Considerations before attending your Retirement Meeting

- **Retirees 65 and over - Effective January 1, 2015**, benefits plans, which include medical, dental and vision, for Medicare-eligible retirees and their Medicare-eligible spouse will be provided through the Florida School Retiree Benefits Consortium. This consortium was developed by The Florida Independent Benefits Council in order to provide a full suite of benefits products just for Medicare-eligible retirees.

**Florida School Retiree Benefit Consortium (FSRBC)**, an organization that assists School Districts with benefit and retirement-related initiatives. FSRBC negotiates premium rates and their goal is to help Medicare-eligible members get access to high-quality, medical, dental, vision, identity theft and IT technical support benefit plans. Your District, in coordination with FSRBC, is now supported by **FBMC Benefits Management Company, Inc. (FBMC)** – a benefits plan administrator.

- **Retiree 65 and over** who is Medicare eligible should apply for Medicare parts A&B six weeks prior to retirement. If turning 65 after retirement FBMC will notify you of your available selections and what needs to be done to continue coverages.

- **All retirees - Benefits**: Select the benefits you plan to continue by reviewing the materials provided. This will alleviate having to make these important decisions during the short span of the retirement meeting. If you or your spouse will be 65 or over when you retire FBMC will be mailing you a packet.

- **Retirees 64 and under** who do not have medical coverage can select coverage for them and/or a dependent with a HIPAA letter. Dental and vision may also be added. The HIPAA letter is a Health Insurance Portability and Accountability Act letter and is proof of 18-months of continuous medical coverage. **Important Note**: Dependent life insurance may not be added at the time of retirement. This benefit must be in place prior to retirement to be continued.

- **All Retirees** - An active employee may add a retiring spouse and dependent(s) through an Employee Enrollment form at the time of retirement. If the retiree and spouse are both retired from the School Board, the primary insurer may be exchanged during Open Enrollment, meaning one may cover the other. Each person will need to change his/her coverage and complete new enrollment forms. **Important Note**: If you do not elect a benefit at the time you retire, you may not add the coverage at a later date, under any circumstance. You may only add a dependent due to a qualifying event and proof of prior coverage within 30 days of the event.

  - **AFLAC** – Cancer coverage is available only if already enrolled and will be billed directly. To continue, change, or cancel coverage, please contact AFLAC directly within 30 days of your retirement. To obtain the correct telephone number for your area, please call 1-800-992-3522, select #1, then option #3.

  - **Long-Term Care (LTC)** – Is available as a direct pay for retirees and spouses, **if already enrolled**. Call 1-800-266-2904 for information.

  - **Accidental Death & Dismemberment (AD&D)** – No conversion privilege is available for this benefit. Benefits cease on the date of retirement.

  - **Short & Long-Term Disability** – No conversion privilege is available for this benefit. Retirement will not affect covered STD and/or LTD claims that began prior to your
retirement. However, the LTD benefit will be offset by the amount received from any pension, social security, or any other income. If you only had LTD as an active employee and retire while on a medical leave, you will still be eligible to file an LTD claim once the elimination period has been met. Please contact Debbie Lucas at (321) 633-1000 extension 648, once 120 days of your 180-day elimination period has elapsed to request the LTD claim forms and directions needed to submit your claim.

- **Non-24-Pay Employees** - If you are on a schedule other than 24-pay, be aware that benefits may not be covered for the entire summer. If you are not on a 24-pay cycle, your premium payments are divided into a pre- and a post-summer deduction, which means a larger premium deduction is taken per pay and only covers the first month of the summer premium. However, if you are retiring in July, all or part of that premium will not be covered by the board. You may need to pay both the board and employee portion of the premium if you elect a July retirement date.

**During Retirement**

**What will happen to your coverages?** Insurance benefits end on the last day of active employment. Retiree coverage cannot be reinstated until payment has been received. Once received, allow up to 10 days for processing.

- **65 and over** - once you’ve made an appointment for your retirement meeting your information will be sent to the FBMC, who will in turn send you a packet to allow you to select available coverages.

- **64 and under** - to shorten processing time, you can make payment prior to your retirement date by sending a check made payable to TASC, to the attention of Debbie Lucas, Employee Benefits Office; however, you should still allow five days for processing. We recommend that you reschedule non-emergency appointments and fill prescriptions prior to your retirement date, or you can pay out-of-pocket and request reimbursement from the carrier once coverage has been updated.

- **64 and under premium payments** – If the amount of your retirement check allows, a Florida Retirement System (FRS) deduction form must be completed to set up automatic insurance premium deductions. TASC will mail three to four coupons to the retiree to collect premiums before the FRS automatic deductions begin. All coupons are to be paid directly to TASC. Payment is due on the 1st; but you will have until the 10th of each month to make payment, as well as a grace period of 30 days before coverage is canceled for non-payment. Coverage will not be reinstated on cancellations for non-payment. **Once all coupons have been paid the following payment will be deducted from your retirement check, unless you are a direct pay.**

- **All retirees - Flexible Spending Accounts** - Retiring employees can continue the Health Care Flexible Spending Accounts (HCFSA) for the remainder of the calendar year in which they retire as a post-tax benefit. You will continue to have access to your annual election after retirement. If the HCFSA is not continued, claims made on the account must be for services performed prior to your retirement date. If the claim is submitted prior to retirement, the entire annual election amount may be applied for. Per IRS ruling you will not need to repay any amount not deducted from your pay upon your retirement. If the claim is submitted after retirement, the annual election amount will change to the amount credited to the HCFSA as of the date of retirement.

- **64 and under New Cards** – Medical, dental and vision cards do not change unless a different plan is selected at the time of retirement. New cards will not be issued unless there is a change either by the employee or the plan. Becoming Medicare eligible is not a change to the plan, only a change in who is the primary carrier.

**Important Note:** A retiree pays premiums one month ahead. **Example:** If retirement coverage begins in June, coupons for June, July and August will be mailed. The deduction taken from the August retirement check pays the September premium. If the retirement check is not large
enough to cover the cost of your insurance deductions or if you’ve chosen the investment plan, coupons will be mailed for the remainder of the calendar year. Checks are made payable to TASC and mailed to:

TASC
P.O. Box 7484
Madison, WI 53707-7484

Canceling Coverage

Retirees 64 and under - A retiree may cancel coverage up until the end of any month, for the following month. However, it is best to give six weeks’ notice prior to cancellation; this will allow time to change the deduction amount coming from your retirement check. If initial payment has been made, you can disregard the first coupon. If a cancellation notice is received after the 1st day of the month, coverage will be cancelled the following month. Important Note: When a retiree cancels coverage, the coverage cannot be reinstated at a later date. A dropped dependent may only be added back with proof of a qualifying event and prior coverage.

Changing Coverage

Retirees 64 and under - Coverage may be changed within 30 days when a retiree or covered spouse becomes Medicare eligible. A copy of the signed Medicare card must be submitted to FBMC. It is best to give six weeks’ notice prior to your change; which will allow time to change the deduction amount coming from your retirement check or to reprint coupons, if you’re a direct pay. You may also change your coverage when moving out of area, if your current plan is not available within your new location. Important Note: When a retiree cancels coverage, the coverage cannot be reinstated at a later date. A dependent may only be added with proof of a qualifying event and prior coverage.

Health Insurance Subsidy (HIS)

Retirees 64 and under - HIS is additional money added to your pension to help offset the cost of your health insurance. If you retained coverage with Brevard Public Schools, please check the “B” box and forward to Debbie Lucas in the Employee Benefits Office for completion. Eligible candidates will receive $5 for each year of creditable service. Years in DROP do not count toward the total years of creditable service. A sample of the HIS form will be provided at your retirement meeting. Please make a copy of your completed form prior to submission; a copy will not be returned.

Retiree 65 and over - HIS is additional money added to your pension to help offset the cost of your health insurance. If you retained coverage through FSRBC, please check the “B” box and forward to FBMC. Years in DROP do not count toward the total years of creditable service. A sample of the HIS form will be provided at your retirement meeting.

What Are My Life Insurance Options for all retirees?

- Retiree or dependent life insurance may be decreased, but not increased. A retiree may not have dual coverage under life insurance. Example: A retiree cannot have life coverage and also be covered as a dependent under an active employee or another retiree. The life carrier will only pay one claim per individual. If the benefit is not elected and is not covered at the time of retirement that coverage cannot be added at a later date under any circumstances. A dependent can be added at a later date with a qualifying event and proof of prior coverage.

- You cannot have two coverages in place with the carrier; if you’ve elected the Term Life and then decide to elect the Portability, you will be denied. Please contact Debbie Lucas (633-1000 ext. 648 or lucas.deborah@brevardschools.org) if you are interested in the Portability information and application packet.
• **Portability:** You can purchase Group Life Portability Insurance for yourself when employment terminates if you:
  1. Are under age 65.
  2. Have been insured under your employer’s group policy for at least 12 consecutive months, and
  3. Are able to perform with reasonable continuity the material duties of at least one gainful occupation for which you are reasonably fitted by education, training and experience, subject to a minimum amount of $25,000 and do not elect the Term Life coverage.

• **Term Life:** Can be purchased through the carrier for you and your dependent spouse. Remember, this is a term life policy, and the rates are subject to change with each renewal.

• **Important Note:** Neither the Portability nor the Term Life Policies has any cash value.

**Important Contact Information:**

FBMC Benefits Management/Direct Bill  
P.O. Box 10789  
Tallahassee, Florida 32302-2789  
or  
fax: 1-850-514-5803

FBMC  
1-855-443-7722 Monday – Friday, 7 a.m. – 7 p.m. ET  
www.myFBMC.com

AFLAC  
1-800-992-3522, select option 1 and then option 3

Long-Term Care (LTC)  
1-800-266-2904

TASC  
1-800-720-4460  
P.O. Box 7484  
Madison, WI 53707-7484

United HealthCare  
1-877-755-5341

Minnesota Life  
1-866-293-6047

More questions on retiree benefits please contact:

Debbie Lucas  
Coordinator – Employee Benefits  
(321) 633-1000 x648  
Brevard Public Schools  
Employee Benefits Office  
2700 Judge Fran Jamieson Way  
Viera, FL 32940-6601

lucas.deborah@brevardschools.org

Retiree insurance plan details may also be found on the District Website, on the Benefits page [http://benefits.brevard.k12.fl.us/Benefits.htm](http://benefits.brevard.k12.fl.us/Benefits.htm)