.

Dental/Vision billing questions 877-829-5037.
Dental Customer Service questions 800-233-4013
Vision Customer Service questions 877-398-2980

When calling mention you are part of FSRBC

School Board of Volusia County, FL (VCSB)

Retiree Life Insurance Options

You may be eligible to continue all or a portion of your employer plus employee paid life insurance in effect on your last day of active work. Everyone's needs are different. Below is a brief overview of the three options available to you. Coverage can be cancelled at any time, and Evidence of Insurability is not required.

OPTION 1 - GROUP POLICY - AVAILABLE TO ALL RETIREES REGARDLESS OF AGE

Your choice of \$3,000, \$5,000 or \$10,000 of life insurance coverage. The cost of this coverage does not increase, and the value does not decrease with advancing age.

Your Cost:

Billed annually. Subject to change based on contract negotiations between The Standard and VCSB.

Coverage Amount	\$3,000	\$5,000	\$10,000
Annual Cost	\$141.84	\$236.40	\$472.80

OPTION 2 - Group Life Portability – Available to retirees under age 75

You must have been continuously insured under your employer's group life insurance plan for at least 12 consecutive months on the date your employment terminates and meet the following criteria:

- a. You must be able to perform with reasonable continuity the material duties of at least one gainful occupation for which you are reasonably fitted by education, training and experience on the date employment terminated.
- b. You cannot increase the amount of insurance while coverage is being continued under the policy. You may request a lower amount or reduce your coverage in future years.
- c. If you do not buy life insurance for yourself, you may not purchase it for a dependent.

Your Cost:

Billed quarterly (every three months). The cost is subject to increases and the amount of coverage reduces with advancing age. Monthly premium rates for Member, Spouse and Dependent Child(ren) are per \$1,000 of insurance:

Age	Non-Tobacco Rate	Tobacco Rate
0-34	\$0.16	\$0.35
35-39	0.26	0.58
40-44	0.39	0.86
45-49	0.57	1.25
50-54	0.96	2.12
55-59	1.34	2.95
60-64	2.00	5.00
65-69	3.86	9.66
70-74	5.41	13.53
75-79	9.74	24.35
80+	17.53	43.83
Child Life = \$0.16 per \$1,000		
AD&D = \$0.04 per \$1,000		

Sample Cost Illustration		
1.	Your Age on last birthday	65
2.	Amount of coverage you are continuing	\$43,000
3.	Divide line 2 by 1,000	43
4.	Enter the rate for your age from chart	\$3.86
5.	Multiply line 3 by line 4 for the monthly cost.	\$165.98
6.	Multiply line 5 x 3. This is your quarterly cost:	\$497.94

Option 3 – Conversion to Individual Whole Life – Available to retirees regardless of age

You may have the option of converting all or part of your Basic Term Life, Supplemental Term Life and Dependent Term Life coverages to a whole life policy. Whole Life policies have different features than Option 1 & 2. Rates are based on your age and the amount of life insurance you wish to convert. No health information will be asked of you.

Annual Premium per \$1,000*

Age	Premium	Age	Premium
50	\$49.08	63	\$106.22
51	\$51.74	64	\$112.85
52	\$54.50	65	\$119.75
53	\$57.60	66	\$127.02
54	\$61.00	67	\$134.77
55	\$64.70	68	\$143.01
56	\$68.62	69	\$151.88
57	\$72.80	70	\$159.21
58	\$77.40	71	\$167.08
59	\$82.20	72	\$178.00
60	\$87.60	73	\$192.12
61	\$93.53	74	\$206.37
62	\$99.94	75	\$222.60

***Add \$40 annual policy fee to final premium. These rates are not guaranteed and subject to change by The Standard at time of application.**

Application Instructions:

Download and complete the application for the option you wish to purchase.

Option 1/Group Policy: standard.com/eforms/7533_758938retiree.pdf

Option 2/Portability: standard.com/eforms/20908.pdf

Option 3/Conversion: standard.com/eforms/1598a.pdf

NOTE: You must apply in writing and pay the first premium within 60 days after your coverage ends.

For additional assistance with the options for continuing your life insurance, please contact:

Standard Insurance Company Continued Benefits 900 SW Fifth Avenue Portland, OR 97204 Phone: 800-378-4668 Email: CBT@standard.com Hours: M-F, 8 a.m. – 8 p.m. Eastern Time	Christine D'Angelo National Accounts Consultant The Standard 4300 W. Cypress St., Suite 750 Tampa, FL 33607 Phone: 813-878-0283 Email: vcsblifeanddi@standard.com
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Looking at Medicare options in Retirement? Start with us!

FSRBC makes retirement benefits simple.



The Florida School Retiree Benefits Consortium (FSRBC) provides Retirees of participating Districts with benefits that are both comprehensive and competitive. Medicare-eligible retirees have access to high-quality Medicare **Medical** as well as **Dental** and **Vision** plans tailored especially for those age 65 or older, who have retired from the Florida public school system. We know there is a lot to consider when it comes to your healthcare benefits in retirement, and we’re here to help! To learn more, visit www.myFSRBC.com, scan one of the QR codes on this poster or ask your District’s Benefits Department for more info.

Why look at Additional Benefits Outside of Medicare A & B?

While Medicare Parts A and B help cover most hospital and medical costs, there are deductibles and coinsurances that Retirees have to pay. Plus there are certain medical needs that are not covered by Medicare A and B like prescription drugs and hearing aids! You can buy additional insurance through FSRBC’s carrier partners to help cover the gaps in Original Medicare. Plus FSRBC offers Dental and Vision plans for you to choose from!

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 on our website to review plan documents and details on covered benefits.

Medical Benefit	Employer	Original Medicare		FSRBC Plans		
	Traditional Employer PPO	Part A	Part B	MAPD	MED SUPP	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	✓			✓		✓

MAPD	Carrier	Plan Names	2026 Retiree Premium
	United Healthcare	Group National PPO	\$0.00
		Low Premium National PPO	\$111.98
		Comprehensive National PPO	\$273.10
		Premier National PPO	\$392.58
	Humana	Humana Zero Premium HMO	\$0.00
		Humana Comprehensive PPO	\$451.95

MED PDP	United Healthcare	Elite PDP	\$146.58
		AARP Saver (FL rate	\$98.70
		AARP Preferred (FL rate)	\$119.10

MED SUPP	United Healthcare	Plan A, F, G, and N		Cost varies based on age, gender, zip code and health status. Monthly Premium will be provided during enrollment process. To view an estimate, visit www.myfsrbc.com or scan the QR code to the left to be directed to the Florida Office of Insurance Regulation site where you can select your county of residence and input your details.

