



To: District Retirees, LOA, Workers' Comp, Military Leave and COBRA Participants with a District Medical or Dental Plan

From: Risk Management and Benefits

**Info: Risk Management and Benefits
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The District is offering a "special enrollment period" this year to make any changes needed for those that have an "existing" medical or dental coverage. The District does not offer "new" coverages that you did not already have at the time of retirement or when going on a LOA. Due to significant losses, changes had to be made to the dental & medical plans and premiums.

Anyone on a direct billing through Benefitfocus (VOYA) or through your FRS check may continue or cancel existing coverage at any time. This special enrollment period is ONLY for if you wish to change your existing medical or dental coverage plan.

Who should participate?

Any retiree, employee on a leave of absence (including workers' comp leave), or an employee on a Military Leave participant that is currently enrolled in one of the district's major medical plans and/or dental plan that elects to change plans. **If you do not want to change your medical or dental plan, then you do not need to do anything as everything will rollover based on your current plan at the new 2025 premium rates.** All other coverages that are maintained (being billed through either FRS or Benefitfocus (VOYA) direct billing) will continue for 2025. As a reminder, these coverages may be canceled at any time during the year.

ENROLLMENT INFORMATION:

The "Special Enrollment Period" for changing medical or dental plans, for existing participants, will be **Monday, December 2nd - Friday, December 6th (Hours 7:30a.m. - 5:00 p.m.)**. Changes will go into effect on January 1, 2025.

WAYS TO MAKE CHANGES:

If you have any questions or need to make any changes in your CURRENTLY ENROLLED DENTAL or MEDICAL PLAN, please contact one of the Benefits Specialist at (850)469-6267 and "Press 1" for retirees and LOA.

You may cancel coverage at any time with an effective date of the month following cancellation if the request for cancellation is received by the 15th of the current month.

What's New This Year?

2025 MEDICAL and DENTAL PLANS & PREMIUMS:

Due to significant losses and projected costs for the 2025 plan year, BOTH medical and dental plans and premiums are changing beginning January 1, 2025. This is a great opportunity to review each plan in more detail and make any necessary changes based on how you use the plan. All **Medical and Dental Plan Summaries and Premiums** will be available on the Risk Management and Benefits website on the District's webpage.

2025 DENTAL PLAN CHANGES: Even though both dental plans have both in network AND out-of-network coverage, all changes to the dental plans for 2025 increase your cost share by an additional 10% from 2024 coverages. There are no plan changes for those using an in-network dental provider.

AFLAC to CIGNA CHANGES: The Accident, Critical Illness and Hospital Care/Confinement Plans are ALL moving from AFLAC to CIGNA for 2025. If you have existing coverage that you kept at retirement or while on a LOA, your plan coverage will automatically be converted to the Cigna plans so no other action is necessary other than continuing to pay your premium. The Cigna premiums are the same or lower than AFLAC, PLUS the benefits levels have increased substantially.

MEDICARE RETIREE/SPOUSE NOTICE: If either you or your spouse are over 65 and/or otherwise eligible for Medicare A&B due to age or disability, you are eligible to participate in the plans offered through the Florida School Retiree Benefits Consortium (FSRBC). See the FSRBC website at: <https://myfsrbc.com> or contact the FSRBC directly at toll-free 1-833-MYFSRBC (1-833-693-7722) for FSRBC Enrollment Information or details about ALL the FSRBC Plans available to Medicare Eligible District Retirees or those becoming Medicare eligible within the next year.

Medicare Creditable Coverage Certificate (Attached). If you decide or become eligible to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether you have maintained creditable coverage to avoid paying a higher premium (a penalty). You can print a copy of this certificate from District's Risk Management website for a copy.

The Risk Management and Benefits website on the District's webpage will provide additional information.

Changes Allowed During the Year:

Am I permitted to make mid-plan year election changes other than at the Special Enrollment?

Dependent Changes: Changes involving dependents of current participants are allowed only in the event you have a “qualifying change of family status”. You have 30 days from the date of the qualifying event to make changes to your coverage. No other changes will be allowed if this 30-day period has expired. Contact Risk Management at 850-469-6267, if you have any questions concerning the definition of a “qualifying event”.

The only changes allowed as a plan participant (retiree, COBRA, Leave of Absence, Military Leave) during this Special Enrollment Period are changes to your medical or dental plan that you are currently enrolled. You will not be allowed to add a coverage that you currently do not have. As always, you may cancel coverage at any time. However, if you cancel any coverage, you will not be allowed to reinstate this at a later date.

Eligibility and Dependent Information:

Dependent Eligibility (Who can be covered)

You can cover eligible dependents under every benefit that shows a premium amount for dependent coverage (refer to the rate charts that appear with each benefit description) provided you participate in the same benefit. Eligible dependents may include (documentation may be required):

- your legal spouse
- your own children, who are your legal dependent
- children for whom you have been appointed legal guardian (through the courts) and
- stepchildren and legally adopted children (provided they reside in your household and primarily depend on you for support).

For all of the benefits below, children who are physically or mentally handicapped, and fully incapable of self-care, will be covered until disablement becomes other than total. Proof of disability must be submitted to the Risk Management Department following the child’s 26th birthday.

Until the following conditions are reached, eligible dependents will be covered from birth, adoption or time of guardianship. Your “legal” dependent children are eligible for coverage under the medical, dental, vision and life plans to the end of the calendar year in which the dependent turns age 26. Eligible dependents include your spouse and children (by birth, marriage, adoption or legal custody) who are your legal dependent.

Any retiree found with ineligible dependents WILL BE required to pay back ALL benefits paid where dependent coverage was not allowed. Verification of Dependent status may be requested at any time by Risk Management