

# 2010 Enrollment Readiness Checklist

Use this checklist to help you make your benefit choices for next year. Step 7 includes important information about enrollment deadlines.

## Step 1: Review Your Medical Plan Options

Consider the medical and prescription drug needs you and your family may have next year.

1. Make a note of any care you will need next year, such as an annual physical, suggested surgery, a baby on the way or prescription drugs you take regularly.
2. Consider the medical and prescription drug care you received last year. Will any of that care be repeated next year? What did it cost?
3. If you're currently in the Standard or the Health Investor PPO, view your annual health statements for the last year by logging on to the "MyBlueService" page on BlueCross BlueShield of Florida's (BCBSF) Web site [www.bcbsfl.com](http://www.bcbsfl.com). You need your BCBSF user ID and PIN to log in; if you haven't received one, register using your Social Security number and birth date. If covered dependents authorize you to see their claim records, gather the claim history for the entire family and use it to consider what your expenses may be next year. Check your prescription drug history on [www.caremark.com](http://www.caremark.com)

Understand your medical plan options. Most employees have four types of health plans to choose from:

- A Standard Preferred Provider Organization Plan with worldwide coverage.
- A Health Investor Preferred Provider Organization Plan with worldwide coverage.
- A Standard Health Maintenance Organization Plan, based on where you live or work.
- A Health Investor Health Maintenance Organization Plan, again based on where you live or work.

Use these valuable resources.

- Benefits guide
- [www.MyFlorida.com/MyBenefits](http://www.MyFlorida.com/MyBenefits)
- <https://PeopleFirst.MyFlorida.com>
- [www.FloridaHealthFinder.gov](http://www.FloridaHealthFinder.gov)

Compare your options.

Use the Medical Plan Cost Comparison Tool at [www.MyFlorida.com/MyBenefits](http://www.MyFlorida.com/MyBenefits) to compare what your total costs are likely to be under each of the medical plan options, including what you pay for care and coverage.

Check out the health care providers and hospitals participating in each plan.

The Standard and Health Investor PPO plans both use the same network of BCBSF medical providers. Remember, with the PPO, you have lower out-of-pocket expenses when you use network providers.

The provider networks available under the HMO plans vary by plan. With the HMOs, care outside of the network is not covered, except in emergency situations.

If you decide to participate, enroll in the best plan for you.  
See Step 7 to enroll.

## Step 2: Evaluate the Vision Plans

Consider the vision care you or your family will need next year.

1. Make a note of any care you anticipate, such as routine eye exams, glasses or contact lenses.
2. Consider the vision care you received last year.

Will any of that care be repeated next year?  
What did it cost?

3. See what is offered through your health insurance plan to help you decide.

Understand your vision options:

- Materials only plan to cover glasses and contact lenses
- Exam Plus, a full coverage vision plan

If you decide to participate, enroll in the best plan for you.  
See Step 7 to enroll.

## Step 3: Evaluate the Dental Plans

Consider the dental care you or your family will need next year.

1. Make a note of any care you anticipate, such as cleanings, crowns, fillings or orthodontia (braces).
2. Consider the dental care you received last year. Will any of that care be repeated next year? What did it cost?

Understand your dental options. Most employees have options that fall into one of four categories:

- Prepaid dental plans through CompBenefits, UnitedHealthcare, Assurant, and CIGNA
- A statewide, dental PPO plan through CompBenefits
- Dental indemnity with PPO network plans through Ameritas and Assurant
- A dental indemnity plan through CompBenefits

Use the dental plan comparison chart in this guide (pages 36-37) or visit the MyBenefits Web site to learn more about the plans and their coverage. Keep in mind that the services offered vary; for example, some plans do not include orthodontia.

Check out the dentists participating in each plan.

Find links to each of the dental plans through the MyBenefits Web site. Remember, with the dental PPO, you have lower out-of-pocket expenses when you use network providers; with the prepaid dental plans, care outside of the network is not covered.

Call your desired dentist or dental group to confirm that they are accepting new patients and your insurance plan.

Compare your options.

Once you narrow your dental plan choices based on the covered services and the dentists in their networks, use the Dental Plan Cost Comparison tool at [www.MyFlorida.com/MyBenefits](http://www.MyFlorida.com/MyBenefits) to compare what your total costs are likely to be under each of the dental plan options, including what you pay for care and coverage.

If you decide to participate, enroll in the best plan for you.  
See Step 7 to enroll.

## Step 4: Consider Supplemental Benefits

We offer a variety of other benefit plans—from hospitalization and intensive care coverage to cancer insurance, accident insurance and disability coverage. These plans provide continuing income if you experience certain illnesses or a disability that keeps you from working.

Learn more about these programs by visiting [www.MyFlorida.com/MyBenefits](http://www.MyFlorida.com/MyBenefits).

Consider your income protection needs. Most of these programs provide income benefits if you and/or covered family members suffer from illness or injury.

If you decide to participate, enroll in the best plans for you.  
See Step 7 to enroll.

## □ Step 5: Review Your Life Insurance Options

Learn more about your options.

Most full-time employees are eligible for:

- Basic term life insurance with accidental death and dismemberment. The amount of coverage is based on employment classification and annual salary.
- Optional term life insurance from one to five times base annual earnings, up to a maximum of \$500,000 in coverage.

Think about your family's needs in the event of your death.

What ongoing expenses would they have, such as daily living expenses and college education? What financial resources would they have?

Select your coverage amount and enroll. See Step 7 to enroll.

## □ Step 6: Consider Reimbursement Accounts (Flexible Spending Accounts)

**Consider the health care needs you and your family may have next year.**

Will you have out-of-pocket costs for health care, prescription drugs, or over-the-counter medication? What about expenses for child care or other other qualified dependents who need care while you work? If your answer to either of these questions is yes, consider the pretax benefits of the medical or dependent care reimbursement accounts.

**Learn more about the accounts.**

Use the information in this guide and visit [www.MyFlorida.com/MyBenefits](http://www.MyFlorida.com/MyBenefits).

Use the online Flexible Spending Account Estimator tools to calculate how much to contribute and the estimated tax savings.

If you decide to participate, enroll in the best plan for you.

See Step 7 to enroll.

## □ Step 7: Enroll

Make your 2010 benefit elections on the People First Web site, by telephone through People First or by completing and returning a 2010 election form to People First.

1. To enroll for the 2010 plan year, you must enroll by 5:30 p.m. Eastern Time (4:30 p.m. Central) on Friday, October 9, 2009.
2. As a new hire, you have 60 days from your date of hire to enroll, or 60 days from the start of a new term of office if you are an elected state official.
3. You can make changes during the plan year if you experience a qualifying event. For most qualifying events, you have 31 days from the date of the event to make related benefit changes. For birth or adoption, you have 60 days to make related benefit changes.
4. If you and your spouse are State employees and you want to participate in the Spouse Program, you must submit a Spouse Program Enrollment Form available on the People First Web site.

Some of the supplemental plans require a second step and ask that you complete a separate application for medical underwriting. You must submit it to the insurance company for their approval. Your enrollment is complete and effective only when People First has received notification from the company that your medical underwriting was approved. Medical underwriting questionnaires or forms are available on each company's Web site noted on the contact list (back cover).