2027 BENEFITS GUIDE

DIVISION OF STATE GROUP INSURANCE



Learn more: MyBenefits.MyFlorida.com | Enroll online: PeopleFirst.MyFlorida.com

INTRODUCTION

The State of Florida offers a comprehensive insurance benefits package through the State Group Insurance Program as part of your total compensation package. The program allows you to choose health plans that best suit your individual needs. We offer coverage to current and eligible former employees, retirees, spouses and other dependents, surviving spouses, and COBRA participants.

We continually foster a culture of health through our health plans' wellness and disease management programs, and promotion of the State Employee Assistance Program (EAP). State agency employees including Other Personal Services (OPS), as well as their household family and dependents, are automatically enrolled in this free benefit. Acentra Health, our EAP provider, offers tools and resources to help you make positive lifestyle choices for a healthier you. Colleges and Universities may have their own EAP plan. Check with your Human Resources/Benefits representative.

This benefits guide has links to online resources that explain the benefits, how to access them, and their limits and exclusions.

1. Read this guide to learn about all of your options.
2. Review **online information** while considering what is most important to you.
3. Go to a benefit plan's website to learn about coverage, network access, and other plan benefits.
4. Enroll or make changes in **People First** before Open Enrollment ends or during the year within 60 calendar days of a **Qualifying Status Change (QSC)** event.

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Note: We intend for this benefits guide to help you choose benefits offered under the state group insurance program, but it is not representative of all plan provisions or rules that govern the program. Please refer to each plan document that fully describes its benefits, Part I Chapter 110, Florida Statutes (F.S.), and Chapter 60P, Florida Administrative Code (F.A.C.). Plan documents, statutory provisions, and rules prevail if there are any discrepancies with this benefits guide.

2027 ENROLLMENT

MONDAY, OCT. 12 – FRIDAY, OCT. 30, 2026



WHAT IS OPEN ENROLLMENT?

Open Enrollment is your annual opportunity to make changes to your State Group Insurance coverage.

Open Enrollment starts at 8 a.m. ET, Monday, Oct. 12, and ends at 6 p.m. ET, Friday, Oct. 30, 2026.

The Division of State Group Insurance is partnering with contracted health plans to host in-person benefits fairs. Find locations near you by clicking here.

Make changes online in **People First** or call the People First Service Center from 8 a.m. to 6 p.m. ET weekdays, at 866-663-4735 (TTY Users: 866-221-0268).

- Avoid the phone rush — make changes early and online whenever it's convenient for you.
- Review your personalized benefits statement carefully. The benefits statement shows your current selection and options for the next plan year, including the monthly cost.
- Make changes as many times as you would like during Open Enrollment. Elections become final at 6 p.m. ET on the last day of Open Enrollment.
- If you do not make changes during Open Enrollment, all of your previous elections will continue into the new plan year, including the dollar amount deductions toward your healthcare flexible spending account (FSA), limited purpose FSA, dependent care FSA, and/or health savings account (HSA).

If you make changes, you will receive a confirmation statement in the mail, or you may view your confirmation statement online in **People First** by selecting the Insurance Benefits tile on the People First home page, then selecting Confirmation Statement. Be sure all changes are correct. Confirm you have enrolled your eligible dependents and removed those who are now ineligible (e.g., as a result of divorce).

HOW DO YOU MAKE CHANGES IN PEOPLE FIRST?

Make changes online in **People First** — it's easy.

1. Know your People First password. Passwords expire every 90 days for your protection.
2. Turn off the browser's pop-up blocker and log in to People First.
3. Select the "Complete Open Enrollment Now" task in your inbox.
4. Review your covered dependents and elected plans.
5. If you are enrolled in a health plan for 2027, make your Shared Savings Program selections.
6. Enter your password and select "Complete Enrollment."

WHERE DO I SUBMIT DOCUMENTS?

To submit documents to **People First**, log into your account and upload the documents by clicking on the "Upload" tile near the top right of the screen, or you can mail them to the below address.

People First
P.O. Box 6830
Tallahassee, FL 32314

Remember that you can make changes to your elections during Open Enrollment as many times as you want. However, once Open Enrollment ends, a **Qualifying Status Change** (QSC) event is required to make election changes to your benefits. Note, if you are participating in the Shared Savings Program, you can select an account for your reward payments at any time during the year.

5 REASONS TO PAY ATTENTION DURING OPEN ENROLLMENT

During annual Open Enrollment, all eligible employees have the opportunity to sign up for or change their health, life, dental, vision, or other insurance coverage. Open Enrollment is important for everyone.

1 CHECK FOR CHANGES IN YOUR PLAN.

The Florida Legislature meets each spring and often passes legislation that affects health insurance coverage. Learn about these changes each year during Open Enrollment to ensure your benefits selections are still the best choices for you.

2 CHECK THE DOLLAR AMOUNTS IN YOUR SAVINGS AND SPENDING ACCOUNTS.

Flexible spending accounts (FSAs) are continuous until cancelled. If you have an active FSA this year and do not change your contributions, they will be the same in the following year. Make sure your contributions accurately reflect your needs. Healthcare and limited-purpose FSAs carryover up to $680 for the 2027 plan year. The deadline to incur expenses is Dec. 31, and the deadline to submit claims is April 30.

3 MAKE SURE YOUR DEPENDENTS (INCLUDING SPOUSES) ARE STILL ELIGIBLE.

Continuing coverage for an ineligible dependent is considered fraud. Review your dependent information in **People First** to ensure only eligible dependents are included.

4 BROWSE OTHER PLANS.

As you move through different stages of life, you may have different needs. You and your family may have experienced a life-changing event, and your current health plan may no longer be the best fit. Be sure that you are enrolled in the plan that best fits your current needs.

5 EARN REWARDS AND SAVE MONEY BY UTILIZING THE SHARED SAVINGS PROGRAM.

Earn tax-free rewards to pay for out-of-pocket medical, dental, vision, and prescription costs. The Shared Savings Program is available to State Group Insurance health plan enrollees and their dependents.

Vālenz BlueBook – Members can earn rewards by searching online and having their medical procedures completed at high-quality, low-cost facilities.

Lantern – Having a planned, non-emergency surgery? By using Lantern to locate and schedule your procedure with a high-quality surgeon, you can earn a reward and share in the savings. Earned rewards are credited to your FSA, HSA, or HRA.

Learn more about the **Shared Savings Program**.

Beginning Oct. 1, 2026, visit MyBenefits.MyFlorida.com to learn what's new this Open Enrollment period. You can make changes to your benefits online in People First beginning Oct. 12. All changes are effective Jan. 1, 2027.

WHAT'S NEW FOR 2027

2027 INSURANCE PREMIUM CHANGES

Dental premium increases:

- Ameritas Preventive and Standard
- MetLife Preventive, Standard, and Indemnity

AMERITAS DENTAL		
	Preventive	Standard
Employee	$23.84	$33.84
Employee + Spouse	$45.04	$63.36
Employee + Child(ren)	$48.24	$70.96
Family	$70.60	$103.28

METLIFE DENTAL			
	Preventive	Standard	Indemnity
Employee	$20.20	$39.96	$50.90
Employee + Spouse	$37.34	$73.92	$94.14
Employee + Child(ren)	$41.74	$82.60	$105.22
Family	$60.60	$119.92	$152.74

Members can view the **premiums** at MyBenefits.MyFlorida.com.

2027 HIGH-DEDUCTIBLE HEALTH PLAN CHANGES

Deductibles have increased for the 2027 Plan Year:

HIGH DEDUCTIBLE HEALTH PLAN	
Single	Family
$1,750	$3,500

2027 SHORT-TERM DISABILITY BENEFITS INCREASE

The 2027 Colonial Life Disability Plan (5020) has increased income levels, resulting in a higher monthly benefit for members.

SHORT TERM DISABILITY BENEFIT	
Your Annual Income	Max. Disability Amount Available
$0 – $26,099	$725/mo.
$26,100 – $39,149	$1,450/mo.
$39,150 – $52,199	$2,175/mo.
$52,200 – $65,249	$2,900/mo.
$65,250 – $78,299	$3,625/mo.
$78,300 and above	$4,350/mo.

For more information, visit **Supplemental Plans-Colonial Life**.

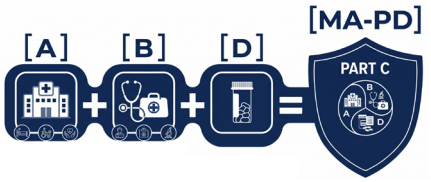
SAVINGS AND SPENDING ACCOUNTS INCREASES

Annual maximum increases effective Jan. 1, 2027.

SAVINGS AND SPENDING ACCOUNTS			
	Individual	Family	55+
HSA	$4,500	$9,000	$1,000 catch up

MEDICARE ADVANTAGE PRESCRIPTION DRUG PLANS PREMIUMS AND OUT-OF-POCKET INCREASE

The Division of State Group Insurance offers the **Medicare Advantage and Prescription Drug** (MA-PD) plans to retirees, COBRA participants, surviving spouses, those who were laid off, and vested legislators who are enrolled in a State Group Insurance health plan and are enrolled in Medicare Part A (hospitalization coverage) and Part B (medical coverage). MA-PD plans are not offered to active employees.



An MA-PD, known as Part C, includes Part A, Part B, and Part D (prescription drug coverage). Enrollment in a MA-PD plan is optional. The two qualified group plan providers are **Capital Health Plan** (CHP) and **Humana**. Changes in the 2027 MA-PD plans are the following increases:

- CHP Retiree Classic MA-PD HMO premium: $225.00
- Humana MA-PD HMO premium: $90.12
- Humana MA-PD PPO premium: $386.47
- Humana Part D prescription out-of-pocket maximum increases to $2,400, and the 90-day fill increases to 100 days for the same price.

Visit @StateGroupInsurance on YouTube to learn more about benefits that may be available to you.

OPEN ENROLLMENT CHECKLIST

Open Enrollment begins on Monday, Oct. 12, and ends Friday, Oct. 30, 2026. Changes take effect Jan. 1, 2027.

Health Insurance

Aetna:	☐ Standard HMO	☐ HDHP HMO
Capital Health Plan:	☐ Standard HMO	☐ HDHP HMO
UnitedHealthcare:	☐ Standard HMO	☐ HDHP HMO
Florida Blue:	☐ Standard PPO	☐ HDHP PPO

Dental Insurance

Ameritas:	☐ Preventive	☐ Standard	☐ Indemnity
Cigna:	☐ Prepaid		
Humana:	☐ Prepaid	☐ Preventive	
	☐ Standard	☐ Indemnity	
MetLife:	☐ Preventive	☐ Standard	☐ Indemnity
SunLife:	☐ Prepaid	☐ Indemnity	

TYPE	PREVENTIVE	BASIC	MAJOR	ORTHO	DEDUCTIBLE	ANNUAL MAX.
Prepaid	Fixed	Fixed	Fixed	Yes	No	None
Preventive PPO	100/80%*	80/50%*	No	No	$0-$150	$1,000
Standard PPO	100%/80%*	80/50%*	50/30%*	Age Limit	$0-$150	$1,500
Indemnity PPO	100%	80%	50%	Yes	$0-$150	$1,000-2,000

*In-network / Out-of-network

Vision Insurance

TYPE	PARTICIPATING PROVIDER	NON-PARTICIPATING PROVIDER
Exam	100% after $10 copay	$40 allowance
Lenses	100% after $10 copay	$40 single/$60 bifocal/ $80 trifocals allowance
Frames	$125 wholesale allowance	$100 retail allowance
Contacts	$150 allowance elective 100% medically necessary	$75 allowance elective $100 allowance necessary

Other Supplemental Insurances

The State does not contribute to supplemental insurances, so you would pay the entire premium. As a convenience, the state deducts all premiums on a pre-tax basis.

Accident:	☐ Colonial	
Cancer:	☐ Aflac	☐ Colonial
Disability:	☐ Colonial	
Hospitalization:	☐ Cigna	☐ New Era
Hospital Intensive Care:		☐ Aflac

LEGEND

FSA	Flexible Spending Account
HDHP	High-Deductible Health Plan
HMO	Health Maintenance Organization
HRA	Health Reimbursement Account
HSA	Health Savings Account
PPO	Preferred Provider Organization

Term Life Insurance

Basic Term Life:
☐ Career Service, SES, and SMS that are FTEs (1.0) are automatically enrolled in a $25,000 policy
☐ OPS ($3.18/month: Employee-elected and employee-paid)

Optional Term Life: Medical underwriting may be required.
OPS not eligible. Annual Salary:
☐ 1x ☐ 2x ☐ 3x ☐4x ☐ 5x ☐ 6x ☐ 7x
Maximum coverage: $1,000,000

Spouse: Underwriting may be required.
☐ $15,000 ($5.18/month) ☐ $20,000 ($6.90/month)

Child: All registered dependent children from live birth to age 26.
☐ $10,000 ($0.85/month)

Savings and Spending Accounts

Contribute pre-tax money into one of the health savings accounts for predictable out-of-pocket costs.
☐ Flexible Spending Account (FSA):
Healthcare, Limited Purpose, and Dependent Care
☐ Health Savings Account (HSA): HDHP Only

TYPE	WHO IS ELIGIBLE	SHARED SAVINGS REWARDS	EMPLOYEE CONTRIBUTIONS MIN.	INDIVIDUAL MAX.	FAMILY MAX.	CHARD SNYDER CARD	HEALTH PLAN REQUIREMENT
FSA							
Healthcare	Benefit eligible active employee	< $500*	$60	$3,400 (household)		Yes	None
Limited		< $500*	$60	$3,400 (household)		Yes	HDHP
Dependent		NA	$60	$7,500 (household)		Yes	None
			$60	$3,750 (married filing separate taxes)			
HSA	HDHP plans	Contribution limit reached; rewards placed in PD-HRA	$0	$4,500	$9,000	Yes	HDHP
HRA	All except MA-PD	No limit	Employer-funded through rewards from Shared Savings Program			Yes	All except MA-PD

*Shared Savings Program rewards are credited to your account in January of the following plan year. If you earn more than $500 of Shared Savings rewards, they will be put in a Health Reimbursement Account (HRA) for you.

Shared Savings Program

Make an informed decision to reduce health care costs and you receive rewards credited to your HRA. These funds pay for eligible medical, dental, and vision expenses.
☐ Vālenz Bluebook: Shop for non-emergency medical procedures and use a green-rated facility.
☐ Lantern: Bundle surgical services through a concierge service.

Other Health Benefits

☐ Diabetes Management Program
☐ Employee Assistance Program
☐ Prescription Drug Plan
☐ Spouse Program
☐ Weight Management Program

EMPLOYEE ELIGIBILITY

To be **eligible** to participate in the State Group Insurance Program, you must be a full- or part-time employee as defined in s. 110.123, F.S.. Upon hire, your position or expected hours of service will determine if you are eligible to participate in the program.

- **Full-time** – includes salaried Career Service, Selected Exempt Service (SES), and Senior Management Service (SMS) positions working 0.75 full-time equivalency (FTE) or more, and Other Personal Services (OPS) employees expected to work an average of 30 or more hours per week. Employees in these positions are eligible to participate in all plans offered under the program upon hire.
- **Part-time** – includes salaried Career Service and SES/SMS positions working fewer than 0.75 FTE. Employees in these positions are eligible to participate in all plans offered under the program upon hire. Employees may be ineligible for future benefits determined by the new hire measurement period, which bases an employee's status on hours of services worked in the preceding period.
- **OPS employees** expected to work fewer than 30 hours per week on average are not eligible to participate in the program. Seasonal employees for which the customary annual employment is six months or less and beginning the same time of year (such as summer or winter), are not eligible to participate in the program. Eligibility is determined at the time of hire, and eligibility for subsequent plan years is determined by the look-back measurement method, which bases an employee's status on hours of service in the preceding period.

ELIGIBILITY MEASUREMENT PERIODS

The 12-month look-back measurement method involves three different periods:

1. **Measurement Period** counts hours of service worked to determine eligibility.

   a. **New Hire Measurement Period**
   If you were not FTE when you were hired, your hours of service are measured from the first day of the month after you were hired to the last day of your 12th month of employment.

   b. **Open Enrollment Measurement Period**
   If you have worked 12 months, you are considered an ongoing employee. Your hours of service are measured during the Open Enrollment measurement period from Oct. 3 through the following Oct. 2 of each year.

   If you are a new employee who is reasonably expected to work an average of 30 hours or more per week, you are eligible.

2. **Stability Period** – follows a measurement period.

   Your eligibility after the measurement period continues for a one year stability period, but it may be longer if you are a newly-hired full-time employee and depending on your date of hire. Note that there are exceptions to the stability period for certain employment status changes.

3. **Administrative Period** the time between the measurement period and the stability period for administrative tasks, such as determining eligibility for coverage and facilitating enrollment. If you are determined to be eligible, a benefits package showing your available options, costs, and effective dates will be mailed to the address on file in **People First**, the system of record.

The rules for the look-back measurement method are complex and this is a general overview of how the rules work. More complex restrictions may apply to your situation.

If you have any questions about this measurement method and how it applies to you, call the People First Service Center from 8 a.m. to 6 p.m. ET weekdays, at 866-663 4735 (TTY Users: 866-221-0268).

DEPENDENT ELIGIBILITY

The following dependents are **eligible** for coverage:

- **Spouse** – The legal wife or husband of the employee or retiree.
- **Child** – A biological child, legally-adopted child, or child placed in the home for the purpose of adoption in accordance with Chapter 63, F.S., through the end of the calendar year in which he/she turns age 26.
- **Stepchild** – The child of your spouse for whom you are financially responsible, for as long as you remain legally married to the child's parent, through the end of the calendar year in which he/she turns age 26.
- **Foster child** – A foster child, or any other unmarried children for whom you have been granted court-ordered temporary or other custody, through the end of the calendar year in which he/she turns age 26.
- **Guardianship** – A child for whom you have legal guardianship in accordance with Chapter 744, F.S., or an unmarried child for whom you are granted court-ordered temporary or other custody through the end of the calendar year in which he/she turns age 26.
- **Over-age dependent** – After the end of the calendar year in which he/she turns 26, through the end of the calendar year in which he/she turns 30 — if he/she is unmarried, has no dependents of his/her own, is a resident of Florida or a full- or part-time student, and has no other health insurance.
- **Over-age dependent with a disability** – A covered child with mental or physical disabilities. This child may continue health insurance coverage after reaching age 26 if they have been continuously covered in a State Group Insurance health plan, or the child was over the age of 26 at the time of your initial enrollment. The child must be incapable of self-sustaining employment because of the mental or physical disability and be dependent on you for care and financial support. If you do not enroll the child at your initial enrollment, you will not be able to add the child to your coverage at a later date.
- **Newborn child of a covered dependent** – A newborn dependent of a covered dependent. The newborn must be added within 60 days of the birth. Coverage may remain in effect for up to 18 months of age as long as the newborn's parent remains covered.
- **Children of law enforcement, firefighters, probation, or correctional officers** – Children of law enforcement, firefighters, probation, or correctional officers who were killed in the line of duty.
- **Surviving spouse and dependents** – The widow or widower of a deceased State officer, State employee, or retiree, if the spouse was covered as a dependent in the State Group Insurance health plan at the time of death; or an employee or retiree who died before July 1, 1979; or a retiree who retired before Jan. 1, 1976, under any State retirement system who is not eligible for any Social Security benefits. The surviving spouse may participate in the State Group Insurance health plan with family coverage if there are eligible children to be covered; otherwise, the surviving spouse may only participate under an individual coverage. Upon remarriage, the widow or widower is no longer considered a surviving spouse, and shall report remarriage within 60 days . See page 11 for more information.

MAKE SURE YOUR NEW DEPENDENTS ARE VERIFIED

- The People First Service Center will request documents as part of the dependent eligibility verification process to confirm that an employee's newly added dependents are eligible for insurance coverage. This process applies to new hires, marriages, births, and other life events during the year as allowed by a qualifying status change (QSC) event.
- All enrollees who add new dependents during these QSC events will receive the documentation request. Documentation requests will be generated by People First and sent via email (from PeopleFirstNoReply@ngahrhosting.com) to the enrollee's notification email in People First. If the enrollee does not have a notification email, a letter will be mailed to the employee's address on file.
- If the employee fails to send sufficient documents in the time frame specified (e.g., 90 days), or if the employee submits documents that do not prove dependent eligibility, dependent coverage will terminate prospectively (i.e., the first day of the month following ineligibility determination).
- If a dependent is removed from coverage due to failed dependent verification, they cannot be reinstated immediately. They can only be added back to coverage during a QSC or annual open enrollment.

Documentation requirements can be found at: **MyBenefits.MyFlorida.com/MyHealth/Dependent Verification**.

If you have any questions, please call People First at 866-663-4735 (TTY Users: 866-221-0268) and ask to speak to the dependent verification team.

RETIREE ELIGIBILITY

You are **eligible** to continue health and life insurance if you are a State officer or State employee when you:

1. Retire under a State of Florida retirement system, State optional annuity, State retirement program, or go on disability retirement under the State of Florida Retirement System, as long as you were covered under health and life insurance at the time of your retirement, and you begin receiving retirement benefits immediately after you retire; or
2. Retire under the Florida Retirement System Investment Plan, and you:
    - Meet the age and service requirements to qualify for normal retirement as set forth in s. 121.021(29), F.S.; or have attained the age specified by s. 72(t)(2)(A)(i), Internal Revenue Code, and you have six years of creditable service; and
    - Take an immediate distribution; and
    - Either:
        i. Maintained continuous coverage under the program from termination until receiving your distribution (you must continue health insurance coverage through COBRA or as a participating Eligible Former Employee until you take your immediate distribution); or
        ii. Retired before Jan. 1, 1976, under any State retirement system and you are not eligible to receive any Social Security benefits.

If you do not continue health insurance coverage at retirement, or if you cancel retiree coverage, you will not be allowed to re-enroll in a State Group Insurance Program health plan at a later date as a retiree.

To learn more, view the **benefits package for new retirees**.

To see your premium rates for 2027, view the **premiums**.

More on eligibility — click here to learn more about eligibility.

OTHER ELIGIBILITY

Eligibility Under the Consolidated Omnibus Budget Reconciliation Act (COBRA)

COBRA allows qualified participants to continue coverage of their healthcare FSA, health reimbursement account (HRA), and health, dental, and vision benefits through their employer's group insurance plan for a limited period of time under certain circumstances, including the following:

- Voluntary or involuntary job loss.
- Reduction in hours worked.
- Transition between jobs.
- Death.
- Divorce.
- Other life events.

People First will mail a COBRA package to your address on record in People First when one of these events is reported. COBRA enrollees pay the entire monthly premium plus a 2% administrative fee. You and/or your dependents lose eligibility for COBRA when you become eligible for other group insurance, including Medicare, or if you fail to pay the premium by the last day of the coverage month.

If you are the spouse of an enrollee and have been dropped from coverage in anticipation of a divorce, please report this event to the **People First** Service Center. You may be eligible to enroll in COBRA at the time your divorce is finalized.

To see your premium rates for 2027, visit the **premiums**.

Eligible Former Employees

The State Group Insurance Program offers health benefits to **eligible former employees**. Eligible Former Employee (EFE) refers to a former state officer or employee who was enrolled in the State Group Health Insurance Program (Program) for at least six cumulative years while employed by one or more participating employers, and who remained enrolled in the Program at the time of separation from employment.

Employees who become EFEs may enroll and disenroll from health insurance coverage for up to 24 months after separation. After this 24-month period, EFEs who remain enrolled in health insurance coverage may make plan changes only during open enrollment or with a valid Qualifying Status Change (QSC) event.

Other Personal Services (OPS) and seasonal workers are not eligible as EFEs.

EFEs pay the same monthly premium for health insurance coverage as early retirees.

For EFE health insurance premiums, please **click** here.

ENROLLMENT

You may enroll when you first become eligible for coverage, when you are hired, when you experience a QSC event during the year, or during Open Enrollment. Common QSC events include marriage, divorce, birth, or change in employment status. All eligible State employees, eligible former employees, enrolled retirees, surviving spouses, and COBRA participants may participate in Open Enrollment.

Make your State Group Insurance elections online in **People First**. You can see all available options, enroll your eligible dependents, and confirm your benefit selections instantly.

WHAT NEW HIRES NEED TO KNOW

- Optional life insurance is guaranteed issue up to five times your salary ($500,000 max.) when you are an eligible new hire.
- If you miss this opportunity to enroll, or want to enroll for up to seven times salary ($1 million max.), you will have to complete the medical underwriting process.
- Dependent spouse life insurance is also guaranteed if you are married when you are an eligible new hire or if you later marry. Your spouse will have to complete the medical underwriting process if you decide to enroll later. A benefits-eligible state employee married to another benefits-eligible state employee may not enroll their spouse in dependent spouse life insurance coverage.
- The State Group Insurance Program offers prepaid dental plans, which have limited networks. Be sure the plan you want has dentists in your area, and the offices are accepting new patients. You will not be able to change (until the next Open Enrollment or a QSC event) dental plans because your preferred dentist is not in-network or leaves the network.
- If you enroll in a State Group Insurance Program health plan, you and your dependents are eligible to participate in the Shared Savings Program. Visit the **Shared Savings Program**, to learn how you can earn rewards.

SPOUSE PROGRAM HEALTH INSURANCE

The Spouse Program provides family health insurance for two state employees married to each other. One spouse serves as the primary account holder. Each pays $15 per month for family coverage. To enroll, you and your spouse must complete and sign the **Spouse Program Election** form. Then submit the form online through the People First portal or mail it to People First at the address on the form.

You have 60 days to enroll after you become eligible. You become eligible for the Spouse Program when you or your spouse works for the State, the other starts working for the state, or when you marry another state employee, and you are already employed by the state.

If you miss your opportunity to enroll when you are first eligible, you must wait until Open Enrollment to enroll.

If you and your spouse elect enrollment under the Spouse Program, you will be enrolled in a family health plan. You and your spouse will be required to designate a primary and secondary spouse for your account. The primary spouse is considered the enrollee while the secondary spouse and dependents are covered under the family health plan as dependents.

If the family is enrolled in a high deductible health plan (HDHP), the primary and the secondary spouse should individually enroll in health savings accounts. Each spouse will receive the individual state contribution. Payroll contributions can be made up to half of the family contribution.

Rewards earned through participation in the Shared Savings Program will be deposited in the savings and spending account as designated by the primary spouse.



SURVIVING SPOUSE HEALTH INSURANCE

Surviving spouses are eligible for coverage. The term "surviving spouse" means the widow or widower of:

- A deceased state officer, state employee (including OPS) or retiree if the spouse was covered as a dependent at the time of the participant's death.
- An employee or retiree who died before July 1, 1979.
- A retiree who retired before Jan. 1, 1976, under any state retirement system and who is not eligible for any Social Security benefits.

The surviving spouse and dependents, if any, must have been covered at the time of the participant's death. To enroll, the surviving spouse has 60 days to notify the People First Service Center of the death and 60 days to enroll after receipt of the enrollment package. Coverage is effective retroactively once the enrollment form and premiums have been received. Coverage begins the first of the month following the last month of coverage for the deceased; in other words, coverage must be continuous.

Coverage for surviving spouses ends on the first of the month following remarriage; however, they are eligible to continue coverage under COBRA for a limited time, provided they send a copy of the marriage certificate to People First within 60 days of the marriage.

ENROLLMENT TIPS

Watch for your benefits statement online or in the mail. It will show all your options and costs, and explain possible effective dates of coverage.

Enroll online in People First during Open Enrollment or within 60 days of your QSC event. If you miss either of these deadlines, you must wait until the next Open Enrollment unless you have another QSC event.

Obtain correct Social Security numbers, birth dates, and required documentation to enroll your eligible dependents.

As part of the **dependent eligibility verification** process, assign dependents to an insurance plan. Only registering will not have them covered. Enrollees will receive the documentation request generated through People First by email at: **PeopleFirstNoReply@ngahrhosting.com**. It is sent to the enrollee's notification email in People First. If the enrollee does not have a notification email, a letter will be mailed to the employee's address on file.

Choose your options carefully. When you make an election during Open Enrollment or within the 60-day QSC event window, you cannot cancel or change to another plan until the next Open Enrollment or a QSC.

The plan year is Jan. 1 through Dec. 31.

When you elect how much to contribute to health savings accounts and flexible spending accounts, the election is for the whole plan year, so carefully consider your needs.

If you are hired during Open Enrollment, you will make elections for that year and for the next.

Additional insurance and program information is available anytime on our **YouTube channel** about eligibility.

COVERAGE

WHEN COVERAGE IS EFFECTIVE

Enrollment and changes made during Open Enrollment are effective Jan. 1 of the next year. Payroll deductions for most plans begin the preceding December. Enrollment and permitted changes made as a result of a QSC event are effective as follows:

- Health insurance may be effective as soon as the first day of the month following the month you elect coverage in People First. For births and adoptions, call People First to request coverage for the child effective on his or her birth date, or on the date that he or she is placed in the home for adoption.
- Basic life insurance is effective for full-time salaried employees on the first day that the FTE employee is actively at work. For part-time salaried or eligible OPS Employees, coverage is effective on the first day of the month following election and their first payroll deduction.
- Optional life insurance, dependent spouse life insurance, and certain supplemental plans are effective on the first day of the month after completion of the medical underwriting process, if required, and after a full payroll deduction is taken. Plans that do not require medical underwriting, such as dependent child life insurance, are effective the first day of the month for which a full payroll deduction is taken.
- Healthcare, limited purpose, and dependent care FSAs start on your enrollment date.
- Your HSA becomes active on the date your high deductible coverage is active. Once your enrollment is complete and your identity has been confirmed, your account will be automatically opened for you.
- Your HRA becomes active on the date that you receive a reward payment through the Shared Savings Program.

WHEN COVERAGE SUSPENDS

Premium payments for State Group Insurance plans are made one month in advance of the coverage month (e.g., you pay for July coverage in June). If your account becomes underpaid, the underpayment will be deducted from your next payroll (up to $180 for employees paid bi-weekly or up to $360 for employees paid monthly) in addition to your regular monthly premium contribution, and payroll deductions will continue each payroll cycle until the outstanding balance is paid in full. In addition to, or in lieu of payroll deductions, you may coordinate payment with **People First**.

Any time your insurance premium is underpaid by more than one month, coverage will be suspended. This means that your insurance is temporarily unavailable. If you go to the doctor's office or the pharmacy, you will have to pay out-of-pocket for services and prescriptions. Once you pay the underpayment in full, you can file a claim with your insurance provider to seek reimbursement for eligible expenses that were incurred during the period of suspension.

Avoid coverage suspensions by keeping your address updated in People First, reading notices from **People First**, and taking quick action to pay any underpayments.

For more information on mid-year changes visit MyBenefits.MyFlorida.com.

WHEN COVERAGE ENDS

All coverage ends as follows, unless you elect COBRA for a COBRA-eligible benefit (e.g., health, dental, vision):

- **Employees:** When you end employment with the State, coverage ends for you and any covered dependents the last day of the month following the month of termination. For example, if your last day of work is June 23, coverage ends July 31.
- **Retirees, COBRA participants, eligible former employees, layoff participants, and surviving spouses:** You have until the last day of the coverage month to pay the premium. If you have made no payment, coverage will end, and you will not be permitted to re-enroll. Avoid this situation by submitting your payment to **People First** by the 10th day of the month before next month's coverage.

  For example, submit July's payment before June 10. COBRA participants may have coverage for up to 18, 29, or 36 months depending on the COBRA event; layoff participants may have coverage for up to 24 months.
- **Surviving spouse:** If you remarry, coverage ends the first day of the month following remarriage. You and your new spouse may continue health insurance through COBRA for a limited time. If you do not remarry, coverage continues with no break.
- **Dependents:** Coverage ends for dependents when your coverage ends, or if they lose eligibility (e.g., last day of the month of a divorce, theirs or your deaths, or when they exceed age limits). Dependent grandchildren lose coverage at the end of the month in which they turn 18 months of age, or if their parent ceases to be covered under the plan.

HEALTH AND WELLBEING



Your total health is important to us. We offer a variety of benefits to keep you physically and mentally healthy.

Remember to choose a primary care provider to manage your care and take advantage of free preventive services to monitor your health.

HEALTH INSURANCE PLANS

We offer four health insurance plans to members. Each plan provides comprehensive major medical and prescription drug coverage, as well as preventive care benefits and wellness programs.

1. The standard Preferred Provider Organization (PPO), administered by Florida Blue, provides coverage in and out-of-network. You must meet a deductible and pay coinsurance or copayments. You can self-refer to many specialists, and you have access to a nationwide network (BlueCard Program™) and the international BCBS Global® Core Program.
2. The high-deductible Preferred Provider Organization (PPO), administered by Florida Blue, carries a lower monthly premium and a higher deductible (except for certain preventive services). Once you meet your deductible, you pay coinsurance for all services and prescription drugs. You may enroll in an HSA if you meet eligibility requirements to help offset your out-of-pocket costs.
3. Standard Health Maintenance Organization (HMO) services are provided by Aetna, Capital Health Plan, and UnitedHealthcare. One of these HMO plans is offered in each region in Florida. HMOs cover only in-network services, except in certain emergency situations. You make copayments for services provided in the HMO's network, and you may be required to have a primary care provider and referrals to some specialists.
4. The high deductible HMO works like the standard HMO, except you have a higher deductible (except for certain preventive services). Once you meet your deductible, you pay coinsurance for all services and prescription drugs. You may enroll in an HSA if you meet eligibility requirements to help offset your out-of-pocket costs.

USE EMERGENCY ROOMS FOR EMERGENCIES

Did you know that going to an emergency room (ER) costs up to four times as much as going to urgent care? Did you also know that it can cost the plan 10 times more, sometimes higher? A procedure that costs your health plan $100 in an urgent care facility can cost more than $1,000 in an emergency room. When costs for the plan increase, premiums may increase.

Help keep costs low. If you have a primary care provider, you can often schedule an office visit on the same day.

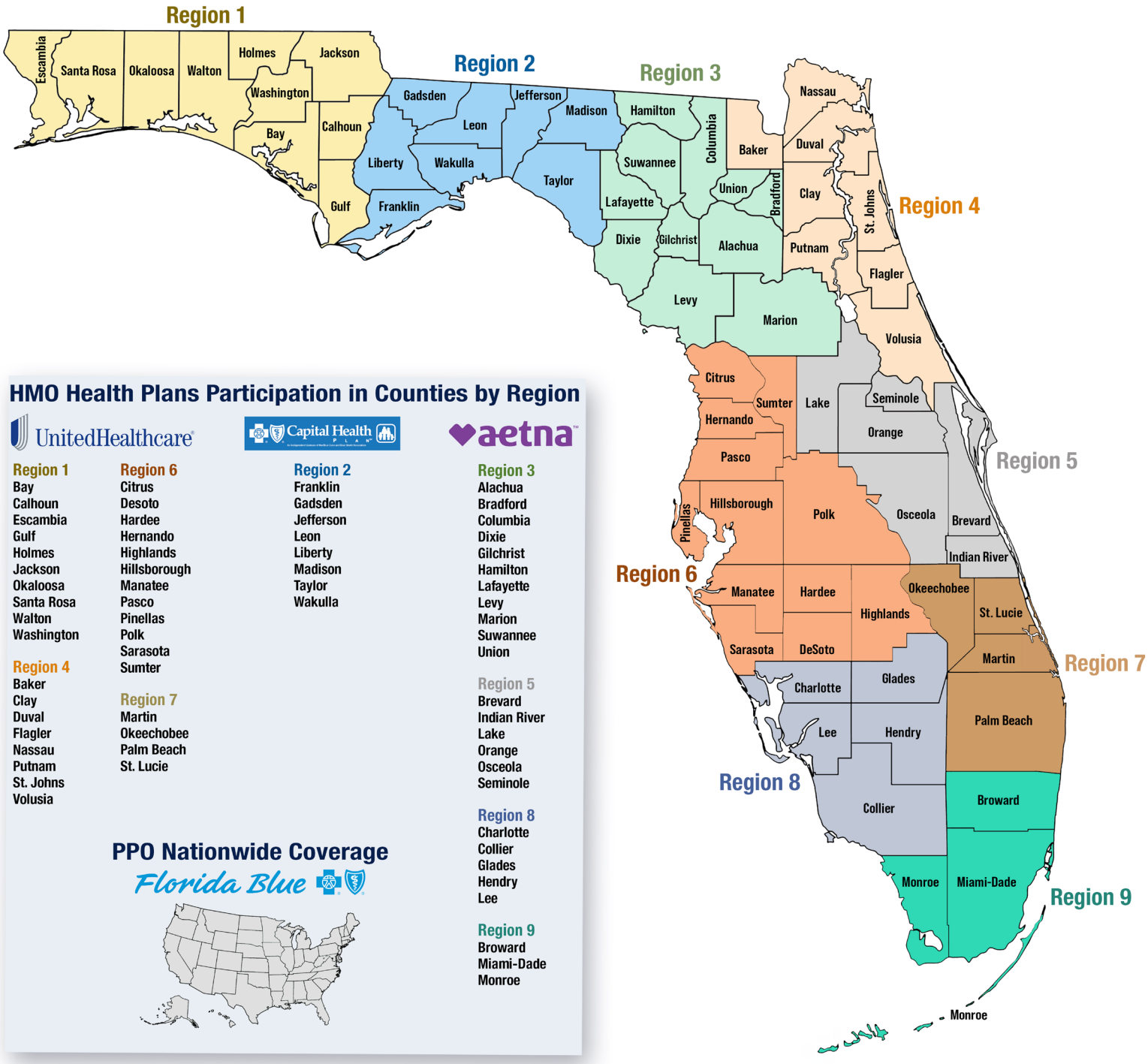
Urgent care centers have extended hours for when the unexpected occurs. Save money, and save the emergency room visit for life-threatening illnesses and accidents.

The More You Know

Other places you can receive service in lieu of the ER include:

- Urgent Care Centers
- Primary Care Provider
- Telehealth (See page 25 for additional information)

HMO SERVICE AREA MAP



HMO Health Plans Participation in Counties by Region

UnitedHealthcare · Capital Health Plan · aetna

Region 1
Bay
Calhoun
Escambia
Gulf
Holmes
Jackson
Okaloosa
Santa Rosa
Walton
Washington

Region 2
Franklin
Gadsden
Jefferson
Leon
Liberty
Madison
Taylor
Wakulla

Region 3
Alachua
Bradford
Columbia
Dixie
Gilchrist
Hamilton
Lafayette
Levy
Marion
Suwannee
Union

Region 4
Baker
Clay
Duval
Flagler
Nassau
Putnam
St. Johns
Volusia

Region 5
Brevard
Indian River
Lake
Orange
Osceola
Seminole

Region 6
Citrus
Desoto
Hardee
Hernando
Highlands
Hillsborough
Manatee
Pasco
Pinellas
Polk
Sarasota
Sumter

Region 7
Martin
Okeechobee
Palm Beach
St. Lucie

Region 8
Charlotte
Collier
Glades
Hendry
Lee

Region 9
Broward
Miami-Dade
Monroe

PPO Nationwide Coverage

Florida Blue

Learn more: MyBenefits.MyFlorida.com | Enroll online: PeopleFirst.MyFlorida.com

HEALTH SUMMARY CHART

HEALTH PLAN SUMMARY COMPARISON CHART (EXCLUDING MA-PD PLANS)

COSTS	STANDARD			HIGH DEDUCTIBLE (PAIR WITH HEALTH SAVINGS ACCOUNT)	
	HMO	PPO		HMO and PPO	PPO Only
		In-Network	Out-of-Network		
Annual Deductible	None			$1,750 Single $3,500 Family	$2,500 Single $5,000 Family
Global In-Network Annual Out-of-Pocket Maximum	$10,150 Per Indiv. $20,300 Per Family Combined Pharmacy and Medical			$3,000 Per Indiv. $6,000 (HMO) Per Family Combined Pharmacy and Medical	
Preventive Care[1]	No Charge			No Charge; No Deductible	
Primary Care	$20 Copayment			Deductible then 20% of in-network allowed amount	
Specialist	$40 Copayment				
Urgent Care	$25 Copayment				
Emergency Room	$100 Copayment				
Hospital Stay	$250 Copayment			Deductible then 20% of in-network allowed amount	
Prescription Drug	$7 Generic $30 Preferred $50 Non-Preferred			After Paying Deductible, Generic - 30% Preferred - 30% Non-Preferred - 50%	
Up to 90-Day Supply	$14 Generic $60 Generic $100 Generic				

MONTHLY PREMIUM[2]	STANDARD											
	Single	Spouse	Family	Over Age Dependent (Age 26-30)	COBRA	Retiree <Age 65	Single	Spouse	Family	Over Age Dependent (Age 26-30)	COBRA	Retiree <Age 65
Career Service	$50	$30	$180	$813.46	$994.86 Single $2,239.39 Fam	$813.46 Single $1,831.08 Family	$15	$30	$64.30	$736.80	$916.66 Single $2,036.38 Fam	$736.80 Single $1,632.05 Family
Select Exempt/ Sr. Mngmt. Service	$8.34	$30	$30				$8.34	$30	$30			

MEDICARE TIERS[3]	MEDICARE I	MEDICARE II	MEDICARE III	MEDICARE I	MEDICARE II	MEDICARE III
Retiree > 65	$430.18	$1,243.63	$860.35	$324.26	$1,061.06	$648.52
Capital Health Plan	$338.61	$1,442.15	$677.22	$308.19	$1,289.72	$616.38

1 Preventive care based on age and gender.
2 We deduct your premium in advance (e.g., December 2026 for Jan. 1, 2027 coverage).
3 Medicare I = single coverage for retired participant eligible for Medicare. Medicare II = family coverage for two or more and at least one is Medicare eligible. Medicare III = family coverage for retiree and one dependent, and both are Medicare eligible.

MEDICARE ADVANTAGE AND PRESCRIPTION DRUG PLANS

MEDICARE ADVANTAGE AND PRESCRIPTION DRUG PLANS THAT OFFER PRESCRIPTION DRUG COVERAGE

The Division of State Group Insurance offers the **Medicare Advantage and Prescription Drug** (MA-PD) plans to retirees, COBRA participants, surviving spouses, those who were laid off, and vested legislators who are enrolled in a State Group Insurance health plan and are enrolled in Medicare Part A (hospitalization coverage) and Part B (medical coverage). MA-PD plans are not offered to active employees.

An MA-PD includes Part A, Part B, and Part D (prescription drug coverage). Enrollment in a MA-PD plan is optional. You will never be called to enroll. All official communications will include the DMS or division logos. The two qualified group plan providers are:

- **Capital Health Plan Retiree Advantage and Classic MA-PD HMO**
- **Humana MA-PD HMO and PPO**

For Humana, the Part D Prescription maximum out-of-pocket has increased to $2,400 per year, and prescription fills have been expanded to cover up to a 100-day supply, provided they are written by a physician.

Monthly premiums for CHP and Humana are shown below:

RATES

	Rate
Capital Health Plan Retiree Classic MA-PD HMO	$225.00
Humana MA-PD HMO	$90.12
Humana MA-PD PPO	$386.47

Note: DMS and DMS plans will never call or text you about enrollment. All official communications will include the DMS or division logo.



SAVINGS AND SPENDING ACCOUNTS

HEALTH REIMBURSEMENT ACCOUNT (HRA)

Chard Snyder is the administrator of two types of HRAs that reimburse you for eligible out-of-pocket expenses. Use the prepaid Chard Snyder Benefit Card at the time of service as a convenient payment option wherever most credit cards are accepted.

- **HRA** is a pretax account available to you if you are enrolled in a standard health plan. You can use the funds to pay for eligible medical, dental, and vision expenses, prescriptions, over-the-counter medications, and menstrual hygiene products.
- **Post-deductible HRA** is a pretax account that is available to you if you are enrolled in a high deductible health plan. After you meet the annual, federal deductible, you can use the funds to pay for eligible medical, dental, and vision expenses, prescriptions, over-the-counter medications, and menstrual hygiene products.

For the HRA and post-deductible HRA, Dec. 31, is the last day to incur claims for the plan year, and you must submit all claims by April 30. However, unlike an FSA, if you have funds remaining at the end of 2027, all funds will carry over to the next plan year. The HRA is employer-funded only, which means you cannot contribute to the account. There is no limit on the amount of funds in an HRA.

As long as you are enrolled in a State Group Insurance health plan, you may continue your HRA. This applies to COBRA coverage, retiree coverage, and surviving spouse coverage other than MA-PD enrollees.

Find out how each HRA account works or visit the Savings and Spending Accounts Comparison Chart.

FLEXIBLE SPENDING ACCOUNT (FSA)

Chard Snyder is the administrator of three types of flexible spending accounts (FSA) that give you a tax break on eligible out-of-pocket expenses. Use the prepaid Chard Snyder Benefit Card at the time of service as a convenient payment option wherever most credit cards are accepted. The minimum contribution amount is $60 per year.

- **Healthcare FSA** you contribute up to $3,400 each plan year on a pretax basis to pay for eligible medical, dental, and vision expenses, prescriptions, over-the-counter medications, and menstrual hygiene products.
- **Limited Purpose FSA** you contribute up to $3,400 each plan year on a pretax basis to pay for eligible dental, vision, and preventive care expenses. Use HSA for all other medical expenses.
- **Dependent Care FSA** you contribute up to $7,500 per household each plan year on a pretax basis. Your exact savings will depend on your personal tax rate to pay for the care of your natural, adopted, and foster children who have not reached their 13th birthday and family members who cannot physically or mentally care for themselves.

For the healthcare FSA and limited purpose FSA, Dec. 31 is the last day to incur expenses for the plan year, and you must submit all claims by **April 30**. Otherwise, if you have funds remaining at the end of 2027, a maximum of $680 will carry over to the next plan year and any funds in excess of $680 will be forfeited.

For the dependent care FSA, March 15 is the last day to incur expenses for the prior plan year, and you must submit all claims by April 30. Otherwise, you forfeit any remaining funds.

HEALTH SAVINGS ACCOUNT (HSA)

A Health Savings Account (HSA) is a tax-advantaged account available to you if you enroll in a high deductible health plan (HDHP). You do not pay taxes on any money you deposit into it. You may withdraw funds to pay for qualified medical expenses for yourself, your spouse, or a qualified dependent without tax penalty.

Once enrolled and your HSA Advantage bank account is opened through Chard Snyder, you will receive the state's monthly deposit of $41.66 for single coverage and $83.33 for family coverage (up to $500 and $1,000 annually, respectively).

Unused funds roll over each year, and you can keep your HSA when you leave state employment. You are eligible to participate and enroll in the HSA as long as you are enrolled in HDHP and meet all eligibility requirements.

Find out how this account works or visit the comparison chart.

Learn more about the **Savings and Spending Accounts**.

CHARD SNYDER BENEFIT CARD HAS A NEW LOOK

The next time that your card renews or you are sent a new card for any reason, you will receive the sleek new silver card.



2027 SAVINGS AND SPENDING ACCOUNTS COMPARISON CHART

FLEXIBLE SPENDING ACCOUNTS (FSA)			HEALTH SAVINGS ACCOUNT (HSA)	HEALTH REIMBURSEMENT ACCOUNT (HRA) AND POST DEDUCTIBLE HRA
Healthcare FSA	**Limited Purpose FSA**	**Dependent Care FSA**		
How it Works				
You deposit pretax money into the account through payroll deductions to pay for eligible medical, dental and vision expenses, prescriptions, over-the-counter medications and menstrual hygiene products. • Use the Benefit Card to pay for eligible services and items; • Pay your provider directly from your account online; or • Pay out of pocket for eligible medical expenses, then submit claims to be reimbursed.	You deposit pretax money into the account through payroll deductions to pay for eligible dental, vision and preventive care expenses. • If you are enrolled in a High Deductible Health Plan (HDHP), you can choose a limited purpose FSA. You cannot choose a healthcare FSA if you are enrolled in an HDHP and eligible for the HSA. • Use the Benefit Card to pay for eligible services and items or • Pay your provider directly from your account online; or • Pay out of pocket for certain eligible expenses, then submit claims to be reimbursed.	You deposit pretax money into the account through payroll deductions. You get reimbursed for eligible services (not healthcare related) to care for children 12 years and younger or a dependent age 13 and older who live with you at least 8 hours a day and who need supervised care, such as an elderly parent or spouse with a disability. Use funds to care for your natural, adopted and foster children 12 years and younger and for family members who cannot physically or mentally care for themselves while you are working or going to school. • Use the Benefit Card to pay for eligible dependent care services or • Pay your provider directly from you account online; or • Pay out of pocket for eligible dependent care expenses, then submit claims to be reimbursed.	The State contributes pretax money to your personal bank account each month for you to pay for eligible health expenses and save for future costs. You may also deposit pretax money into the account. Enroll in an HDHP online in People First, which automatically opens your HSA Advantage™ account. • The State contributes $41.66/month for single coverage and $83.33/month for family coverage. • Pay for eligible expenses from this savings account at time of service or purchase or • Pay your provider directly from your account online; or • Pay out of pocket for eligible expenses, then reimburse yourself from the account. Spouse Program: If you enroll in a HDHP, both spouses are also eligible to enroll in an HSA. Each spouse will receive the monthly individual state contribution and each spouse can make payroll contributions up to half of the family maximum.	Shared Savings Program rewards are credited to your account as they are earned. HRA money is used to pay for eligible medical, dental and vision expenses, prescriptions, over-the-counter medications, and menstrual hygiene products. • Use the Benefit Card to pay for eligible services and items or • Pay your provider directly from your account online; or • Pay out of pocket for eligible expenses, then submit claims to be reimbursed. The post-deductible HRA works the same way except funds are only available for dental, vision, and preventive care expenses until you have met the federal health plan deductible. The single deductible is $1,750 and the family deductible is $3,500. Once you have met the deductible, you may use your funds for all eligible medical expenses.
Who is Eligible				
Active employees who are benefits eligible.	Active employees who are benefits eligible.	Active employees who are benefits eligible.	Active employees who are enrolled in an HDHP. After age 65, you must be enrolled in an HDHP and *not* enrolled in Medicare or other Social Security benefits.	All State Group Insurance health plan enrollees are eligible. If you enroll in an HDHP, you are only eligible for the post-deductible HRA. Your HRA becomes active once your first reward has been credited to the account.
Shared Savings Program Rewards Shared Savings rewards are applied to the account you select or the default account if no selection was made)				
Yes. Earn up to $500 in Shared Savings rewards. Shared Savings Program rewards are credited to your account in January of the following plan year (the plan year after the reward is earned). If you earn more than $500 in Shared Savings rewards during the plan year, the additional earnings will be put in an HRA.	Yes. Earn up to $500 in Shared Savings rewards. Shared Savings Program rewards are credited to your account in January of the following plan year (the plan year after the reward is earned). If you earn more than $500 in Shared Savings rewards during the plan year, the additional earnings will be put in an HRA	No. Shared Savings Program awards are only credited to one of the health spending or savings plans	Yes. Shared Savings Program rewards are credited to your account as they are earned. If you earn Shared Savings rewards after you have contributed the maximum annual amount to your HSA, any or all additional rewards will be put in a post-deductible HRA.	Yes. There is no limit in the amount of Shared Savings rewards earned. Shared Savings rewards are credited to your account as they are earned.

2027 SAVINGS AND SPENDING ACCOUNTS COMPARISON CHART

FLEXIBLE SPENDING ACCOUNTS (FSA)			HEALTH SAVINGS ACCOUNT (HSA)	HEALTH REIMBURSEMENT ACCOUNT (HRA) AND POST DEDUCTIBLE HRA
Healthcare FSA	**Limited Purpose FSA**	**Dependent Care FSA**		
Employee Contribution Limit				
Yes. $60 minimum/year. $3,400 maximum/year.	Yes. $60 minimum/year. $3,400 maximum/year.	Yes. $60 minimum/year. $7,500 maximum/year/household. (Married couples filing separate taxes may contribute up to $3,750 each).	Yes. No minimum contribution. $4,500/year for single coverage $9,000/year for family coverage (Limits include the state's contribution.) Employees ages 55+ may make catch-up contributions of an additional $1,000/year.	Employer funded, through rewards earned by utilizing the Shared Savings Program.
When is Money Available				
The total amount of your annual election is available January 1 (for open enrollment) or on your enrollment date (for new hires or if you have an appropriate Qualifying Status Change [QSC] event). Shared Savings Program rewards are not available until January of the year after the reward is earned and credited to the account	The total amount of your annual election is available January 1 (for open enrollment) or on your enrollment date (for new hires or if you have an appropriate QSC event). Shared Savings Program rewards are not available until January of the year after the reward is earned and credited to the account	Money is credited to your account after each payroll deduction. You can use only the balance available in your account when you pay for dependent care services.	As the State deposits amounts into your Chard Snyder HSA Advantage™ personal savings account.	HRA funds will be available within 5 business days of the reward notification to Chard Snyder. If you choose a post-deductible HRA, funds are available only for dental, vision, and preventive care expenses until you have met the deductible, then you may use the funds for all eligible medical expenses. Single deductible is $1,750 and Family deductible is $3,500.
Payment Card				
Yes. The Chard Snyder Benefit Card.	Yes. The Chard Snyder Benefit Card.	Yes. The Chard Snyder Benefit Card.	Yes. The Chard Snyder Benefit Card.	Yes. The Chard Snyder Benefit Card.
Deadline to Use Funds				
Yes. Incur eligible expenses by December 31 and submit claims to Chard Snyder by April 30 of the next plan year. If any funds are remaining, up to $680 will be carried forward into the following plan year. Amounts over $680 will be forfeited.	Yes. Incur eligible expenses by December 31 and submit claims to Chard Snyder by April 30 of the next plan year. If any funds are remaining, up to $680 will be carried forward into the following plan year. Amounts over $680 will be forfeited.	Yes. Grace period to incur eligible expenses ends March 15 of the next plan year. All claims must be submitted to Chard Snyder by April 30 of the next plan year. Any amount remaining will be forfeited.	No. HSA works just like your savings account. Balance rolls over from year to year; take the money with you if you leave state employment.	Yes. Incur eligible expenses by December 31 and submit claims to Chard Snyder by April 30 of the next plan year. Balance rolls forward to next plan year, as long as you enrolled in a State Group Insurance health plan.
Health Plan Requirements				
No requirement to be in a State Group Insurance health plan.	High deductible PPO or high deductible HMO.	No requirement to be in a State Group Insurance health plan.	High deductible PPO or high deductible HMO.	Any State Group Insurance health plan. [Individuals enrolled in a State of Florida Medicare Advantage Prescription Drug (MA-PD) plan are not eligible to take part in the Shared Savings Program].
Enroll in Another Savings or Spending Account				
Yes. Dependent care FSA and/or HRA.	Yes. HSA, dependent care FSA, and/or post-deductible HRA.	Yes. Healthcare and limited purpose FSA, HSA, HRA, or post-deductible HRA.	Yes. Limited purpose FSA, dependent care FSA and/or post-deductible HRA.	Yes. Healthcare FSA, limited purpose FSA, and/or dependent care FSA, if you enrolled in an HDHP, you must choose the post-deductible HRA.

Find out how each account works, visit the Savings and Spending Accounts Overview.

For questions, contact **Chard Snyder Customer Service** at **FloridaAskPenny@Chard-Snyder.com** or call 855-824-9284.

SHARED SAVINGS PROGRAM

SEARCH

Are you in need of a healthcare procedure? Search for your procedure online using the Healthcare Transparency Tool.

BUNDLE

If you need non-emergency surgery, call Lantern at 844-752-6170 and a Lantern Care Advocate will assist you in bundling all surgery costs into one, lower rate.

SAVE

By searching for and bundling your services, you can save money and earn rewards.

You can choose to have your reward deposited into an HRA, HSA, or FSA. If you do not have an HRA, HSA, or FSA, your reward amount will automatically credit to an HRA account that will be created for you based on your healthcare enrollment.



ONE SIMPLE, BUNDLED RATE

Examples of reward-eligible procedures at Green-rated facilities for you and your dependents.

Bundle your health care services with the help of a Lantern Care Advocate by calling 844-752-6170.



"Find more information about the program at MyBenefits.MyFlorida.com/MyHealth/Shared_Savings_Program.

* Rewards based on 2026 figures and are subject to change annually.

LIFE INSURANCE

The State Group Insurance Program offers group term life insurance to eligible employees and retirees through **MetLife - Life Insurance.** Designate your beneficiary or beneficiaries when you enroll and review your designations periodically to account for changes. Calculate how much optional term life insurance may be right for you.

LIFE INSURANCE OPTIONS			
Type	**Benefit Amount**	**Enrollment**	**Monthly Premium**
Basic Life	$25,000	Salaried, full-time employees automatically enrolled Part-time and OPS employees must enroll	Salaried, full-time: No premium Part-time: Pro-rated premium OPS: $3.18
Optional Life (FT salaried employees only)	One to seven times your base annual earnings ($1 million max./ $500,000 new hire max.)	Receive guaranteed issue up to 5x salary and higher amounts require underwriting: New hires up to 5x salary	Varies by coverage level, salary, and age
Dependent Spouse	$15,000 I $20,000	Guaranteed issue if you enroll when first hired or when you marry	$5.18 I $6.90
Dependent Child	$10,000 per each child	Guaranteed issue	$0.85 (covers all eligible children)
Basic Life for Retirees	$2,500 I $10,000	Continue life insurance when you retire	$6.38 I $25.51

ADDITIONAL LIFE BENEFITS	
Benefit	**Coverage**
Accelerated Death (Advanced life insurance fund in certain situations)	Up to 100% of your life insurance including your optional life coverage
Repatriation (Covers the cost of transporting the deceased home if death occurred 75+ miles away)	Up to $5,000
Legal Services	Phone access to a national network of attorneys
Legacy Planning Services	Help with end-of-life issues when dealing with a loss or planning for one's passing
Beneficiary Financial Counseling	Counseling to beneficiaries who receive at least $25,000



DENTAL INSURANCE

The State Group Insurance Program offers dental insurance plans to eligible employees on a pretax basis. You pay the full premium. The State does not contribute. You may continue dental through COBRA upon the termination of employment, including retirement, or convert other plans by calling the insurance company directly.



DENTAL PLANS

Take control of your total health. Review the dental plan options carefully. Some have limited networks and pay only for services performed by in-network dental care providers. Some provide in- and out-of-network benefits. Be sure the plan you select has plenty of dentists in your area who are accepting new patients. You cannot change dental plans because you do not like the dentists or because your dentist leaves the network.

DENTAL PLANS COMPARISON CHART

	Prepaid Dental (DHMO)	Dental Preferred Provider Organization (DPPO)	Dental Indemnity with a DPPO Network Plan	Indemnity Plan
Definition	Must use only in-network dental providers. No coverage for out-of-network services.	May use any dental provider, but you pay less when using in-network dental providers.	May use any dental provider, but you pay less when using in-network dental providers.	May use any dental provider, but you pay first and then get reimbursed a set fee (scheduled amount) for covered services.
Choice of Providers	In-network only.	In- or-out-of-network.	In- or-out-of-network.	Any you choose.
Preventive Care (no deductible)	No charge for most preventive services.	No charge in-network; you pay 20% of costs for out-of-network.	You pay cost above set dollar amount.	You pay cost above set dollar amount.
Deductible	No.	Yes, for basic and major care.	Yes, for basic and major care.	Yes, for basic and major care.
Basic and Major Care	You pay set copays or a percentage of the cost.	You pay a percentage of the cost for the Standard plan. However, for the Preventive plan you will pay the full negotiated rate for major care.	You pay the cost above a set dollar amount or a percentage of the cost.	You pay the cost above a set dollar amount.
Calendar Year Maximum	No.	Yes.	Yes.	Yes.
You Should Know	Your dentist could leave the in-network at any time. This is not a QSC event to cancel or change dental plans or coverage levels.	You pay all charges above the annual maximum each calendar year. Thus, your costs will be higher if you see an out-of-network dental provider.		You pay all charges above the annual maximum each calendar year. Dentist fees are not negotiated by the insurer, and dentists may charge any amount they choose per procedure.
People First Plan Code and Plan Name	4025 Sun Life Prepaid 225 4034 Cigna Dental 4044 Humana HD205	4022 Ameritas Standard DPPO 4023 Ameritas Preventive DPPO 4032 MetLife Standard DPPO 4033 MetLife Preventive DPPO 4092 Humana Standard DPPO 4094 Humana Preventive DPPO	4021 Ameritas Indemnity w/ DPPO 4031 MetLife Indemnity w/ DPPO 4074 Sun Life Indemnity DPPO 4090 Humana Indemnity DPPO	4084 Humana Indemnity w/ DPPO

DENTAL PLAN MONTHLY PREMIUMS

Type of Dental Plan	Plan Code	Plan Name	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Prepaid Dental Plan ▪ A Primary Care general dentist must be selected prior to services. ▪ Pays benefits only when you use in-network providers. ▪ No deductible or annual maximum. ▪ Most preventive care at no charge. ▪ You pay a fixed copayment for dental procedures listed on the copayment schedule. ▪ Orthodontia: Covered for adults and children.	4034	**Cigna Prepaid Dental**	$23.49	$46.29	$55.20	$70.51
	4025	**Sun Life Prepaid Dental**	$14.93	$25.17	$33.26	$43.54
	4044	**Humana HD205 Prepaid Dental**	$12.64	$21.20	$23.00	$32.98
PPO Dental Plan ▪ Receive care from any dentist. ▪ Your cost is lower when you use in-network dentists. ▪ You have an annual deductible to meet before the plan starts paying benefits and then you pay part of the cost for the services you receive. ▪ Orthodontia: Covered for adults and children (Standard PPO plans only).	4023	**Ameritas Preventive**	$23.84	$45.04	$48.24	$70.60
	4094	**Humana Preventive**	$21.54	$39.88	$44.56	$64.68
	4033	**Metlife Preventive**	$20.20	$37.34	$41.74	$60.60
	4022	**Ameritas Standard**	$33.84	$63.36	$70.96	$103.28
	4092	**Humana Standard**	$32.16	$59.54	$66.52	$96.58
	4032	**Metlife Standard**	$39.96	$73.92	$82.60	$119.92
Indemnity with PPO Dental Plan ▪ Receive care from any dentist. ▪ Your cost is the same for in- and out-of-network dentists. ▪ You have an annual deductible to meet before the plan starts paying benefits, and then you pay a percentage of the cost for the services you receive. ▪ Orthodontia: Covered for adults and children (Sun Life – children under 19 only).	4074	**Sun Life Indemnity**	$47.68	$91.54	$108.22	$142.74
	4021	**Ameritas Indemnity**	$48.12	$89.28	$101.66	$146.76
	4090	**Humana Indemnity**	$48.04	$88.88	$99.32	$144.20
	4031	**Metlife Indemnity**	$50.90	$94.14	$105.22	$152.74
Indemnity Dental Plan ▪ Receive care from any dentist. ▪ You pay the dentist upfront for the full cost of service then get reimbursed for the fixed amount listed in the Schedule B fee schedule. ▪ You are responsible for any amount the dentist charges above the Schedule B allowance.	4084	**Humana Schedule B**	$14.74	$21.96	$23.30	$37.10

VISION PLAN

Humana offers eye exams and materials coverage.

Caring for your eyes is an essential part of your overall health and wellness. That is why the State offers you competitive vision coverage at affordable rates through **Humana Vision**. Coverage is also available to retirees through COBRA for participants, provided they were enrolled in a vision plan prior to termination.



VISION PLAN CHART		
Benefit Frequency (based on the service date and not per calendar year)		
Exam Every	12 Months	
Lenses Every	12 Months	
Frames Every	24 Months	
Benefits	**In-Network**	**Out-of-Network**
Eye Exam	100% after you pay $10 copay	$40 allowance
Lenses:		
Single	100% after you pay $10 copay	$40 allowance
Bifocal	100% after you pay $10 copay	$60 allowance
Trifocal	100% after you pay $10 copay	$80 allowance
Scratch Resistance Lenses	100%	Not covered
Anti-Reflective Lenses	100%	Not covered
Frames	$125 wholesale allowance	$100 retail allowance
Contact Lenses		
Elective	$150 allowance	$75 allowance
Medically Necessary	100%	$100 allowance
LASIK	Receive a 25% discount off the usual and customary price or 5% off advertised promotions or specials for LASIK services from in-network providers. Discount covers consultations, laser procedure, follow-up visits, and any additional necessary corrective procedures.	

MONTHLY PREMIUM			
Employee Only	**Employee + Spouse**	**Employee + Child(ren)**	**Employee + Family**
$6.12	$12.10	$11.96	$18.80

PRESCRIPTION AND TELEHEALTH

PRESCRIPTION DRUG PLAN

The Pharmacy Benefits Manager for the State Employees' Prescription Drug Plan is Optum Rx. For more information about Optum Rx, you can visit their website, download the Optum Rx app, call 800-547-9767, or visit our State of Florida site at **Prescription Drug Plan**.

The Optum Rx Pharmacy provider network includes:

- Major chain pharmacies
- Grocery store pharmacies
- Independent pharmacies
- Home delivery options
- 90-day retail options

You can use the Pharmacy **locator tool** at **OptumRx.com** to find pharmacies near you.

Home Delivery

Skip the pharmacy lines and have your medications delivered right to your door. You can choose from any home delivery service, ensuring you get the best option that suits your needs.

Your Pharmacy Benefit At-a-Glance

TIER	BENEFIT	STANDARD HMO AND PPO		HIGH DEDUCTIBLE HMO AND PPO	
		Retail 30-Day Supply	Mail or Retail 90-Day Supply	Retail 30-Day Supply	Mail or Retail 90-Day Supply
Tier I	Lower-cost generics and some brand names	$7	$14	30%	30%
Tier 2	Mid-range cost preferred brand names	$30	$60	30%	30%
Tier 3	Higher-cost brand names and some generics	$50	$100	50%	50%

The chart illustrates the cost savings associated with utilizing generics and a 90-day supply.

Important Note for Standard PPO or High Deductible PPO Members: After three 30-day refills of a maintenance drug, you must fill your maintenance medications as a 90-day supply, either through a mail-order pharmacy or a participating 90-day retail pharmacy.

TELEHEALTH

Telehealth services are healthcare services provided remotely and can include assessment, diagnosis, consultation, treatment, monitoring, patient and professional health-related education, public health services, transferring medical data, and health administration. Telehealth services are covered for all primary care and specialty appointments.

While providing a telehealth service, the provider and patient must have audio and visual contact. Telehealth services do not include emails or audio-only phone calls.

Telehealth options include visits through:

- A telehealth vendor using the health plans provider networks.
- A virtual visit with your in-network (or out-of-network) doctor using their selected technology.

The benefits of using telehealth:

- Available 24 hours a day/7 days a week.
- Increased access.
- Convenient, easy to schedule, and no travel necessary.

Contact your health plan to learn more about covered telehealth services.

TELEHEALTH SERVICE PROVIDERS		
Plan	**Standard**	**HDHP**
Florida Blue (PPO)	In-Network: $0 Out-of-Network: N/A	In-Network: No per visit fee, subject to calendar year deductible Out-of-Network: N/A
Aetna and UnitedHealthcare (UHC)	$0	In-Network: No per visit fee, subject to calendar year deductible Out-of-Network: N/A
Capital Health Plan (CHP)*	$0	In-Network only: No per visit fee, subject to calendar year deductible

* The cost is zero for urgent and primary care telehealth only.

PROVIDER VIRTUAL VISIT		
Plan	**Standard**	**HDHP**
Aetna and UHC	$20 In-Network (PCP), $40 Specialist, $25 Urgent Care	In-Network only: 20% coinsurance, subject to calendar year deductible
CHP	$20 In-Network (PCP), $25 Urgent Care	In-Network only: 20% coinsurance, subject to calendar year deductible
Florida Blue (PPO)	In-Network: $15 (PCP), $25 (Specialist, per applicable, approved specialist) Out-of-Network: Coinsurance 40% plus 100% of the amount over the allowance (balance bill)	In-Network: Calendar year deductible and coinsurance of 20% Out-of-Network: Calendar-year deductible and coinsurance of 40% plus 100% of amount over the allowance (balance bill)

WELLNESS PROGRAMS



DIABETES MANAGEMENT PROGRAM

The **Diabetes Management Program (DMP)** provides coverage of a glucose monitor with real-time feedback and emergency outreach services, testing strips and related supplies, and live coaching with a Certified Diabetes Educator. Prescribed, FDA-approved diabetes medications are a covered benefit of the State Group Insurance health plans.

Availability

For 2027, the DMP is open to the first 2,000 enrollees, spouses, and dependents who are covered by participating State Group Insurance plan and meet the eligibility criteria listed on the website.

Application

- The application period for the 2027 DMP will be Nov. 2, 2026, at 10 a.m. through Nov. 6, 2026, at 3 p.m. ET.
- A completed application is required, including all requested data and forms. This application must be submitted through the link provided on our website during the application period.
- Application status emails (i.e., approved/not approved) will be sent to the email address the applicant enters on their application no later than Dec. 31, 2026.

Visit the **DMP** website for additional information.

WEIGHT MANAGEMENT PROGRAM

The **Weight Management Program (WMP)** is an annual legislative mandate implemented by the Florida Department of Management Services to help improve the long-term health and quality of life for employees and their families enrolled in the State Group Insurance Program.

Participants of the WMP are eligible for coverage of FDA-approved weight management medications as prescribed by their provider. Participants of the WMP have access to a required wellness program through their health plan at no additional charge.

Availability

For 2027, the WMP will be open to 2,000 participants, which includes enrollees, their spouse and/or dependents who are covered by a participating State Group Insurance plan who meet all the eligibility criteria listed on the website.

Application

- The application period for the 2027 WMP will be Nov. 2, 2026, at 10 a.m. through Nov. 6, 2026, at 3 p.m. ET.
- A completed application is required, including all requested data and forms. This application must be submitted through the link provided on our website during the application period.
- Application status emails (i.e., approved/not approved) will be sent to the email address the applicant enters on their application no later than Dec. 31, 2026.

Requirements

Members of the WMP are required to:

- Enroll in one of the plan-approved wellness programs by the date listed in the program approval email.
- Submit updated health information on the year-end report by Oct. 31, 2027.

Visit the **WMP** website for additional information.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

The State of Florida provides a free Employee Assistance Program (EAP) program to all state employees including OPS employees and their dependents, excluding universities and colleges.

Through a robust support network of local resources, the EAP has resources to help you manage everyday challenges or significant life events.

Please see Acentra Health's contact information below, to learn more about your EAP or to request services.

Call Toll-Free: 833-746-8337
TTY Users: 877-334-0499

The Employee Assistance Program is available to provide:

- 24 hours a day, 7 days a week, 365 days a year, confidential counseling and support.
- Any time of the day or night, weekends and holidays, you will be able to reach an EAP professional.
- The EAP offers counseling sessions, and all discussions between you and your EAP professional are confidential.

Go to **MyLifeExpert.com** or click the EAP link in Quick Links on your **People First** home page to browse the benefits, request services, and explore self-help content.

LEGAL AND FINANCIAL CONSULTATIONS

You can schedule a free, first-time consultation (up to 30 minutes) with an attorney or financial consultant on a variety of legal and money management concerns.



OTHER SUPPLEMENTAL PLANS

The following supplemental plans pay benefits directly to you, in addition to the coverage you receive from your health plan. Specific requirements apply before these plans pay. Some plans require you to complete their medical underwriting process and may also exclude coverage if you have pre-existing conditions.

SUPPLEMENTAL PLANS COMPARISON CHART

Plan	Benefit Examples	Offered By
Accident	Specified benefit amount(s) payable directly to the insured for covered accidents in which a doctor's office or hospital is visited for treatment of an accidental injury. Additional payments for follow-up visits and when crutches, wheelchairs, or other covered medical aids are needed for covered accidental injuries. Covers work and non-work related accidental injuries.	**Colonial Insurance Company** 888-756-6701
Cancer	Specified benefit amount(s) payable directly to insured for cancer screenings, diagnosis, and treatment. Utilize benefit payments as needed. Benefit amounts dependent upon coverage level selected.	**Aflac*** (through Capital Insurance Agency) 800-780-3100 **Colonial Insurance Company** 888-756-6701
Disability	Supplements income loss during short-term disability to help pay living expenses. Can choose elimination period for accident and sickness related disabilities based upon need.	**Colonial Insurance Company** 888-756-6701
Hospitalization	Specified payment amounts directly to covered individual when hospitalized. Additional payments, depending on the coverage selected, for ancillary services related to hospitalization.	**Cigna Health** (through Capital Insurance Agency) 800-780-3100 **New Era** (through State Securities Corp.) 800-277-2300
Hospital Intensive Care	Daily benefit for confinement in a hospital intensive care or a sub-acute intensive care unit.	**Aflac*** (through Capital Insurance Agency) 800-780-3100

* Both the Aflac Cancer and Aflac Intensive Care policies require submission of an application and are subject to underwriting requirements. Upon completion of an election in People First, contact Aflac or Capital Insurance Agency directly to complete the enrollment process.

MONEY SAVERS

HEALTH AND WELLNESS MONEY SAVERS



Earn financial rewards by shopping for healthcare services through Vālenz Bluebook and Lantern.



Ask for generic drugs. If no generic drug is available, ask for preferred brand drugs over non-preferred ones. See the **Preferred Drug List**.



Choose a primary care provider and use in-network healthcare providers.



Confirm your provider participates in your health plan's network and accepts the State Group Insurance health plan.



Pay a $25 copayment for urgent care instead of $100 copay at an emergency room.
Reminder: Your cost depends on your plan (HDHP members are subject to deductible/coinsurance).
Ask if your primary care provider is part of an urgent care center. Always go the emergency room if you have a life-threatening emergency.



Get fit and take advantage of available gym membership reimbursement.



Pay nothing for your annual physical and certain preventive screenings. Track your biometric numbers to see positive movement.



For your maintenance prescription drugs, use 90-day retail fills at participating pharmacies or mail order. You will pay only two copayments for three-month supply, saving you a copayment. Ask your prescribing provider to write your maintenance drug's prescription for up to a 90-day supply with three refills.



Take advantage of all the resources your health plan has to offer:

- Information about events.
- Healthy recipes.
- Resources to help you understand food nutrition labels.
- Resources to help with quitting smoking.
- Tips to prevent chronic disease.
- Management and education programs.

SAVINGS AND SPENDING ACCOUNT MONEY SAVERS

- Deduct money from your paycheck before payroll taxes are calculated.
- You save money because you pay less income tax. Access the full annual election amount of your healthcare or limited purpose FSA on Jan. 1. Your FSA essentially works like an interest-free, tax-free loan.
- The pretax money withheld from your check helps you pay for big expenses painlessly. Your entire healthcare FSA balance is available on the first day of your plan. You may use your plan like an interest-free loan for expenses such as glasses, contact lenses, dentures, oral surgery, tooth implants, and Lasik surgery.
- Orthodontia expenses are the only approved FSA claims that may be paid as long as you are making payments. Be aware that many factors will impact your orthodontia cost, how much you will save through your FSA, and how you are reimbursed.
- Over-the-counter drugs and medicines such as ibuprofen, acetaminophen, and cough syrup can be purchased using your healthcare FSA without a prescription.
- Menstrual hygiene products, Oura ring, to custom insoles, and more are on the list of eligible expenses. Go to **People First** and click on the Chard Snyder quick link under My Other Accounts. A full list of eligible items is under Tools & Support > Quick Links > Eligible Expenses List.
- Estimate how much you can save on your taxes with the **Tax-Savings Calculator**.

DENTAL MONEY SAVERS

Review your dental plan's benefits documents for limitations and exclusions:

- Confirm your dentist and dental specialists participate in-network for your specific plan.
- Search your dental plan's online provider directory for dentists accepting new patients.
- Call the dentist's office to confirm it has a reasonable appointment schedule, especially for first-time patients.
- Before making an appointment, call your prepaid dental insurance company to be added to your dentist's roster of patients; otherwise, you will have no coverage when you go.
- Ask your dentist for prior-treatment cost evaluation to avoid expensive surprises.
- Talk to your dental plan about prior authorization requirements and other special processes.

RESOURCES

IMPORTANT INFORMATION

Take time to review these important notices:

- **Children's Health Insurance Program (CHIP) Notice**
- **Marketplace Annual Notice**
- **Nondiscrimination Statement Accessibility Notice**
- **Special Notice about Medicare Part D**
- **State Group Insurance Program Privacy Notice**
- **Women's Health and Cancer Rights Notice**

Cafeteria Plan

The State Group Insurance Program is a **Cafeteria Plan**, a plan that meets the requirements and regulations of Section 125 of the Internal Revenue Code. The plan permits employees to select the benefits that are most relevant to their personal situation.

Medicare

For information about Medicare, including eligibility and coverage, visit **Medicare.gov** or call 800-Medicare (800-633-4227). TTY Users: 877-486-2048.

MOBILE APPS

Stay in Touch with Mobile Apps-Download free mobile apps from the App Store or Google Play to access your benefits on the go.

COMPANY	APP NAME	TYPE	ACCESS CODE	QR (IOS)	QR (ANDROID)
aetna	Aetna	Health	—		
Aflac	Aflac	Cancer | Hospital ICU	—		
Ameritas	Ameritas	Dental	—		
Capital Health Plan	Capital Health Plan	Health	—		
CHARDSNYDER	Chard Snyder	Spending and Savings Accounts	—		
Cigna	Cigna	Dental | Hospitalization	—		
Florida Blue	Florida Blue	Health	—		
Humana	Humana	Dental and Vision	—		
LANTERN	Lantern	Rewardable Non-Emergency Surgery	—		
MetLife	MetLife	Dental and Term Life	—		
myBenefits Florida	myBenefits Florida	Manage Personal Insurance Coverage	—		
Optum Rx	OptumRx	Prescription Benefits	—		
Sun Life	Sun Life	Dental	—		
UnitedHealthcare	UnitedHealthcare	Health	—		
Välenz Bluebook	Välenz Bluebook	Rewardable Medical Procedures	SOF		

CONTACT INFORMATION

HEALTH INSURANCE AND PRESCRIPTION DRUG PLANS

Provider	Plan Type			Guide (E= English S = Spanish)	Benefits and Coverage (SBC)		Plan Description	Video (E= English S = Spanish)	App (A= Apple G = Google)	Website	Phone
	HMO	PPO	Prescription Drug		Standard	HDHP					
Aetna	✓			E | S	E | S	E | S	Stnd | HDHP	E | S	A | G	AetnaStateFlorida.com	877-858-6507
CHP	✓			E	E | S	E | S	Stnd | HDHP	E	A | G	CapitalHealth.com/State	850-383-3311
Florida Blue		✓		E	E	E	Stnd | HDHP Stnd-S | HD-S	E | S	A | G	FloridaBlue.com/State-Employees	800-825-2583
Optum Rx			✓	E | S	Stnd HMO | PPO	HDHP HMO | PPO		E | S	A | G	OptumRx.com/SOFDMS	800-547-9767
UnitedHealthcare	✓			E	E | S	E | S	Stnd | HDHP	E | S	A | G	WhyUHC.com/Florida	877-614-0581

SHARED SAVINGS PROGRAM

Provider	Description	Guides	Video	App	Website	Phone
Vālenz Bluebook	Transparency Tool	Active Rewards | Medicare Rewards FAQ | Active FAQ | Medicare FAQ	E | S	A | G	HealthcareBluebook.com/cc/SOF | Access code: SOF	800-513-6118
Lantern	Bundled Surgical	Summary of Benefits | Cancer Care FAQ | Surgery Care FAQ | Surgery Care Procedures	E	A | G	LanternCare.com/Member-StateofFlorida	844-752-6170

DENTAL INSURANCE PLANS

Provider	Plan Number by Type (Certificates of Benefits)					Guide	Video (E= English S = Spanish)	App (A= Apple G = Google)	Website	Phone
	Indemnity	Prepaid	PPO							
			Indemnity	Prevent	Standard					
Ameritas			4021	4023	4022	E | S	E | S	A | G	Ameritas.com/group.olbs/Florida	877-721-2224
Cigna		4034				E	E | S	A | G	Capitalins.com/our-plans/Cigna-Dental-Plan	800-244-6224
Humana	4084	4044	4090	4094	4092	E | S	E | S	A | G	CompBenefits.com/custom/StateofFlorida	866-879-3630
MetLife			4031	4033	4032	E | S	E | S	A | G	MetLife.com/StateofFL/Dental	844-222-9104
Sun Life Financial		4025	4074			E	E | S	A | G	SunLife.com/StOf FL	800-442-7742

LIFE INSURANCE PLAN

Provider	Certificates	Video	App (A= Apple G = Google)	Website	Phone
MetLife	Active | Retiree	E	A | G	MetLife.com/StateofFL/Life-Insurance	844-222-9104

VISION INSURANCE PLAN

Provider	Guide	Video (E= English S = Spanish)	App (A= Apple G = Google)	Website	Phone
Humana	E | S	E | S	A | G	CompBenefits.com/custom/State-of-Fla-Vision	800-939-5369

SUPPLEMENTAL INSURANCE PLANS

Provider	Plan Type				Guide	Video (E= English S = Spanish)	App (A= Apple G = Google)	Website	Phone
	Accident	Cancer	Disability	Hospital					
Aflac		✓		✓	X | Cancer	E | S	A | G	Capitalins.com/plans/AFLAC-Cancer-and-Hospital-Intensive-Care	800-780-3100
Cigna				✓	X | Flyer	E | S	A | G	Capitalins.com/plans/Cigna-Hospital-Supplement	800-780-3100
Colonial Life	✓	✓	✓		X	E | S		Learn.ColonialLife.com/StateofFlorida	888-756-6701
New Era				✓	X	E | S		SSC-Life.com	800-277-2300

OTHER

Provider	Description	Guide	Video	App	Email/Address/Website	Phone
Acentra	Employee Assistance	Flyer	E | S	A | G	MyLifeExpert.com | Access code: Florida	833-746-8337
Chard Snyder	Flexible Spending and Health Savings Accounts	X	E | S	A | G	MyBenefits.MyFlorida.com Email: FloridaAskPenny@Chard-Snyder.com	855-824-9284
People First	Employee Portal				PeopleFirst.MyFlorida.com Mail premium payments: P.O. Box 5437, Tallahassee, FL 32314-5437 Mail documents: P.O. Box 6830, Tallahassee, FL 32314-6830	866-663-4735
Social Security	Medicare	X	E	A | G	Medicare.gov	800-633-4227

Department of
MANAGEMENT SERVICES
Division of State Group Insurance