Open Enrollment begins at 8 a.m. on Monday, Oct. 16, 2017, and ends promptly at 6 p.m. on Friday, Nov. 3, 2017, Eastern time.

Your HMO Plan option for 2018 may have changed. Please verify that your current HMO is available in your area for the 2018 plan year by visiting mybenefits.myflorida.com. In the event that your HMO plan option has changed and you fail to make an election, you will be automatically enrolled into the HMO plan available based upon your home address.

Assurant is now Sun Life. This name change does not impact the coverage offered.

Dental options have changed. Several dental plans are ending. Those plans are Ameritas plan (4064), Humana plan (4004), Humana plan (4054) and UnitedHealthcare plan (4014). If you have any of these plans, you will need to make a new plan choice. New dental plans will be available through Ameritas and MetLife. Each company will offer three different levels of PPO coverage. The plans were designed to ensure open network access and a range of coverage options for state employees and their eligible dependents.

Occupational therapy services are a covered benefit beginning Jan. 1, 2018. Services must be for conditions resulting from a physical or mental illness, injury or impairment. For the State Employees’ PPO Plan, coverage is limited to 21 treatment days during any six-month period; for the State Employees’ HMO Plan, coverage is limited to 60 visits per injury.

Medication synchronization (med sync) allows you to save time and reduce the number of trips to your retail pharmacy by requesting that your retail pharmacist synchronize all your medication refills so you can pick them all up on the same day. Med sync is optional, is not required and is allowed once per year.

Vision premiums have changed. New premiums are included in your Annual Benefits Statement.

At the end of 2018, members will be allowed to carryover up to $500 of unused healthcare flexible spending account (FSA) and limited purpose FSA money into the next plan year. The grace period for incurring claims into the next calendar year will be eliminated for the healthcare FSA and limited purpose FSA. Please note that the change to allow a carryover does not apply to the dependent care FSA, and the dependent care FSA will still have the grace period for incurring claims into the next calendar year.

For 2018, the health savings account (HSA) contribution maximum for employees enrolled in single coverage is $3,450, including the state’s contribution. The family coverage HSA contribution is $6,900. That is an increase of $50 for individual limits and $150 for family limits for the 2018 plan year.

A new Live Chat feature is available in the FSA & HSA Information Portal in People First. Now with a click of your mouse, you can chat with a Chard Snyder customer service representative. Anything you might call in or email about, you can also take care of using Live Chat representatives, who are available to chat Monday through Friday from 8 a.m. to 5 p.m. ET.

OPS employees are now eligible to enroll in the healthcare FSA and limited purpose FSA.

The Division of State Group Insurance (DSGI) is contracting with a private company to perform a Dependent Eligibility Verification Audit (DEVA) to determine whether dependents are eligible to participate in the State Group Insurance Program. The audit will begin on Dec. 1, 2017, and will require subscribers to respond to any requests for documentation to verify dependent(s) eligibility. Subscribers may remove ineligible dependents at any time prior to Dec. 1, 2017, by calling People First at 866-663-4735 or updating information online during Open Enrollment.

On Jan. 1, 2018, DSGI will begin a Weight Management Pilot for eligible members of the Florida Blue, AvMed, Aetna and United Healthcare plans. This year-long pilot will enroll members in a wellness program and give them access to prescription drugs for chronic weight management.

Information about your benefits and premiums is available in your Annual Benefit Statement and online through People First. Additional information about these changes is available at mybenefits.myflorida.com.
Benefits Fair Schedule for the 2018 Plan Year

Fairs are open from 9 a.m. to 4 p.m. local time unless otherwise noted. Some sites require paid parking and photo identification. Open Enrollment starts on Monday, Oct. 16, at 8 a.m. ET and ends on Friday, Nov. 3, 2017, at 6 p.m. ET.

<table>
<thead>
<tr>
<th>TALLAHASSEE</th>
<th>Monday</th>
<th>October 16</th>
<th>Tallahassee</th>
<th>Betty Easley Conference Center, 4075 Esplanade Way</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuesday</td>
<td>October 17</td>
<td>Tallahassee</td>
<td>Florida A&amp;M University, Jake Gaither Athletic Complex, 1835 Wahnish Way (10 a.m. to 2 p.m.)</td>
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<tr>
<td>Wednesday</td>
<td>October 18</td>
<td>Tallahassee</td>
<td>Four Points by Sheraton, 316 W. Tennessee St. (Bronze and Ornate Ballroom)</td>
<td></td>
</tr>
<tr>
<td>Thursday</td>
<td>October 19</td>
<td>Tallahassee</td>
<td>Florida State University, Florida State Conference Center, 555 West Pensacola St. (10 a.m. to 2 p.m.)</td>
<td></td>
</tr>
<tr>
<td>Friday</td>
<td>October 20</td>
<td>Tallahassee</td>
<td>Department of Revenue, 2450 Shumard Oak Blvd., Building 2, Room 1250</td>
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<thead>
<tr>
<th>TAMPA BAY AREA / WEST COAST</th>
<th>Tuesday</th>
<th>October 17</th>
<th>Tampa</th>
<th>USF Tampa, USF Marshall Student Center Ballroom, 4202 E. Fowler Ave.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wednesday</td>
<td>October 18</td>
<td>St. Petersburg</td>
<td>USF St. Petersburg, University Student Center, 200 Sixth Ave. S.</td>
<td></td>
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<tr>
<td>Thursday</td>
<td>October 19</td>
<td>Fort Myers</td>
<td>Fort Myers Regional Service Center, 2295 Victoria Ave.</td>
<td></td>
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<tr>
<td>Friday</td>
<td>October 20</td>
<td>Sarasota</td>
<td>USF Sarasota-Manatee, Selby Auditorium, 8350 N. Tamiami Trail</td>
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<thead>
<tr>
<th>JACKSONVILLE AREA/ GAINESVILLE</th>
<th>Monday</th>
<th>October 23</th>
<th>Jacksonville</th>
<th>Department of Health, 1217 N. Pearl St. (off I-95) (10 a.m. to 2 p.m.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuesday</td>
<td>October 24</td>
<td>Jacksonville</td>
<td>Department of Children &amp; Families, 5920 Arlington Expressway (10 a.m. to 2 p.m.)</td>
<td></td>
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<tr>
<td>Wednesday</td>
<td>October 25</td>
<td>Macclesfield</td>
<td>John J. Crews Activity Center, 7487 S. State Road 121</td>
<td></td>
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<tr>
<td>Thursday</td>
<td>October 26</td>
<td>Gainesville</td>
<td>University of Florida, The Champions Club, 157 Gale Lemerand Drive (ends at 3 p.m.)</td>
<td></td>
</tr>
<tr>
<td>Friday</td>
<td>October 27</td>
<td>Gainesville</td>
<td>Tacachale, Agency for Persons with Disabilities, 1621 NE Waldo Road (10 a.m. to 2 p.m.)</td>
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<tr>
<th>SOUTH FLORIDA/ CENTRAL FLORIDA</th>
<th>Monday</th>
<th>October 23</th>
<th>Lakeland</th>
<th>Florida Polytechnic University, 4700 Research Way, Rooms 1046-1047 (10 a.m.to 2 p.m.)</th>
</tr>
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<tbody>
<tr>
<td>Tuesday</td>
<td>October 24</td>
<td>Fort Lauderdale</td>
<td>North Broward Regional Service Center, 1400 W. Commercial Blvd., Room 195</td>
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<tr>
<td>Wednesday</td>
<td>October 25</td>
<td>Boca Raton</td>
<td>Florida Atlantic University, Live Oak Pavilion, 777 Glades Road, (east of I-95) (9 a.m. to 3 p.m.)</td>
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<tr>
<td>Thursday</td>
<td>October 26</td>
<td>Miami</td>
<td>Florida International University (Maidique Campus), Graham Center, 11200 SW Eighth St.</td>
<td></td>
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<tr>
<td>Friday</td>
<td>October 27</td>
<td>Orlando</td>
<td>University of Central Florida, Student Union, Pegasus Ballroom, 12715 Pegasus Drive (ends at 2 p.m.)</td>
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<tr>
<th>CENTRAL FLORIDA / EAST COAST</th>
<th>Monday</th>
<th>October 30</th>
<th>Orlando</th>
<th>FAMU College of Law Atrium, 201 Beggs Ave.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuesday</td>
<td>October 31</td>
<td>Daytona Beach</td>
<td>Volusia County Health Department, 1845 Holsonback Drive (off Bill France Blvd.)</td>
<td></td>
</tr>
</tbody>
</table>

| WEST FLORIDA                   | Tuesday | October 31 | Pensacola | University of West Florida, 11000 University Parkway, Building 22 (10 a.m. to 3 p.m.) |

Get Your 1095-C Tax Form Electronically
Get your 1095-C faster next year by setting up electronic receipt. If you haven’t already consented to receiving your 1095-C electronically, log in to People First and follow this trail: Employee Information > Personal Information > Contact Information. Then select Notification Email. If you don’t have a notification email in People First, enter one. Check the appropriate box to receive your 1095-C electronically next year. Otherwise, we will mail the 1095-C to the mailing address listed in People First. Please keep all addresses current.

Need a Tax Break on Your Predictable Out-of-Pocket Costs?
Do you know about how much you will pay for health care or dependent care expenses next year? Did you know you can get a tax break by enrolling in a healthcare or dependent care flexible spending account (FSA)? Find out how an FSA can help you save money by using Chard Snyder’s Tax-Savings Calculator. Visit www.chard-snyder.com. In the upper right-hand corner, click Tools & Apps from the Support Center dropdown. Then click on Tax-Savings Calculator.

Special Notice About the Women’s Health and Cancer Rights Act
As required by the Women’s Health and Cancer Rights Act of 1998, the Group Health Insurance Plan Booklet and Benefits Document for the State Employees’ PPO Plan or HMO Plan provides benefits for mastectomy-related services, including all stages of reconstruction, surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema. Contact the Plan Administrator, the Division of State Group Insurance, at 800-226-3734 for more information.

“The Wellness Wire”
We care about your health and wellbeing. Each month, we publish a newsletter entitled “The Wellness Wire” that includes health and fitness tips, tasty and nutritious recipes, and activities that keep you moving. Check out “The Wellness Wire” at dms.myflorida.com/dsgi.
Understanding a Cafeteria Plan

Cafeteria plans have specific enrollment requirements under the Internal Revenue Code that employees must follow in exchange for pretax savings. Choose your plans carefully. Once enrolled, you must remain in the selected plans unless you have a qualifying event during the year.

Getting married or divorced? Having a baby or adopting? Is your spouse changing jobs? For many major life events, you may be allowed to enroll in or cancel your insurance coverage within 60 days of the life event. If you miss the 60-day window, you must wait until the next Open Enrollment to make a change.

Cafeteria plans also have specific dependent eligibility requirements. For example, you can enroll your legal spouse but not your domestic partner or fiancé(e). You can also enroll your children, legally adopted children and legally appointed foster children. To cover stepchildren, you must be married to their parent. To cover grandchildren over the age of 18 months, nieces, nephews and other children, you must be the legally appointed guardian.

If dependent eligibility changes, you must notify People First within 60 days of the change. For example, if you and your spouse divorce, you must send a copy of the divorce decree to People First within 60 days of the divorce. By following this timeline, you will not have to repay the state for claims an ineligible dependent incurred or pay COBRA premiums to cover that ineligible dependent. If you’re in the spouse program, you won’t have to pay back premiums for underpaid months (up to $165 per month).

Administrators of a cafeteria plan have IRS requirements too. For example, we must test employee classifications to ensure we meet IRS Code nondiscrimination requirements related to dependent care FSAs. If we discover any issues through testing, we may adjust your contribution amount for the dependent care FSA, or a portion of your annual election may not be eligible for pretax treatment. This means your annual contribution election may be adjusted or you may be taxed on the amount of benefits you receive. We will notify you if this situation occurs.

Enjoy the pretax benefits of a cafeteria plan, but make sure you understand your responsibilities. Visit mybenefits.myflorida.com or call People First to learn about your options.

For more information, visit www.irs.gov to access Title 26, subsection 129, dependent care assistance programs, of the Internal Revenue Code.

How to Make Changes in People First

1. Turn off your browser’s pop-up blocker and log in to peoplefirst.myflorida.com.
2. Select Start or the Open Enrollment link, and then follow the simple steps to confirm dependent eligibility and to register new dependents (have Social Security numbers nearby). Enter your People First password and select Certify to complete the dependent verification process.
3. Select Enroll Now to start. Your current benefits and what you will have next year are side by side so that you can easily verify or change your elections.
4. Click Change and then Add to make updates.
5. Once you’ve confirmed your choices, enter your People First password and click Complete Enrollment.

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 event is required to make a change.

Accurate Numbers for Tax Reporting

As part of federal tax reporting requirements, we must report to the Internal Revenue Service (IRS) the covered person's name, address and Social Security number (SSN) or Taxpayer Identification Number (TIN). To ensure proper reporting of your minimum essential health insurance coverage to the IRS and to avoid paying an IRS penalty, please be sure your dependents, if any, have a valid SSN or TIN. Follow these steps:

2. Click Health & Insurance.
3. Click My Dependent Information.
4. Select a covered dependent.
5. Click Update Dependent and review the SSN or TIN.
6. If the number is incorrect, click Edit and enter the correct SSN or TIN. Then click Save.
7. Repeat for each dependent listed.

Please contact the IRS immediately if your covered dependent(s) has not been issued an SSN or TIN. Ask what you need to do to have a number issued to your dependent for accurate health insurance tax reporting purposes.

Active Employees Eligible for Medicare

If you, as an active state employee, and/or your dependents become eligible for Medicare, your State Group health insurance plan will continue to be your primary insurance coverage.

Medicare coverage pays secondary (after the health plan pays) only if you enroll. Medicare Part A (hospital insurance) is free, but Medicare Part B (medical insurance) requires you to pay a monthly premium.

As long as you are an active employee, you and/or your dependents can delay your Medicare Part B coverage without penalty. You should call your local Social Security Office to defer enrollment. However, as soon as you retire, you and/or your dependents should enroll in Part B. Once you and/or your dependents are eligible for either Medicare Part A or Part B as a retiree, your State Group health plan pays secondary, even if you and/or your dependents don’t enroll in Part A or Part B. As a retiree, if you and/or your dependents do not elect your Medicare Part B coverage right away, you must pay the first 80 percent of your health care expenses, making you responsible for expensive medical bills.
Special Notice About the Medicare Part D Drug Program, Jan. 1, 2018

Please read this notice carefully. It explains the options you have under Medicare prescription drug coverage and can help you decide whether or not you want to enroll in Medicare Part D.

Medicare prescription drug coverage (Medicare Part D) became available in 2006 to everyone with Medicare through Medicare prescription drug plans and Medicare Advantage plans that offer prescription drug coverage.

All approved Medicare prescription drug plans must offer a minimum standard level of coverage set by Medicare. Some plans may offer more coverage than required. As such, premiums for Medicare Part D plans vary, so you should research all plans carefully.

The State of Florida’s Department of Management Services has determined that the prescription drug coverage offered by the State Employees’ Health Insurance Program (State Health Program) is, on average, expected to pay out as much as or more than the standard Medicare prescription drug coverage pays and is considered creditable coverage.

You can join a Medicare drug plan when you first become eligible for Medicare and each year from Oct. 15 to Dec. 7. However, if you lose your current creditable prescription drug coverage through no fault of your own, you will also be eligible for a two-month Special Enrollment Period (SEP) to join a Medicare drug plan.

If you do decide to enroll in a Medicare prescription drug plan and drop your State Health Program coverage, be aware that you and your dependents will be dropping your hospital, medical and prescription drug coverage. If you choose to drop your State Health Program coverage, you will not be able to re-enroll in the State Health Program.

If you enroll in a Medicare prescription drug plan and do not drop your State Health Program coverage, you and your eligible dependents will still be eligible for health and prescription drug benefits through the State Health Program. However, if you are enrolled in a state-sponsored HMO offering a Medicare Advantage Prescription Drug Plan, you may have to change to the State Employees’ PPO Plan to get all of your current health and prescription drug benefits.

If you drop or lose your coverage with the State Health Program and do not enroll in Medicare prescription drug coverage after your current coverage ends, you may have to pay more (a penalty) to enroll in Medicare prescription drug coverage later. Additionally, if you go 63 days or longer without prescription drug coverage that’s at least as good as Medicare’s prescription drug coverage, your monthly premium will go up at least 1 percent per month for every month that you did not have that coverage, and you may have to wait until the following November to enroll.

Additional information about Medicare prescription drug plans is available from the following:

- www.medicare.gov;
- Your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for the telephone number); and
- 1-800-MEDICARE or (800-633-4227). TTY users should call 1-877-486-2048.

For people with limited income and resources, payment assistance for Medicare prescription drug coverage is available. Information about this extra help is available from the Social Security Administration (SSA). Contact your local SSA office; call 800-772-1213; or visit www.socialsecurity.gov for more information. TTY users should call 800-325-0778.

For more information about this notice or your current prescription drug plan, call the People First Service Center at 866-663-4735.

Remember: Keep this creditable coverage notice. If you decide 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 and, therefore, whether you are required to pay a higher premium amount (a penalty).

Open Enrollment begins at 8 a.m. on Monday, Oct. 16, 2017, and ends promptly at 6 p.m. on Friday, Nov. 3, 2017, Eastern time.