



2021 Retiree Healthcare Rate Sheet

UNDER AGE 65 OR OVER AGE 65 AND NOT MEDICARE ELIGIBLE

Coverage	OAP High	OAP Standard	SureFit*
Retiree Only	\$ 771.00	\$ 746.00	\$ 724.00
Dependents Under Age 65 or Over Age 65 and not Medicare eligible.			
Spouse/Domestic Partner	\$ 1,089.00	\$ 1,054.00	\$ 1,022.00
Child(ren)	\$ 766.00	\$ 742.00	\$ 719.00
Family	\$ 2,180.00	\$ 2,110.00	\$ 2,046.00
Adult Dependent Child	\$ 655.00	\$ 634.00	\$ 615.00

*At the time of enrollment, a Primary Care Physician (PCP) is required and you must live in the tri-county area (Miami-Dade, Broward and Palm Beach Counties).

NOTE: You must add the Retiree Only rate to the Dependent rate to get the total monthly premium.

OVER AGE 65 OR UNDER AGE 65 MEDICARE ELIGIBLE

Medicare Healthcare (Medical & Pharmacy) Plans Monthly Rates:

Provider	Plan	Rates
AvMed*	Access HMO-POS (Miami-Dade County Only; Broward County Only)	\$ 0.00
	Choice HMO (Miami-Dade County Only; Broward County Only)	\$ 0.00
	Circle HMO (Miami-Dade County Only; Broward County Only)	\$ 0.00
	Premium Saver HMO (Broward County Only)	\$ 0.00
Leon Medical Centers*	Leon Medicare HMO	\$ 0.00
Humana*	Zero Premium HMO	\$ 0.00
	Passive PPO	\$ 356.96
	Traditional PPO	\$ 231.88
UnitedHealthcare	Differential PPO	\$ 187.53
	Passive PPO	\$ 312.38

NOTE: *At the time of enrollment, a Primary Care Physician (PCP) is required for the AvMed Medicare Access HMO-POS, AvMed Medicare Choice HMO, AvMed Medicare Circle HMO, AvMed Medicare Premium Saver HMO, Humana Zero Premium HMO, and the Leon Medicare HMO plans.

UnitedHealthcare Medicare Supplement Plans:

Please be advised that the Supplement rates are based on the applicant's date of birth, place of residence and tobacco usage. Rates for calendar year 2021 receive CMS approval in November. To receive your individual rate, please contact the healthcare company directly. Pre-65 Medicare recipients are not eligible for these supplement plans.

UnitedHealthcare Pharmacy Plans (Medicare Part D only)

4-Tier High	4-Tier Low	5-Tier Standard
\$298.98	\$120.75	\$127.18



PREMIUM PAYMENT OPTIONS

FLORIDA RETIREMENT SYSTEM (FRS) DEDUCTIONS

CIGNA HEALTHCARE PLANS:

If you are currently having FRS deductions and wish to continue your participation, a new M-DCPS-FRS Payroll Deduction Authorization Form is needed.

MEDICARE AND/OR FLEXIBLE BENEFITS PLANS:

If you are currently having FRS deductions and wish to continue your participation, you **must** complete the enclosed FBMC-FRS Payroll Deduction Authorization Form and return it in the enclosed envelope. FBMC may deduct up to \$100 in addition to the regular monthly premiums if there is an outstanding balance on your account.

NOTE: All premiums must be collected before your 2021 benefits are processed. Uncollected premiums for the 2020 plan year may result in cancellation of your 2021 benefits. If you are enrolling for FRS, please check the appropriate box on your enrollment form. Complete the enclosed corresponding FRS Payroll Deduction Authorization Form and return it with your enrollment form in the enclosed envelope. 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.

DIRECT PAYMENT

CIGNA HEALTHCARE PLANS:

If you are currently paying for your benefits through direct pay to M-DCPS, you will remain on direct billing for the 2021 plan year. Payment coupons will automatically be sent reflecting the premium for the billing period of January 1, 2021 through December 31, 2021. You will receive your payment coupons by the end of 2020. Personal check, money order or cashier's check is accepted.

- Mailing address: Office of Risk and Benefits Management, PO Box 12241, Miami, FL 33101-2241.
- Your payment is due the 1st of every month.
- Please send your payments **via regular mail only** which is delivered to our PO Box directly. All mail that requires a signature is picked up at the post office and delivery to Risk Management may be subject to delay.
- In order to properly credit your payment to your account, be sure to write your customer number on the memo line of your check.
- **Make all payments payable to: School Board of Miami-Dade County, FL**

MEDICARE AND/OR FLEXIBLE BENEFITS PLANS:

Medicare healthcare plans payments can be submitted by personal check, money order or cashier's check and made payable to: FBMC. If you choose this payment method, you will receive monthly payment invoices for remittance of your premiums. All premiums must be paid by the due date. Send payments to: FBMC Benefits Management, Inc., Direct Bill, PO Box 10789, Tallahassee, FL 32302.

AUTOMATED CLEARING HOUSE (ACH)

CIGNA HEALTHCARE PLANS:

If you want this payment method, please contact Sandra Gaitan at 305-995-7018 to request an ACH Authorization Form. If you are currently participating in ACH, your participation will automatically continue.

Once your ACH Authorization Form is received and processed, you will be notified that your ACH deductions have been set up.

MEDICARE AND/OR FLEXIBLE BENEFITS PLANS:

If you want this payment method, please contact FBMC at 855-632-7748 to request an ACH Authorization Form. If you are currently participating in ACH, your participation will automatically continue.