

Preparing for Medicare Seminar

Increase your Medicare Literacy

March 2026



Agenda

Original Medicare Overview

Enrolling in Original Medicare

FSRBC Medicare Plans Overview

Humana: Dental and Vision Plans

Ready to Retire? - Next Steps

Appendix:

Income-Related Monthly Adjusted Amount (IRMAA)- 2026

Medicare Medical Plans Pathway 1 vs. Pathway 2 – Payment and Enrollment Summary

Penalties

Florida Office of Insurance Regulation



Florida School Retiree Benefits Consortium (FSRBC)

What is FSRBC?

- Extension of your District's benefits—exclusive to Medicare-eligible retirees (65+)
- Serving 17,000 retirees across 19 Florida School Districts
- Provides: Medicare Medical, Dental, and Vision plans with comprehensive support and no pressure enrollments
- Non-for-profit organization with Duval County Public Schools serving as the host District

Benefits of FSRBC

- **Group Medicare Advantage (PPO) & Rx Drug Plans**
 - PPO plans offered with Nationwide coverage
 - \$0 Medicare Advantage Plan option
 - 100% of Medicare Part D drugs covered (vs. 73% - 75% on the individual plans)
 - Lower copays for Brand & Specialty medications
- **Medicare Supplement Plans**
 - Pair with a standalone Prescription Drug Plan for extra protection
- **Dental & Vision Coverage**
 - Through Humana, at group rates
 - Various plan options
- **Concierge-Level Support**
 - Weekly virtual classroom sessions to learn about all things Medicare
 - One-on-one support with dedicated FSRBC staff
 - Annual Enrollment notifications and meetings
- **Flexible Premium Payments**
 - Deduct premiums from your Florida Retirement System (FRS) pension which may lower the taxable portion of your Health Insurance Subsidy (HIS) on IRS Form 1099-R
 - Pay via Check or automatic ACH bank draft

Why Choose FSRBC?

- Exclusive High-Quality plans for Florida school retirees
- Comprehensive, affordable choices
- Experienced support to help navigate Medicare

Our Team



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Executive Director



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Director

Vendor Partners

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Original Medicare Overview



Original Medicare Cost

- **Medicare is a Federal health insurance program for people age 65 or older** or under age 65 with certain disabilities, or individuals of any age who have End Stage Renal Disease (ESRD).
- **Although the Centers for Medicare & Medicaid Services (CMS) is the agency in charge of the Medicare program, Social Security processes your application for Original Medicare**
- Parts A and B make up what is known as “Original Medicare” and does not cover all medical costs, so you are responsible for Part A and/or Part B cost sharing, which includes premiums, deductibles, coinsurances and prescription drug costs. (provided by the federal government)

Medicare Part A	Medicare Part B
Covers: Inpatient Hospital Care, Skilled Nursing Facility Care, Home Health and Hospice	Covers: Doctor Visits, Ambulance, Durable Medical, Outpatient Service, Limited Outpatient Prescription Drugs
Hospital (Inpatient) • No monthly premium for most people • \$1,736 deductible • Days 1–60: \$0 coinsurance • Days 61–90: \$434 coinsurance per day. • Days 91 and beyond: \$868 coinsurance per each "lifetime reserve day" after day 90 for each benefit period (up to 60 days over your lifetime). • Each day after lifetime reserve days: All costs.	General • Monthly Premium*: \$202.90 (Paid directly to social security) • Deductible: \$283 per calendar year • Cost sharing: 20% of the Medicare-approved amount for most services
Medicare-Certified Skilled Nursing Facility • Days 1–20: \$0 coinsurance per day. • Days 21–100: Up to \$217 coinsurance per day. • Days 101 and beyond: All costs.	Outpatient Mental Health • 20% of the Medicare-approved amount for most outpatient mental health services
Home health care • \$0 copayment for Medicare-approved home health care services	Preventive Services • \$0 copay for the Medicare-approved list of preventive services
Blood • Entire cost for first three pints of blood	Blood • Entire cost for first three pints of blood as an outpatient, then 20% of the Medicare-approved amount for additional pints
Notes: • Part A can act as a secondary payer even if you are still <u>actively employed</u> with employer group medical benefits. • If you are enrolled in Part A you cannot contribute to a Health Savings Account (HSA). • If you worked 40 quarters of Medicare-credited employment, you are automatically entitled to Part A.	Notes: • You should enroll in Medicare Part B as soon as you are eligible if you are not actively working, have no other coverage, or are enrolled in a Retiree health plan or COBRA. • These types of coverage do not count as current employer coverage, and you may be charged a Part B late-enrollment penalty if you do not enroll when you are first eligible • Part B has a monthly premium that is paid directly to Social Security. Many Medicare beneficiaries elect to have the Part B premium deducted directly from their monthly Social Security check. The 2026 monthly standard Part B premium is \$202.90. High-Income earners may pay more (applies to incomes over \$109,000 in 2026). – see appendix for more details

What services are **NOT** covered by Original Medicare?

- Eye exams (for prescription eyeglasses)
- [Long-term care](#)
- Cosmetic surgery
- Massage therapy
- Routine physical exams (*Medicare covers one (1) annual preventative exam*)
- Hearing aids and exams for fitting them
- Concierge care (also called concierge medicine, retainer-based medicine, boutique medicine, platinum practice, or direct care)
- Covered items or services you get from a doctor or other provider that has opted out of participating in Medicare (except in the case of an emergency or urgent need)
- Most dental care: In most cases, Original Medicare doesn't cover dental services like routine cleanings, fillings, tooth extractions, or items like dentures. However, in some cases, Original Medicare may pay for some dental services closely related to certain services like:
 - A heart valve repair or replacement
 - An organ transplant
 - Cancer-related treatments
 - Dialysis services for the treatment of End-Stage Renal Disease (ESRD)
- **Prescription Drug Coverage**

Enrolling in Original Medicare



Enrolling in Medicare

Timing is key when enrolling in Medicare, so it's important to plan ahead. The right time to enroll depends on your unique Medicare journey. Review the information below to help you enroll on time and avoid costly lifetime Medicare penalties

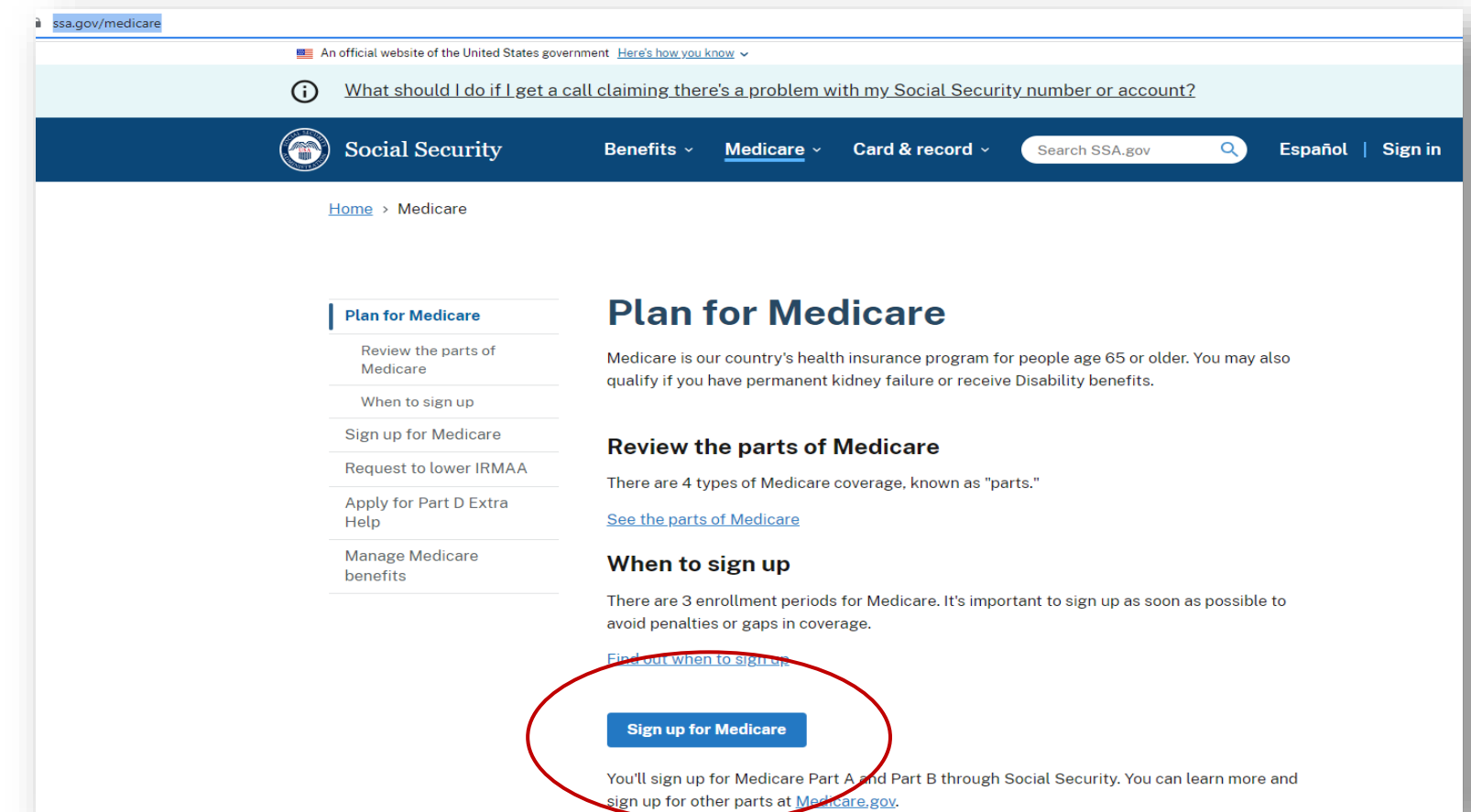
Enrollment Period	When it happens – To avoid Medicare Penalties	What You Need to Do	What happens next
Initial Enrollment Period (IEP) is your first chance to sign up for Medicare, when you are turning 65.	It lasts for 7 months — it starts 3 months before you turn 65, includes your birthday month , and ends 3 months after you turn 65.	If you are: - Turning 65 and retiring - Turning 65 and already retired* Go to the Social Security website to sign up for Medicare Parts A and B: ssa.gov/medicare	After you apply, Medicare will mail your Medicare ID card . This can take 6–8 weeks . Your Medicare coverage usually starts the month after you sign up .
Special Enrollment Period (SEP) is for people covered under an employer health plan and are over 65 and retiring.	It lasts for 6 months — it starts 3 months before you retire, includes the month you retire, and ends 2 months after you retire	If you are: - Are over 65 and retiring Go to the Social Security website to sign up for Medicare Parts A and B: ssa.gov/medicare You will need to submit the CMS form L564 with your application, which has a section your District must complete.	After you apply, Medicare will mail your Medicare ID card . This can take 6–8 weeks . Your Medicare coverage usually starts the month after you sign up .
Enroll in a Medicare Advantage Plan (with Prescription Drug) OR Medicare Supplement + Drug Plan: • Once you have your Medicare ID Card, you can choose one of these plans • These plans will start the month after you sign up (enrollments are always prospective) • To avoid a lapse of coverage or penalties (see appendix) you want to enroll in one of these plans prior to your District Coverage ending.			

Note: If you are receiving social security, you will automatically be enrolled in Medicare once they are 65.

How to Apply for Original Medicare

There are 3 ways to apply for Medicare if you are not automatically enrolled. To be automatically enrolled, you must be already be receiving your social security payments.

- 1 Enroll online**, go to <https://www.ssa.gov/medicare>.
 - Create an account (username and password), if you have not already created your social security account, or sign in.
 - There will be a separate process to sign up for Medicare Parts A and B.
 - If you are currently working, you do not need to apply for Part B until you retire.
 - Medicare Part A does not have a premium like Part B and is effective the first of the month of your 65th birthday, so everyone should sign up when first eligible.



- 2 Enroll in person** at your local Social Security Administration office. If you do not want to apply online, visit your local Social Security Administration office. – As of 2025 you are required to make an appointment. Please call 1-800-772-1213 to make an appointment.
- 3 Enroll over the phone** with the Social Security Administration/Medicare office at 1-800-633-4227. You can submit your application over the phone with a representative. Please note, there could be an extremely long hold times.

IMPORTANT: Once application is submitted it may take several weeks to receive your Medicare card in the mail. It is very important that you apply for Medicare timely, so it does not delay you being able to enroll in a Medicare Supplement or Medicare Advantage Plan. **YOU MUST BE ENROLLED IN BOTH MEDICARE PARTS A AND PART B TO ENROLL IN A MEDICARE PLAN** through FSRBC

Health Insurance Subsidy – FRS (Florida Retirement System)

- **Health Insurance Subsidy (HIS)** –The Health Insurance Subsidy (HIS) is a monthly payment that helps Florida Retirement System (FRS) members, or their beneficiaries pay for health insurance:
- The HIS benefit calculation will be based on \$7.50 per year of creditable service with a maximum monthly benefit of \$225 and a minimum of \$45. Years in DROP do not count toward years of service.
- **Please contact FRS (Florida Retirement System)** to confirm your eligibility and amount. FRS can assist you in ensuring you begin receiving the subsidy once you retire.

We're here to help. By calling the MyFRS Financial Guidance Line toll-free at **1-866-446-9377 (TRS 711)**, and selecting the correct option, you'll have access to experts who can answer all your questions about retirement planning, the FRS retirement plans and managing your finances. This free service to all FRS members is a one-point source that will conveniently route you to the right source for information, including:

- Option 1 - Plan choice information and financial guidance from expert, unbiased financial planners at [EY](#)
 - Option 2 - Help using and understanding [Alight Solutions'](#) Choice Service and [GuidedChoice's](#) Advisor Service, and MyFRS.com login assistance
 - **Option 3** - Details about the FRS Pension Plan from experienced counselors at the [Division of Retirement](#)
 - **Option 4** - Information about conducting FRS Investment Plan transactions from [Alight Solutions](#), the Investment Plan Administrator
- FRS will mail you a form that must be completed and sent back before you receive these dollars. Some Districts may include this in your retirement paperwork.

FSRBC Medicare Plans Overview



Who is Eligible for FSRBC Plans?



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.

Dental and Vision plans: If a **retiree** is enrolled in FSRBC, their **spouse** or eligible **dependents** may enroll in dental and vision benefits

You must be enrolled in Original Medicare Parts A and B prior to enrolling in a plan with FSRBC. It is important to enroll in a FSRBC Medicare Medical plans prior to your District/Employer benefits ending, Medicare will only enroll forward (If you enroll on May 15th your coverage will start June 1st).

How Medicare Works with FSRBC Plans:

Original Medicare Plans

Provided by the federal government

Part
A

Medicare Part A

Hospital Insurance Covers inpatient hospital care, skilled nursing, hospice, labs, surgery, home health care

Part
B

Medicare Part B

Medical Insurance Covers doctor visits, ambulance, equipment, mental health, outpatient drugs, second opinions.

Coverage Pathways with FSRBC Plans

Provided by Private Insurance Companies



Pathway 1: Medicare Advantage Plan (MAPD)

- Combines Parts A & B into a single plan.
- Works like an HMO or PPO (similar to employer plans).
- Includes prescription drug coverage.
- Known as Part C.



Pathway 2: Medicare Supplement + Prescription Drug Plan

- Supplement plan (Medigap) helps pay what Original Medicare doesn't.
- Prescription Drug Plan (PDP) covers most drug costs.
- These are separate plans you add to Original Medicare.

Why Additional Coverage?

- Original Medicare (Part A & B) covers many costs but NOT everything.
- No yearly cap on out-of-pocket costs with Original Medicare alone.

Key Notes:

- You **cannot** have a Medicare Advantage Plan and a Medicare Supplement Plan with a Prescription Drug Plan at the same time.
- Choose either **Pathway 1** or **Pathway 2**.

Medicare Medical Plans Pathway 1 vs. Pathway 2 –

Plan Features Summary

Feature	Medicare Advantage Plans with Prescription Drug (MAPD) <i>Pathway 1</i>	Medicare Supplement + Prescription Drug Plan (PDP) <i>Pathway 2</i>
Medical Coverage	Combines hospital, medical, and drug coverage under one plan; Part A and B are wrapped into the plan. Cost for services are determined by the plan.	Original Medicare covers hospital (Part A) and medical (Part B); Medigap helps with costs Original Medicare doesn't cover, and PDP offers drug coverage, as a separate plan.
Prescription Drug Coverage	Included in all plans offered by FSRBC; The FSRBC Group formularies/drug list cover 100% of the Part D drugs, whereas the individual marketplace covers 73%.	Not included (requires separate PDP) FSRBC offers 4 Standalone Prescription Drug Plans (two group and two individual). The FSRBC Group formularies/drug list cover 100% of the Part D drugs, whereas the individual marketplace covers 73%.
Cost	Often lower monthly premium, but may include copays, coinsurance, and out-of-pocket limits	Higher combined premiums for both plans but often fewer out-of-pocket costs and more predictable expenses.
Provider Choice	Requires using a plan network; out-of-network care may cost more. Many of the FSRBC plans have the same benefits whether you use in-network or out-of-network providers.	No networks; freedom to choose any doctor or hospital that takes Medicare.
Out-of-Pocket Costs	Cost-sharing applies, capped annually	Few out-of-pocket costs, no plan OOP max
Coverage Area	Majority of the FSRBC plans offer Nationwide coverage.	Nationwide (wherever Medicare is accepted)
Enrollment	Plans can be changes each year at Annual Enrollment for a January 1 effective date	Medicare Supplement plans requires medical underwriting after the initial 6-month window and premiums are based on age at enrollment. PDP plans can be changes each year at Annual Enrollment for a January 1 effective date.
Extra Benefits (e.g. silversneakers)	Included	Included

FSRBC Medicare Advantage Prescription Drug (MAPD)

Medicare Advantage (Part C) Overview

- Combines Medicare Parts A and B into one comprehensive plan.
- Functions like an employer HMO or PPO plan, providing full medical coverage.
- Members use their MAPD insurance card instead of the Medicare "red, white, and blue" card.

FSRBC Medicare Advantage with Prescription Drug Plans (MAPD)

- All FSRBC Medicare Advantage Plans are considered group plans and not available outside of the FSRBC
- PPO Plans with Nationwide coverage.
- Includes **prescription drug coverage (MAPD)** with enhanced benefits:
 - Lower copays for brand-name and specialty drugs.
 - FSRBC drug list/formulary covers 100% of Part D drugs (vs. 73% in the individual marketplace).

Key Benefits

- Spouses can enroll under the retiree’s account with their own plan choice.
- Plans can be changed annually during **open enrollment (October)**.
- No medical questions (medical underwriting) to enroll

FSRBC Medicare Advantage with Prescription Drug Plans (MAPD) Plan Options:

Districts Eligible		Carrier	Plan Names	2026 Monthly 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
	Volusia	Humana	Humana Zero Premium HMO	\$0.00
			Humana Comprehensive PPO	\$451.95

FSRBC Medicare Advantage Prescription Drug (MAPD)



Plan Notes:

- **Group National PPO plans, coverage is available throughout the United States.**
- FSRBC drug list/formulary covers 100% of Part D drugs (vs. 73% in the individual marketplace).
- This FSRBC plan offers a bonus drug list. The drugs on this list are covered in addition to the plan’s Drug List (formulary).
 - Drugs on the bonus drug list will continue to have a copay even after the \$2,100 out of pocket maximum has been met.
 - [Click Here](#) to view the Drug Formulary List and Bonus Drug List (www.myfsrbc.com)
- To enroll in the Prescription Drug Payment Plan please call the number on the back of your UHC ID card for more information.
- You will pay the same copays/coinsurance whether you use in-network or out-of-network providers. These plans can be used at any provider who accepts Medicare and will bill UnitedHealthcare.

Additional Benefits/Non-Medicare Covered Services

- **Hearing Aids** – 1 exam per year; \$500 allowance for a 3-year period
- **Vision** – 1 exam per year (no materials)
- **Dental** – No benefits

*Based on IRMAA threshold

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.

Pathway 1

		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%	
Rx Benefits							
Deductible		\$0		\$0		\$615	
Part D Initial Coverage		30 day	90 day	30 day	90 day	30 day	90 day
Tier 1		\$5	\$10	\$7	\$14	\$10	\$20
Tier 2		\$30	\$60	\$40	\$80	\$30	\$60
Tier 3		\$60	\$120	\$90	\$180	\$45	\$90
Tier 4		\$80	\$160	\$90	\$180	\$60	\$120
Part D Catastrophic Coverage starts at \$2,100							
Tier 1 -4		\$0		\$0		\$0	
2026 Monthly Retiree Premium <i>(Paid to FSRBC/bswift)</i>		\$392.58		\$273.10		\$111.98	
2026 Original Medicare Part B Monthly Premium* - Projected <i>(Paid to Social Security)</i>		\$202.90		\$202.90		\$202.90	
Monthly Total		\$545.48		\$476.00		\$314.88	

FSRBC Medicare Advantage Prescription Drug (MAPD)



Pathway 1

Plan Notes:

- **This plan is offered Nationally but only available for those who reside in the service area.**
- [Click Here](#) to view the Drug Formulary List (www.myfsrbc.com)
- To enroll in the Prescription Drug Payment Plan please call the number on the back of your UHC ID card for more information.
- This plan also includes out-of-network benefits that differ from in-network benefits. Cost maybe higher for out-of-network benefits. Providers must be contracted with UnitedHealthcare to be considered in-network. Please refer to plan documents for additional details.

Additional Benefits/Non-Medicare Covered Services

- **Hearing Aids** – 1 exam per year; \$500 allowance for a 3-year period
- **Vision** – 1 exam per year (no materials)
- **Dental** – No benefits

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

*Based on IRMAA threshold

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 above chart is based on the current year’s benefits unless otherwise noted.

		Group PPO Plus (13944)	
		In-Network	Out-of-Network
Calendar Year Deductible (CYD)		\$0	
Medical Out-of-Pocket Max (OOP)		\$4,500	\$10,000
Coinsurance		20%	40%
Physician Office Visits			
PCP		\$5	\$35
Specialist		\$30	\$55
Hospital Services			
Inpatient		\$275/Day for Days 1-6 \$0/Day for Days 7+	40%
ER Copay		\$90	
Urgent Care Copay		\$35	
Outpatient Services			
Hospital		20%	40%
Surgery		20%	40%
Diagnostic Radiology		10%	10%
Lab Services		\$0	\$0
Rx Benefits			
Deductible		\$300	
Part D Initial Coverage		30-day supply retail	90-day supply mail
Tier 1		\$15	\$30
Tier 2		\$15	\$30
Tier 3		\$47	\$94
Tier 4		\$100	\$200
Tier 5		\$100	\$200
Part D Catastrophic Coverage starts at \$2,100			
Tier 1-5		\$0	\$0
2026 Monthly Retiree Premium (Paid to FSRBC/bswift)		\$0.00	
2026 Original Medicare Part B Monthly Premium* - Projected (Paid to Social Security)		\$202.90	
Monthly Total		\$202.90	

Value-Added Services – FREE with any UHC MAPD plan

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.
Healthy at Home	\$0 copay for the following benefits for up to 30 days after each inpatient and SNF discharge: · 28 home-delivered meals from Mom’s Meals when referred by a UnitedHealthcare Engagement Specialist. For questions regarding home-delivered meals call · 12 one-way trips to medically related appointments and the pharmacy with ModivCare when referred by a UnitedHealthcare Engagement Specialist. · 6 hours of in-home personal care services through CareLinx—a professional caregiver can help with preparing meals, companionship, medication reminders, and more. No referral required. Call or go online to receive non-medical in-home care services. Call Customer Service to request a referral for each discharge.
Lifeline Personal Emergency Response System (PERS)	\$0 copay for a personal emergency response system. Help is only a button press away. A PERS device can quickly connect you to the help you need, 24 hours a day in any situation. Call or go online to order your device. 1-855-595-8485, TTY 711 or lifeline.com/Uhcgroup
UHC Hearing	Through UnitedHealthcare Hearing, the plan pays a \$500 allowance for hearing aids (combined for both ears) every 3 years. Hearing aid coverage under this plan is only available through UnitedHealthcare Hearing.
Renew Rewards	Members can receive merchant gift cards for completing an annual wellness visit, accepting a HouseCall or completing certain eligible health care screenings.
SilverSneakers	SilverSneakers is always a favorite added benefit on our plans. Your SilverSneakers membership gets you a gym membership to thousands of fitness locations across the country at no cost to you. If you prefer or enjoy exercise at home, you will have access to SilverSneakers On-Demand, SilverSneakers LIVE, and SilverSneakers GO fitness app for live virtual classes and workshops. If there is not a SilverSneakers facility within 15 miles of your home, you can request an in-home kit be sent to you.
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)

FSRBC Medicare Advantage Prescription Drug (MAPD)

Pathway 1



Available ONLY in Volusia Counties

Plan Notes

- [Click Here](#) to view the Drug Formulary List (www.myfsrbc.com)
- To enroll in the Prescription Drug Payment Plan please call the number on the back of your Humana ID card or visit Humana.com/RxCostHelp for more information.
- **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 Humana.
- The monthly premiums show do not include the Original Part B premium that is paid to Social Security

*Based on IRMAA threshold

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 above chart is based on the current year’s benefits unless otherwise noted

	Comprehensive PPO	Volusia Zero Premium 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	\$175 copayment per visit	\$145 per day (days 1-3)
ER Copay	\$65	\$150
Urgent Care Copay	\$15	\$0
Outpatient Services		
Partial Hospitalization	\$15	\$0
Surgery	\$50	\$75
Rx Benefits		
	Palm Beach, Sarasota, Volusia	Volusia
Deductible	\$0	\$0
Part D Initial Coverage		
Tier 1	\$5	\$0
Tier 2	\$30	\$35
Tier 3	\$60	\$80
Tier 4	33%	33%
Part D Catastrophic Coverage starts at \$2,100		
Tier 1 - 4	\$0	\$0
2026 Monthly Retiree Premium (Paid to FSRBC/bswift)	\$451.95	\$0.00
2026 Original Medicare Part B Monthly Premium* (Paid to Social Security)	\$202.90	\$202.90
Monthly Total	\$654.85	\$202.90

Value-Added Services – FREE with any Humana MAPD plan

Program	Description
Dental	HMO Daytona- 100% coverage included for routine dental services. PPO – Medicare-covered services only (\$15 copay applies)
Hearing	HMO Daytona- 100% after \$199 copayment for each Value Technology hearing aid up to 1 per ear per year. 100% after \$699 copayment for each Advanced Technology hearing aid up to 1 per ear per year. 100% after \$1,299 copayment for each Premium Technology hearing aid up to 1 per ear per year. PPO - Medicare-covered services only (\$15 copay applies)
Vision	HMO Daytona - \$300 maximum coverage per year for contact lenses or eyeglasses and 100% coverage for 1 routine refraction exam each year. PPO - Medicare-covered services only (\$15 copay applies)
SilverSneakers	Free gym membership program with access to an extensive network of gyms and fitness locations as well as a variety of fitness classes.
Go365	Earn rewards to redeem for gift cards by completing healthy activities like walking, getting certain preventive screenings, or volunteering.
Personal Health Coaching	Interact via email or online chat with a certified health coach to develop a personalized plan to help with weight management, nutrition, exercise, back care, and more.
Smoking Cessation	Similar to health coaching program, but specifically for quitting smoking. Establish a goal and receive guidance and resources from your coach throughout the year.
Well Dine Meal Program	Those who have had an overnight inpatient stay at skilled nursing facility/hospital are eligible to receive up to 28 meals delivered to your door upon discharge.

FSRBC Medicare Supplement & Prescription Drug Plans (PDP)

Medicare Supplement plans (MedSupp/Medigap)

offer more complete medical coverage and help pay some of the health care costs that Original Medicare doesn’t cover, like copayments, coinsurance and deductibles.

- Sits on top of Original Medicare
- Prescription Drugs are not covered
- Retirees must have Medicare Part A and B to enroll in a MedSupp plan
- Policies only cover one person. Retirees and spouses would have to buy separate policies.
- Policies are provided by private insurance companies
- Policies are individually rated (*Age, Gender, Zip, Health Status (smoker/nonsmoker)*)

Prescription Drug Plans (PDP) are a separate plan that provide additional drug coverage.

- The one UnitedHealthcare **Group** PDP plan offers a comprehensive drug list (formulary) for access to more prescriptions. - Covers 100% of all Medicare drugs
- The two AARP plan cover 73-75% of all Medicare drugs.
- Medical coverage is not included in a Prescription Drug Plan
- Retirees must have Medicare Part A and B to enroll in a Prescription Drug Plan

Medicare Supplement Plans			
Districts Eligible	Carrier	Plan Names	Retiree Premium
MED SUPP	All Districts	United Healthcare	Any Medicare Supplement Plan available to you in your zip code
			Cost varies based on age, gender, zip code and health status. Monthly Premium will be provided during enrollment process. <i>(Change Annually in June)</i>

Prescription Drug Plans			
Districts Eligible	Carrier	Plan Names	2026 Retiree Premium
PDP	All Districts	United Healthcare	Elite PDP
			AARP Saver (FL rate)
			AARP Preferred (FL rate)

Medicare Supplement/Medigap Plans

Below is a high-level overview of Medicare Supplement Plans.
It is important to note that all Medicare Supplement plans are individually rated.

Benefit	G	N
Part A coinsurance and hospital costs up to an additional 365 days after Medicare benefits are used up	Yes	Yes
Part B coinsurance or copayment	Yes	Yes Copays apply
Blood (first 3 pints)	Yes	Yes
Part A hospice care coinsurance or copayment	Yes	Yes
Skilled nursing facility care coinsurance	Yes	Yes
Part A deductible (\$1,736 in 2026)	Yes	Yes
Part B deductible (\$283 in 2026)	No	No
Part B excess charge	Yes	No
Foreign travel exchange (up to plan limits)	80%	80%

- Part B Excess Charges – If you have Original Medicare, and the amount a doctor or other health care provider is legally permitted to charge is higher than the Medicare approved amount, the difference is called the excess charge.
- Plan N pays 100% of the Part B coinsurance, except for a co-payment of up to \$20 for some office visits and up to a \$50 co-payment for emergency room visits that do not result in an inpatient admission
- Plan G foreign travel emergency - 20% after \$250 annual deductible with a \$50,000 lifetime maximum

Medicare Supplement & PDP



Pathway 2

Medicare Supplement Notes:

Medicare Supplement Plans (Medical Only) Offered:
A, F, G and N

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

- Monthly Premiums are based on Age, Gender, Smoking/Non-Smoking status and zip code.
- Medical Questions will not be required during your initial enrollment period
 - If you enroll in a MedSupp plan, disenroll and wish to re-enroll you will be subject to Medical Underwriting and could be denied. Your monthly premium will also be based on your increased age.
 - Monthly premiums changes each year on June 1st.

Prescription Drug Plan Notes:

- The one UnitedHealthcare **Group** PDP plan offers a comprehensive drug list (formulary) for access to more prescriptions. - Covers 100% of all Medicare drugs
- The two AARP plan cover 73-75% of all Medicare drugs.
- This FSRBC plan offers a bonus drug list. The drugs on this list are covered in addition to the plan’s Drug List (formulary).
 - Drugs on the bonus drug list will continue to have a copay even after the \$2,100 out of pocket maximum has been met.
 - [Click Here](#) to view the Drug Formulary List and Bonus Drug List (www.myfsrbc.com)
- To enroll in the Prescription Drug Payment Plan please call the number on the back of your UHC ID card for more information.

*Based on IRMAA threshold

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 above chart is based on the current year’s benefits unless otherwise noted

FEMALE – Nonsmoker 32721		
Est. Monthly Premium based on age	Plan G	Plan N
65	\$218.39	\$186.96
66	\$225.68	\$193.21
67	\$234.60	\$200.84
68	\$243.25	\$208.25
69	\$252.17	\$215.88
70	\$260.55	\$223.06

	UHC Plan G – Medicare Supplement
2026 Part B Deductible*	\$283
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	\$218.39 (based on 65-year-old nonsmoking female, zip code 32721)

Prescription Drug Benefits (Rx)	AARP Rx Preferred	AARP Rx Saver	GROUP Elite
Deductible	\$0	\$615	\$0
Part D Initial Coverage – Retail			
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 Initial Coverage – Mail Order			
Tier 1	\$15	\$6	\$20
Tier 2	\$30	\$24	\$90
Tier 3	17%	18%	\$150
Tier 4	N/A	N/A	\$200
Tier 5	N/A	N/A	
Part D Catastrophic Coverage starts at \$2,100			
Tier 1 - 5	\$0	\$0	\$0
2026 Rx Plan Monthly Premium (Paid to FSRBC/bswift)	\$119.10	\$98.70	\$146.58
2025/26 Plan Example G Monthly Premium (Paid to FSRBC/bswift) - Female	\$218.39	\$218.39	\$218.39
2026 Original Medicare Part B Monthly Premium* (Paid to Social Security)	\$202.90	\$202.90	\$202.90
Monthly Total	\$540.39	\$519.99	\$567.87

Medicare Supplement & PDP



Pathway 2

Medicare Supplement Notes:

Medicare Supplement Plans (Medical Only) Offered:
A, F, G and N

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

Monthly Premiums are based on Age, Gender, Smoking/Non-Smoking status and zip code.

- Medical Questions will not be required during your initial enrollment period
- If you enroll in a MedSupp plan, disenroll and wish to re-enroll you will be subject to Medical Underwriting and could be denied. Your monthly premium will also be based on your increased age.
- Monthly premiums changes each year on June 1st.

Prescription Drug Plan Notes:

- The one UnitedHealthcare **Group** PDP plan offers a comprehensive drug list (formulary) for access to more prescriptions. - Covers 100% of all Medicare drugs
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 - Drugs on the bonus drug list will continue to have a copay even after the \$2,100 out of pocket maximum has been met.
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*Based on IRMAA threshold
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 above chart is based on the current year’s benefits unless otherwise noted

MALE – Nonsmoker 32721			
Est. Monthly Premium based on age	Plan G	Plan N	
65	\$227.34	\$194.63	
66	\$234.94	\$201.13	
67	\$244.23	\$209.08	
68	\$253.23	\$216.79	
69	\$262.52	\$224.74	
70	\$271.24	\$232.21	

	UHC Plan G – Medicare Supplement
2026 Part B Deductible*	\$288
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	\$227.34 (based on 65-year-old nonsmoking male, zip code 32721)

Prescription Drug Benefits (Rx)	AARP Rx Preferred	AARP Rx Saver	GROUP Elite
Deductible	\$0	\$615	\$0
Part D Initial Coverage – Retail			
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 Initial Coverage – Mail Order			
Tier 1	\$15	\$6	\$20
Tier 2	\$30	\$24	\$90
Tier 3	17%	18%	\$150
Tier 4	N/A	N/A	\$200
Tier 5	N/A	N/A	
Part D Catastrophic Coverage starts at \$2,100			
Tier 1 - 5	\$0	\$0	\$0
2026 Rx Plan Monthly Premium (Paid to FSRBC/bswift)	\$119.10	\$98.70	\$146.58
2025/26 Plan Example G Monthly Premium (Paid to FSRBC/bswift) - male	\$227.34	\$227.34	\$227.34
2026 Original Medicare Part B Monthly Premium* (Paid to Social Security)	\$202.90	\$202.90	\$202.90
Monthly Total	\$549.34	\$528.94	\$576.82

Medicare Supplement/Medigap Plans - Discounts



Gym membership Renew Active® Fitness Program

- ✓ A gym membership at no additional cost to you
- ✓ Access to more than 17,000 national gyms and fitness locations
- ✓ Access to thousands of on-demand workout videos and live streaming fitness classes



Dental discount

Receive discounts for dental services from in-network dentists through Dentegra:

- In-network discounts generally average 30-40%² off of contracted rates nationally for a range of dental services, including cleanings, exams, fillings and crowns.
- Access to 29,000 in-network general dentists and specialists at 130,000 locations nationwide.
- No waiting periods, deductibles, or annual maximums.

The dental discount is not insurance.



Vision discount

Receive an additional \$50 off in addition to your AARP Vision Discount of 50% off lenses or best in-store offer when you purchase a frame and progressive lenses. Complete pair required.

LensCrafters includes:

- A \$50 discount on complete frames/lens at LensCrafters on top of the AARP member discount.³



Hearing discount

As an AARP Medicare Supplement plan member, you receive an exclusive discount on hearing aids and care.

AARP® Hearing Solutions™ provided by UnitedHealthcare Hearing includes:

- Additional \$100 off per name-brand prescription hearing aid on top of the already discounted program rates – meaning \$200 off per pair!
- 4-year extended warranty on name-brand prescription hearing aids to help ensure the best listening experience.
- Access to Relate® prescription hearing aids, UnitedHealthcare Hearing's private-label brand, for an affordable, high-quality option with a variety of helpful features and technology.
- No-cost hearing exam, consultation, and expert support from UnitedHealthcare Hearing's nationwide network of experienced hearing providers near you.



Brain health

An online program offering content about brain health, including the Cognitive Assessment and Lifestyle Check-ins as well as exclusive content for Renew Active members, such as videos and interactive challenges, from AARP® Staying Sharp®.



24/7 Nurse line

A registered nurse is available to discuss your concerns and answer questions over the phone anytime, day or night. Interpretation services are available in Spanish, as well as in 140+ languages.

- Nurses are also available to help guide you to community resources. These resources may help provide assistance on transportation services, understanding medication cost options and availability of meal delivery services.



Driver safety

Refresh your driving skills with the **AARP Smart Driver™** course. The course helps participants brush up on rules of the road and reduce driver distractions.

When you take the AARP Smart Driver™ course, you could be eligible for a discount on your auto insurance.⁴ The course is available online or in-person, and is offered at no additional cost to AARP Medicare Supplement Plan holders.⁵

Humana Dental and Vision Plans



Humana Dental

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**).
- Orthodontia: not a covered service. Members may be eligible to receive up to a 20% discount on non-covered services with participating providers; please discuss with providers to determine if discounts are available

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 DHMO Additional Details:

- High Plan includes up to 2 additional cleanings at \$25 - \$35 each
- Please see Summary of Services for a complete list of what members pat for all services.

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

HD205 DHMO/Prepaid Network (Low DHMO Plan)

HS195 DHMO/Prepaid Network (High DHMO Plan)

	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

	HMO Plans	
	Low	High
Calendar Year Deductible	\$0	\$0
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
Orthodontics	25% Discount (in-network)	\$1,850
Monthly Premiums		
Retiree Only	\$10.53	\$17.10
Retiree + 1	\$20.85	\$33.85
Retiree + Family	\$37.07	\$60.17

Humana Vision

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

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

Major In-Network Retail Providers:



- In-network providers also include local independent providers.
- Save an average of 80% off retail prices when you use in-network providers
- **EYE REWARDS:** Get a reward voucher to use at Sunglass Hut when you visit in-network eye care professional for your annual exam.

Network Name: Humana Insight Network		
	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

Ready to Retire? - Next Steps



1 If you are ready to retire, please contact Jenny Laundrie your Retirement Analyst with the District for the next steps.

2 **Enroll in Original Medicare through Social Security** (*for options to enroll see page 9*)

- If already enrolled in Part A, you must enroll in Part B
- If you haven't enrolled in Part A and Part B, complete your application for Medicare.
- Must be enrolled in Part A and Part B to enroll in a Medicare Medical Plan

3 **Attend a FSRBC Virtual Classroom** OR Meet with Alyssa or Shannon one-on-one to review Pathway 1 and Pathway 2 options available to you. We can help you:

- Check to ensure Medications are covered
- Check your providers are in-network
- Do a cost analysis for pathway 1 and pathway 2
- Learn How to Enroll
- Discuss payment options



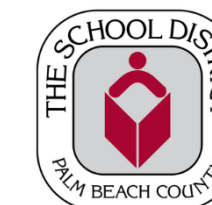
Scan QR Code to Register

4 **Enroll** - once you have your Medicare Card showing Medicare Number with Part A and B effective dates, you are ready to enroll in a Medicare Medical Plan through FSRBC. Choose the option that best fits your needs:

- Pathway 1: Medicare Advantage with Prescription Drug Coverage
- Pathway 2: Medicare Supplement Plan + Prescription Drug Plan

If you have more questions, email benefits@myfsrbc.com

Questions?



Please note, this presentation was put together as a high-level informational overview of the retirement process, as it relates to Medicare. We recommend you complete additional research on your own to determine the plan that best fits your needs or for specific rules. For additional questions about the actual retirement process please reach out to your District.

Appendix



Income-Related Monthly Adjusted Amount (IRMAA)- 2026

Income-Related Monthly Adjusted Amount (IRMAA)

What is income for IRMAA?

- The income that counts towards IRMAA is your modified adjusted gross income of MAGI.
- Social Security defines MAGI as your “Adjusted gross income (AGI) plus any tax-exempt interest you may have or everything on lines 2a and 11 of the 2024 IRS tax form 1040.”

To determine your Part B Premium, they will look at your income from the prior two (2) years.

But will you reach IRMAA 2024?

- The answer to whether you will reach IRMAA in 2025 is all dependent on how much income you earned in 2024.
- The reason why your income from two (2) years prior is paramount in you reaching IRMAA in 2026 is simply because of the process of determining who reaches IRMAA.

Please note:

- If the IRS can not locate a tax return from 2024, they will use the tax-return from 2023.
- If the IRS can not locate a tax return from 2024 or 2023 then the Medicare beneficiary will automatically be put into the highest IRMAA threshold for that year.

Full Part B Coverage				Part D
Beneficiaries who file individual tax returns with modified adjusted gross income:	Beneficiaries who file joint tax returns with modified adjusted gross income:	Income-Related Monthly Adjustment Amount	Total Monthly Premium Amount	Income-related monthly adjustment amount
Less than or equal to \$109,000	Less than or equal to \$218,000	\$0.00	\$202.90	\$0.00
Greater than \$109,000 and less than or equal to \$137,000	Greater than \$218,000 and less than or equal to \$274,000	\$81.20	\$284.10	Premium +\$14.50
Greater than \$137,000 and less than or equal to \$171,000	Greater than \$274,000 and less than or equal to \$342,000	\$202.90	\$405.90	Premium +\$37.50
Greater than \$171,000 and less than or equal to \$205,000	Greater than \$342,000 and less than or equal to \$410,000	\$324.60	\$527.50	Premium +\$60.40
Greater than \$205,000 and less than \$500,000	Greater than \$410,000 and less than \$750,000	\$446.30	\$649.20	Premium +\$83.30
Greater than or equal to \$500,000	Greater than or equal to \$750,000	\$487.00	\$689.90	Premium +\$91.00

Medicare Penalties

It's important to sign up for Medicare coverage during your Initial Enrollment Period, unless you have other coverage that's similar in value to Medicare (like from an employer). If you don't, you may have to pay a late enrollment penalty.

Part A late enrollment penalty

- Some people have to buy Part A because they don't qualify for premium-free Part A.
- If you have to buy Part A, and you don't buy it when you're first eligible for Medicare, your monthly premium may go up 10%.
- You'll have to pay the penalty for **twice the number of years** you didn't sign up.

Part B late enrollment penalty

- Generally, you won't have to pay a Part B penalty if you qualify for a Special Enrollment Period. Learn more about Special Enrollment Periods.
- You'll pay an **extra 10% for each year** you could have signed up for Part B but didn't.
- You may also pay a higher premium depending on your income.

Part D late enrollment penalty

- Generally, you won't have to pay a Part D penalty if:
 - You have creditable drug coverage (coverage that's similar in value to Part D) OR
 - You qualify for Extra Help
- You'll **pay an extra 1% for each month** (that's 12% a year) if you:
 - Don't join a Medicare drug plan when you first get Medicare.
 - Go 63 days or more without creditable drug coverage).
- You may also pay a higher premium depending on your income.
- After you join a Medicare drug plan, the plan will tell you if you have to pay a penalty and what your premium will be.

Medicare Medical Plans Pathway 1 vs. Pathway 2 – *Payment and Enrollment Summary*

The charts below are meant to summarize who collects the monthly premiums and where you enroll for each plan and pathway. The cost below are an estimate and may not be specific to what you may pay.

EXAMPLE Cost Estimator for each Pathway			
	Pathway 1	Pathway 2	Who Collects Premiums?
Original Medicare – Part A	\$0.00	\$0.00	FREE
Original Medicare - Part B	\$202.90	\$202.90	Social Security
Medicare Advantage (MAPD) – Comprehensive PPO	\$273.10		FSRBC/bswift
Medicare Supplement – Plan G		\$218.00	FSRBC/bswift
Prescription Drug Plan (PDP) – Elite Rx PDP		\$146.58	FSRBC/bswift
Prescription Drug Copays/Coinsurance	\$50.00	\$50.00	Pharmacy
Total Monthly Premium	\$526.00	\$617.48	

FSRBC Payment and Enrollment Summary Chart						
UnitedHealthcare Specific						
Original Medicare (federal government)			Pathway 1	Pathway 2		
Medicare Plan Type	Part A	Part B	Group National Medicare Advantage Plans (MAPD)	Medicare AARP Individual Supplement Plans	AARP Prescription Drug Plans (PDP)	Group Prescription Drug Plans (PDP)
Plan Name	Part A	Part B	Group PPO Low National PPO Comprehensive PPO Premier PPO	A F (grandfathered) G N	AARP Saver PDP AARP Preferred PDP	Elite Rx PDP
Paying the monthly premium	Most people receive part A for free, no payment required	<u>Paid to Social Security:</u> If you are receiving social security benefits , then the Part B Premium is automatically deducted from you Social Security benefit payment. If you are not receiving social security benefits you will receive a quarterly bill from social security that you will need to pay.	Paid to bswift* Payment Options: FRS pension ACH/bank draft Check	Paid to bswift* Payment Options: FRS pension ACH/bank draft Check	Paid to bswift* Payment Options: FRS pension ACH/bank draft Check	
How to enroll	Social Security Administration https://www.ssa.gov/medicare	Social Security Administration https://www.ssa.gov/medicare	Online at www.myfsrbc.bswift.com or by calling our Customer Service at 1(833) 686-0983	Call our Customer Service at 1(833) 686-0983 to setup your account, select payment option and enroll in a Group PDP. You will then be transferred to UnitedHealthcare to complete your application in AARP Medicare Supplement and/or AARP PDP.		
*FSRBC billing, enrollment, and customer service partner (bswift)						

FSRBC Contact Details



Email FSRBC

Email FSRBC at benefits@myfsrbc.com to have any questions addressed or to set up a time to speak one-on-one with our team about your options.



Attend a Virtual Education Session

Sessions hosted every Tuesday and Thursday. Sign up at www.myfsrbc.com or use your phone or tablet’s camera to scan this QR code:



Visit FSRBC on the Web

www.myfsrbc.com

Website includes important information on all Medicare, Dental, and Vision plans available through FSRBC including contact information and plan details. There are also recorded videos you can watch on demand and FAQ documents.



Get Assistance and Enroll on the Phone

New Enrollees:

Medicare Medical Customer Service (bswift): 1-833-686-0983

Dental & Vision Humana Enrollment Hotline:

1-877-589-4051 (When you call Humana, state that you are with Florida School Retiree Benefits Consortium so that they can best assist you)

Existing Members:

Medicare Medical Customer Service (bswift): 1-833-686-0983

Dental & Vision:

1-800-233-4013	1-877-398-2980	1-877-829-5037	1-877-598-4051
Dental Claims	Vision Claims	Dental Billing Questions	Initial Enrollment
Dental Benefits	Vision Benefits	Vision Billing Questions	Coverage Changes
Dental Provider Search		FRS Authorization Form	Plan Changes
Dental Name or Address Change		Change Payment Preference	Add/Drop Dependent
Dental DHMO Provider Change			Plan Terminations
Vision Name or Address Change			