

# Retiree Frequently Asked Question

## 1. Do I have to enroll during the 2018 Plan Year Open Enrollment Period?

**Under Age 65 or Over Age 65 and not Medicare Eligible:** No. This is a changes only enrollment; however, Cigna Healthcare rates and plan design changes are pending final negotiations and ratification with the Unions and Board approval. If premium and plan design changes occur, you will be notified and will be given another opportunity to make any necessary changes.

**Over Age 65 or Under Age 65 and Medicare Eligible:** No. This is a changes only enrollment, if you would like to continue with your current Medicare healthcare plan for the 2018 plan year, you do not need to contact your healthcare company. Both plan design and premiums will be automatically adjusted.

**Flexible Benefits:** No. This is a changes only enrollment, if you would like to continue with your current flexible benefits for the 2018 plan year, you do not need to return an enrollment form. Both plan design and premiums will be automatically adjusted.

## 2. Can I make a change to my enrollment after I have completed and returned my enrollment form?

Throughout the Open Enrollment period, you may visit us and complete a new enrollment form. No changes will be accepted after the deadline unless you experience a qualifying event.

## 3. If I am currently enrolled in both Healthcare and Flexible Benefits, but only want to make changes to one, must I complete the entire form?

**Under Age 65 or Over Age 65 and not Medicare Eligible:** Yes, if you are currently enrolled in healthcare and flexible benefits and wish to make any change, you must complete the enrollment form in its entirety. Only benefits indicated on your enrollment form will be processed. The same applies to dependents. You must list them all, not just those you are adding for the first time. Dependents not listed on the form will not have benefits activated, even if coverage was active in 2017.

**Over Age 65 or Under Age 65 and Medicare Eligible:** Yes, if you are currently enrolled in flexible benefits and wish to make any change, you must complete the enrollment form in its entirety. Only benefits indicated on your enrollment form will be processed. The same applies to dependents. You must list them all, not just those you are adding for the first time. Dependents not listed on the form will not have benefits activated, even if coverage was active in 2017.

For assistance with your enrollment in an offered Medicare plan, you must contact the healthcare company directly.

## 4. Can I add my dependents during this enrollment period?

Yes, you can add your eligible dependents during this enrollment period. You will have to submit the dependent documentation for each dependent.

**5. Can I enroll my eligible dependent(s) and not cover myself in the healthcare or flexible benefits plan?**

No. You must cover yourself in order to cover your eligible dependent(s). Be sure to coordinate your healthcare election with your spouse's in the event that only one of you is Medicare eligible.

**6. What if my eligible dependent is Over 65 and I am Under 65 or vice versa?**

The Medicare eligible recipient must enroll in an offered Medicare plan and the non-Medicare eligible must enroll in one of the Cigna under 65 (not Medicare eligible) healthcare plans being offered.

**7. If my dependents and I are both Medicare eligible, can we enroll in different healthcare plans?**

Yes. You and your eligible dependents may be enrolled in different Medicare healthcare plans.

**8. If my dependents and I are not Medicare eligible, can we enroll in different healthcare plans?**

No. You and your dependents must be enrolled in the same healthcare plan if all being covered are not Medicare eligible.

**9. Can I cancel my dependents during this enrollment period?**

Yes. You can terminate your dependent coverage, but you will not be eligible to re-enroll until the next open enrollment, unless you have experienced a qualifying Change in Status (CIS) Event, provided you have maintain your enrollment in a School Board sponsored Healthcare plan.

**10. If I cancel my healthcare coverage could I enroll at a later date?**

No. If you cancel your healthcare enrollment, you will never again be offered the opportunity of enrolling in a School Board sponsored Healthcare plan.

**11. Do I need to complete a new Florida Retirement System (FRS) Payroll Authorization Form?**

**Cigna Healthcare Plans** - if you are currently having FRS deductions and are not making changes, a new FRS Payroll Authorization form IS NOT needed. Your premiums will automatically be adjusted.

**Medicare Healthcare Plans and Flexible Benefits:** If you are currently having FRS deductions and are not making a change, a new FRS Payroll Authorization form IS NOT needed. Your premiums will automatically be adjusted.

However, if you are making changes to your current benefits, please complete a new FBMC FRS Payroll Authorization form.

If you are enrolling for FRS deductions for the first time, please check the appropriate box on your enrollment form. Complete the Florida Retirement System Payroll Deduction Authorization Form and return it with your enrollment form to FBMC. When enrolling in FRS for the first time, there is normally a delay between the time your request is processed and the time the deductions start; therefore, you will be billed for FRS deductions not taken from your retirement check. If premiums are not paid for the period of time deductions are not taken from your FRS check, benefits will be cancelled and you will not be allowed to re-enroll.

**12. If I am Medicare eligible, can I choose to decline Medicare and remain enrolled in a Cigna Plan?**

No. If you and/or your eligible dependents are Medicare eligible, you cannot elect not to enroll in Medicare. Not enrolling in Medicare while being Medicare eligible means a dis-enrollment of your Cigna plan.

**13. What happens to my medical plan if I become Medicare eligible during calendar year 2018?**

To enroll in Medicare Part B, contact your local Social Security office. According to CMS guidelines, you are required to enroll in a Medicare Product. The Office of Risk and Benefits Management will send you an Over 65 Benefits Package, 60 days prior to the birth month in which you reach age 65 to provide you with the opportunity to enroll in an offered Medicare healthcare plan. You will be automatically dis-enrolled from your Cigna healthcare plan.

It is your responsibility to notify us of Medicare entitlement awarded before age 65, if not, this will result in an automatic termination of your Cigna plan.

**14. Do I have to submit dependent documentation for my covered dependents?**

Yes. This year dependent documentation must be submitted for all covered dependents.