

## State Retiree Health Plans

There are [three different retiree health options](#), and they are all part of the **original Medicare** structure: **supplementary** to Medicare Part B for medical coverage (similar to "Medigap") and **primary** for prescription drug coverage (no need to enroll in Part D).

Medicare Monthly Rates <sup>11</sup>					
Plan Name	Plan Type	Medicare I One Eligible <sup>5</sup>	Medicare II One Under/Over <sup>6</sup>	Medicare III Both Eligible <sup>7</sup>	MA-PD Plans <sup>10</sup>
<b>Self-Insured HMO/PPO</b>	Standard	\$430.18	\$1,243.63	\$860.35	\$203.00
	HDHP	\$324.26	\$1,061.06	\$648.52	
<b>Capital Health Plan<sup>7</sup></b>	Standard (Retiree Advantage)	\$319.44	\$1,345.02	\$638.88	
	HDHP (Retiree Advantage)	\$290.74	\$1,202.94	\$581.48	
	MA-PD <sup>9</sup> (Classic)				\$203.00
 <b>Humana</b>	HMO MA-PD <sup>8</sup>				\$74.30
	PPO MA-PD <sup>8</sup>				\$353.43

- Yellow: **Retiree conversion of your current employee health plan**
  - Includes the [Florida Blue PPO](#) and the [state HMO for your county](#).
    - HMO provider will be [Aetna](#), [UnitedHealthcare](#), or [Capital Health](#) based on where you live.
    - If you live outside Florida, you are eligible for the Florida Blue PPO only.
  - Premium:
    - \$430.18 monthly for individual coverage.
    - \$1,243.63 monthly for family coverage if at least one member is over 65.
    - \$860.35 monthly for family coverage if both spouses are enrolled in Medicare.
    - These premiums would be in addition to Medicare Part B premiums.
  - These plans are the only option for early retiree coverage (under age 65) or for covering family members under age 65 (spouse or dependent children).
  - The Florida Blue PPO is the only retiree plan that offers international coverage.
  - **This is the default plan. If you do not want state retiree coverage or you would like to participate in one of the Humana plans, you must actively choose that.**
- [\*\*Humana Group Medicare Advantage Plans\*\*](#)
  - Green: HMO
    - No out-of-network coverage.
    - \$74.30 per person monthly in addition to Medicare Part B premiums.
  - Blue: PPO
    - Out-of-network and in-network coverage similar in most medical categories.
    - \$353.43 per person monthly in addition to Medicare Part B premiums.
  - Everyone covered must be enrolled in Medicare prior to choosing one of these plans.
  - Dental, vision, hearing, and podiatry benefits.
  - Health coaching, Go365, My Directives Advance Care, Silver Sneakers, and Well Dine programs.
  - These plans are part of original Medicare. They supplement Medicare Part B rather than replace it, so they don't incur the problems of Medicare-replacement Advantage plans.

## Enrollment Process: DROP Members

Here are the steps to access your state retirement funds and enroll in one of the state retiree Medicare supplements immediately after the end of your employee coverage.

- Give formal notice of your retirement to your department.
  - If you are retiring prior to your original DROP entry date, send a copy of your notice to UFHR Benefits at [benefits@ufl.edu](mailto:benefits@ufl.edu), preferably 3 months in advance of exit.
- Enroll in Medicare starting no later than the last month you'll have your employee coverage.
  - Include your employment and employer health coverage verification form with your Medicare Part B application (CMS-L564, provided by UFHR Benefits).
  - This form will certify that you've had employer group health coverage since you turned 65 so that you won't be charged a fee when you enroll in Medicare.
- Decide whether a [Humana Medicare supplement plan](#) or the retiree version of your current plan is best for you.
  - [SHINE](#) is an excellent nonprofit offering free Medicare advising. Their representatives are familiar with the state retiree options and can help you navigate this decision. Their phone number is 800-963-5337.
- **If choosing one of the Humana plans:**
  - When your Medicare enrollment is complete, upload your Medicare card to your [People First account](#) and request enrollment in your retiree plan of choice (steps outlined in next section).
  - **Complete this enrollment by the 20<sup>th</sup> of the month BEFORE you want your retiree coverage to start** so that you can roll straight into that retiree plan when your employee coverage ends.
- Complete the FRS Pension [Health Insurance Subsidy Application Form](#) to supplement your monthly pension funds.
  - You must demonstrate participation in a health plan to receive these funds.
  - The People First Service Center should be able to sign off on the health plan participation section of the form for you.

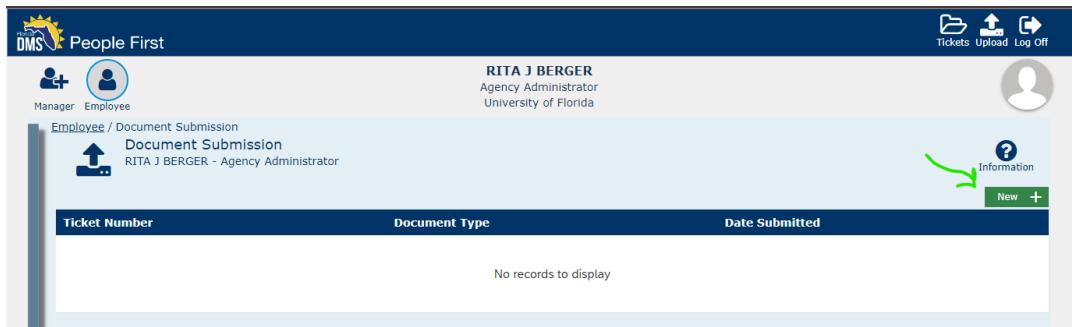
## Uploading Medicare Card to People First

If you are enrolling in one of the Humana Medicare supplement plans, you will need to complete this process by the 20<sup>th</sup> of the month before you want your coverage to start.

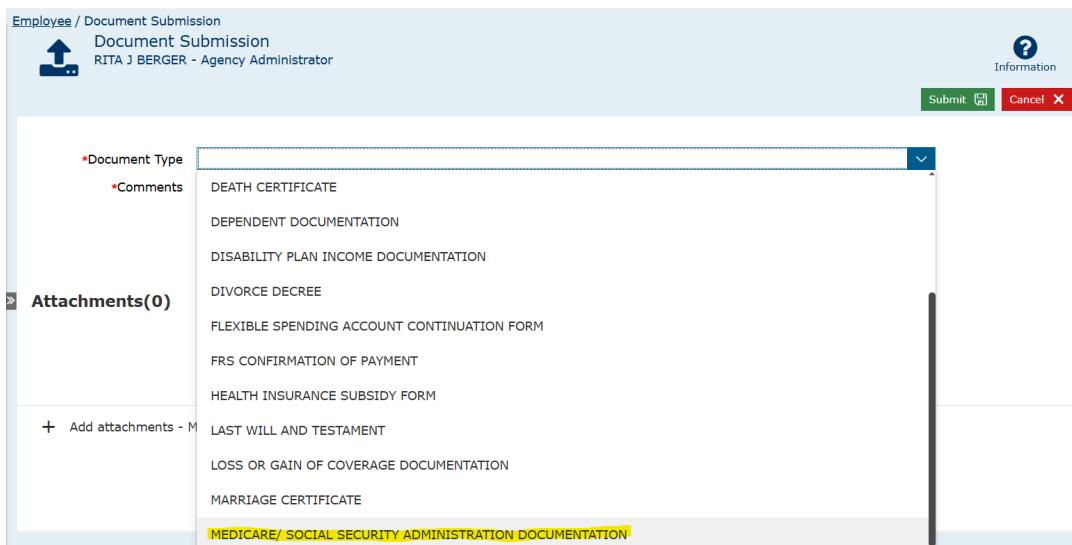
- Log in to your People First account. Your People First ID is available in myUFL at:
  - Menu > My Self Service > Benefits > PFID & Beneficiary Info
- Select "Upload" in the top right corner of the screen:



- Click "New"



- In the drop-down menu, select "Medicare/ Social Security Administration Documentation"



- In the “Comments” box, share which retiree health plan you want and the desired start date (Ex: enrolling in myFlorida Group Medicare Advantage PPO immediately after end of employee coverage, effective DATE).
- Through "+ Add attachments," upload a copy of your Medicare Part B card.
  - If you are also enrolling your spouse in the plan, upload their Medicare Part B card as well.
  - If your spouse is under age 65 or if you are covering dependent children, the only plan you may choose is the retiree conversion of your current state health plan. No documentation is required for that enrollment.
- If not previously provided, also attach dependent verification documents.
  - For spouse:
    - Marriage certificate if married less than one year.
    - Most recent joint tax transcript if married longer than one year.
  - For child:
    - Birth certificate or official adoption record.

Employee / Document Submission  
Document Submission  
RITA J BERGER - Agency Administrator

Document Type: MEDICARE/ SOCIAL SECURITY ADMINISTRATION DOCUMENTATION

Comments: Enrolling in state retiree health plan (NAME OF CHOSEN PLAN) immediately after end of employee coverage, effective (DATE).

Attachments(0): No files attached

Add attachments - Max. File size is 10MB

- Click "Submit."

The People First Service Center at 866-663-4735 can confirm receipt of your documentation and the start date for your retiree coverage. Keep your ticket number on hand to help the agent find it.

## Requesting Certification of your Health Insurance Subsidy (HIS form) from People First:

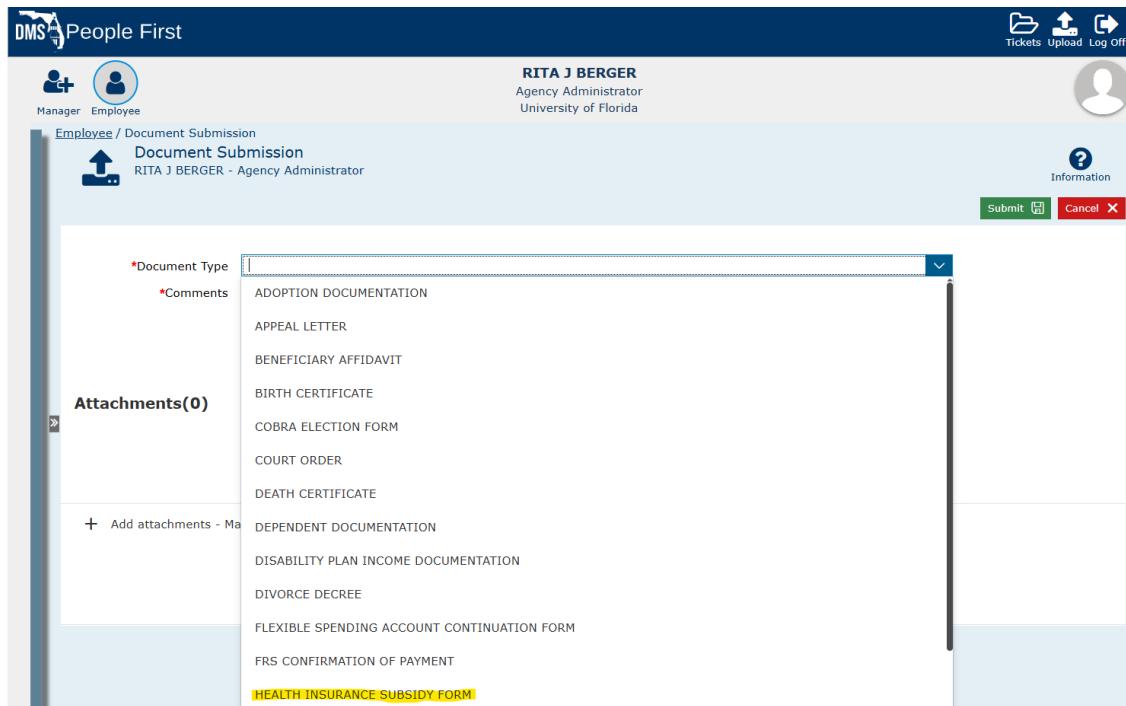
- Log in to your People First account. Your People First ID is available in myUFL at:
  - Menu > My Self Service > Benefits > PFID & Beneficiary Info
- Select "Upload" in the top right corner of the screen:



- Click "New"



- In the drop-down menu, select "Health Insurance Subsidy Form"



- In the “Comments” box, request certification of state health plan participation for the HIS applicant, whether yourself or your spouse.
- Add the HIS form with the applicant information completed through “+ Add attachments.”

DMS People First

**RITA J BERGER**  
Agency Administrator  
University of Florida

Employee / Document Submission

Document Submission  
RITA J BERGER - Agency Administrator

?

Submit Cancel

\*Document Type: HEALTH INSURANCE SUBSIDY FORM

Comments: Please certify my spouse's health plan participation for her Health Insurance Subsidy form. She is covered under my state insurance.

124 characters remaining

Attachments(0)

No files attached

+ Add attachments - Max. File size is 10MB

- Click "Submit."

The People First Service Center at 866-663-4735 can confirm receipt and processing of your form. Keep your ticket number on hand to help the agent find it.

If you have any questions, the UF Benefits Team is here to help! Please feel free to reach out.