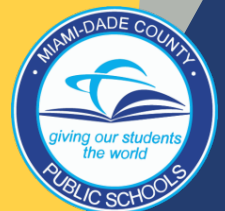


THE TIME IS NOW!
REVIEW YOUR BENEFITS

2022

Retiree Open Enrollment

October 15th - November 15th , 2021



2022 OPEN ENROLLMENT FACTS

To assist you with this enrollment, we've provided you with your current year Benefits Summary. We strongly encourage you to use this tool to evaluate if your current benefits still meet your needs for the upcoming year.

- If you would like to continue with your current healthcare and/or flexible benefits for the 2022 plan year you **DO NOT** need to return an enrollment form. Premiums and plan design, if applicable, will automatically be adjusted.
- Beginning with the 2022 plan year, FBMC will invoice and collect premiums for the Cigna healthcare plans; therefore, if you remain enrolled in a Cigna Medical Plan and are paying via FRS Payroll Deductions, you **MUST** return your completed FRS Payroll Deduction Authorization form by the enrollment deadline of **November 15, 2021**.
- If you do not re-enroll during this Open Enrollment period, the following will occur:
 - Your current and/or Dependent(s) healthcare coverage will continue. Premiums and plan design, if applicable, will automatically be adjusted.
 - Your flexible benefits and that of your dependent(s), if any, will continue.
 - Your Adult Child healthcare coverage will continue. However, you must resubmit dependent eligibility documentation, even if previously submitted. Failure to submit the required dependent eligibility documentation will result in the termination of your Adult Child coverage.



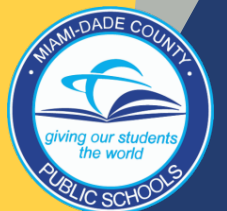
DEPENDENT COVERAGE

- ▶ You can add your eligible dependent(s) during the enrollment period, and you will have to submit dependent documentation for each dependent.
- ▶ If you are continuing to cover your eligible dependent(s), you must indicate your dependents' Social Security number and provide documentation of proof of eligibility, if not previously submitted. Failure to submit the required dependent eligibility documentation may result in the termination of your dependent's coverage.
- ▶ If your dependent's coverage terminates, you will not be able to re-enroll your dependent until the next Open Enrollment provided you have maintained your eligibility.
- ▶ You and your dependent(s) must be enrolled in the same Cigna (non-Medicare) healthcare plan.





2022 Cigna Healthcare Plans



CIGNA HEALTHCARE PLANS

Cigna healthcare plans continue to be offered to eligible retirees and dependents who are under age 65 or over age 65, and not Medicare eligible:

- Cigna Open Access Plan (OAP) High
 - Cigna Open Access Plan (OAP) Standard
 - Cigna SureFit
-
- ▶ These healthcare plans are offered on a guaranteed basis.
 - ▶ If enrolling in a Cigna Healthcare plan, you and your eligible dependent must enroll in the same healthcare plan.

Visit [Cigna \(non-Medicare\) Healthcare Plans](#) for a detailed description of the plans.



PHARMACY

(applicable to all Cigna plans)

- Generic Seven Drug Classes Mail Away – co-payment for 90-day supply is \$0.00
- Opportunity to enroll in Coach Rx
- Automated refill reminders
- Alternative mailing address for temperature sensitive pharmaceuticals
- 90 Day Prescription fills
 - At CVS Pharmacy or Cigna Home Delivery PharmacySM.
 - Two months co-payment for a 90-day fill

Which pharmacies are in the pharmacy network?

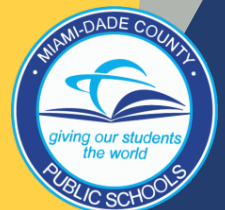


CIGNA HEALTHCARE RATES

Coverage	SureFit*	OAP Standard	OAP High
	\$724.00	\$746.00	\$771.00
Dependents Under Age 65 or Over Age 65 and not Medicare Eligible			
Spouse/Domestic Partner	\$1,022.00	\$1,054.00	\$1,089.00
Child(ren)	\$719.00	\$742.00	\$766.00
Family	\$2,046.00	\$2,110.00	\$2,180.00
Adult Dependent Child	\$615.00	\$634.00	\$655.00

NOTE: You must add the Retiree Only rate to the Dependent rate to get the total monthly premium.

*At the time of enrollment, a Primary Care Physician (PCP) is required and you must live in the tri-county area (Miami-Dade, Broward and Palm Beach Counties).



2022 Medicare Group Healthcare Plans



2022 OPEN ENROLLMENT FACTS

- ▶ The School Board continues their partnership with the current Medicare healthcare and Prescription Drug Plans (PDP). Participants currently enrolled in a Prescription Drug Plan (PDP) only may enroll in any of the School Board sponsored Medicare Group Healthcare plans.
- ✓ If you do not make any changes, you may continue your and your dependent's participation in the Medicare offerings; however, plan design and premium changes will apply.
- ✓ To enroll in a Medicare group plan or to change your current plan, you must contact the healthcare company directly.
- ✓ You must be enrolled in Medicare Parts A & B to be able to enroll in a Medicare group healthcare plan.



MEDICARE ADVANTAGE PLANS

Medicare Healthcare (Medical & Pharmacy) Plans Monthly Rates:

Provider	Plan	Rates
AvMed Medicare*	Access HMO-POS (Miami-Dade County Only; Broward County Only)	\$0.00
	Choice HMO (Miami-Dade County Only; Broward County Only)	\$0.00
	Circle HMO (Miami-Dade County Only; Broward County Only)	\$0.00
	Premium Saver (Broward County Only)	\$0.00
Leon Medical Centers	Leon Medicare HMO	\$0.00
Humana*	Zero Premium HMO	\$0.00
	Passive PPO	\$388.14
	Traditional PPO	\$252.75
UnitedHealthcare	Differential PPO	\$187.53
	Passive PPO	\$312.38

NOTE: *At the time of enrollment, a Primary Care Physician (PCP) is required for the AvMed Medicare Access HMO-POS, AvMed Medicare Choice HMO, AvMed Medicare Circle HMO, AvMed Medicare Premium Saver and the Humana Zero Premium HMO plans.

Visit [Medicare Healthcare Plans](#) to learn what's changing for the 2022 plan year.



MEDICARE SUPPLEMENT PLANS

Four UHC Medicare Supplement Plans: A, F, G & N

- ✓ Both plan design and premiums are pending approval by the Centers for Medicare and Medicaid Services (CMS)
- ✓ Freedom of choosing physicians of your choice
- ✓ Plan F will only continue to be offered to anyone who became a Medicare recipient prior to 1/1/2020
- ✓ Rates are based on the applicant's date of birth, place of residence and tobacco usage
- ✓ Supplements Medicare coverage

Visit [Medicare Supplement Plans](#) to learn what's changing for the 2022 plan year.



2022 MEDICARE PRESCRIPTION DRUG PLANS

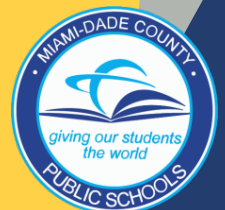
UnitedHealthcare (UHC) continues to offer the below Prescription Drug Plans (PDP).

4 Tier High	4 Tier Low	5 Tier Standard
\$316.92	\$128.00	\$134.81

If you select a Medicare Supplement Plan, the addition of a Prescription Drug Plan will provide coverage for prescriptions.

Participants currently enrolled in a PDP only plan may enroll in any of the School Board sponsored Medicare Group Healthcare plans, this enrollment will result in the automatic termination of your PDP plan.

Visit [Medicare Prescription Drug Plans](#) to learn what's changing for the 2022 plan year.



HOW TO ENROLL IN THE MEDICARE GROUP AND PRESCRIPTION PLANS

Enroll in these offerings by contacting the healthcare company directly.

AvMed Medicare Plans

1-800-835-6137

Leon Medical Centers

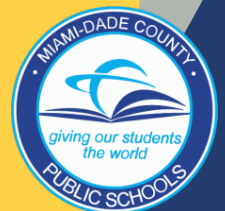
1-866-266-8917

Humana Medicare Plans

1-800-824-8242

**UnitedHealthcare:
Medicare & Pharmacy Plans**

1-877-870-7923



2022 FLEXIBLE BENEFITS

You are eligible to enroll in any of the following flexible benefits plans, if you maintained at least one active benefit this year:

- Dental: Delta Dental (DHMO & PPO) and UnitedHealthcare Dental (DHMO & PPO)
- Vision: EyeMed
- Legal: ARAG and MetLife
- Identity Theft Protection: ID Watchdog

Additionally, you must be currently participating in the following benefits, to be eligible to continue or decrease coverage for the 2022 plan year:

- Hospital Indemnity Coverage (HIC): Metropolitan Life Insurance Company (MetLife)
- Voluntary Life: Metropolitan Life Insurance Company (MetLife)
- Accidental Death and Dismemberment (AD&D): Metropolitan Life Insurance Company (MetLife)

Visit [Flexible Benefits](#) for additional information regarding your 2022 rates.



OPEN ENROLLMENT DATES

October 15 - November 15

