



People First E-Newsletter

Governor Charlie Crist ♦ Department of Management Services ♦ Secretary Linda South

September 2007

SPECIAL OPEN ENROLLMENT EDITION

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Service Center Hours

Monday through Friday
8:30 a.m. to 5:30 p.m. EDT

Service Center Numbers

866-663-4735
866-221-0269 TTY

Open Enrollment Dates

Mark your calendar—the countdown has begun!

Pre-Enrollment Period: September 24—28

- This period gives you planning and research time.
- You should receive an open enrollment benefits package in the mail. Be sure to read your benefits statement carefully; it will show you the plans and coverage levels you will have beginning January 1, 2008, if you take no action.
- During pre-enrollment, you can go to the Health & Insurance tab in People First to see the other coverage and plan options that will be available to you. You can also call the Service Center for information.

Open Enrollment Period: October 1—October 26

In People First you can:

- Enroll in plans for the 2008 plan year
- Change your coverage levels and/or
- Drop coverage during this period

Correction Period: October 29—November 9

- If you make changes to your benefits, you will receive a confirmation statement. During this time, you may make corrections in People First if needed.

Benefit Fairs

Talk with benefits representatives throughout the Open Enrollment period to get the latest in plan changes. For specific dates, times, and locations, click [here](#).

Keys to Open Enrollment Success

- Compare plans early to make informed decisions.
- Use the convenient self-service options through the People First system—online access anytime.
- Call the Service Center before Open Enrollment begins to reset your password, if needed.
- Go to the [MyBenefits](#) Web site for plan comparisons, a cost calculator, and more.
- Click [here](#) to watch the Open Enrollment video for tips on how to navigate People First.

Important Terms

Flexible Spending Accounts (FSA)—accounts that allow you to reimburse yourself with pre-tax dollars for eligible out-of-pocket healthcare costs and/or the costs associated with caring for a dependent. With these accounts, you decide what you want to contribute before the plan year begins. You must submit your claims for the entire amount you had withheld for the plan year by the April 15th tax filing deadline; otherwise, you lose any unused money.

Health Maintenance Organization (HMO)—a prepaid medical plan. You agree to use a specific, limited network of providers.

Preferred Provider Organization (PPO)—a plan that offers discounted rates on services if you use providers in the network. If you use services or providers outside of the network, you are reimbursed a smaller portion of the charges.

Primary Care Physician (PCP)—the healthcare professional who monitors your health needs. This physician also coordinates your medical care, including referrals for tests or to see specialists.

Provider Network—a group of healthcare providers who agree to accept predetermined rates when they service members of the network. These providers may be physicians, hospitals, or other healthcare facilities or specialists.

Overview of Plans for 2008

For detailed plan and coverage information, go to the [MyBenefits](#) Web site or see your Benefits Guide, which will be mailed to you soon. For general overviews, see below.

Health

Health insurance providers will remain the same for the 2008 plan year and active employee and COBRA premium contribution amounts are also the same. For retiree participant premium information, click [here](#).

Life

We have a new life insurance carrier for 2008: Minnesota Life Insurance Company. The benefits remain the same, but you will need to designate your beneficiaries—either via paper or online—with the following information:

- Full legal name
- Address
- Relationship to you

Watch your mail for a Minnesota Life packet for more information.

Dental

Currently, supplemental dental plans offer three levels of coverage: employee, employee + one, and employee + two or more. For the new plan year, dental plans will offer four levels of coverage: employee, employee + spouse, employee + child(ren), and employee + family. Compare the coverage levels carefully to get the best value for your needs.

If you are currently enrolled in an employee + one plan or an employee + two or more plan, you will be automatically enrolled in the family coverage for the new plan year. If that's not the coverage level you want, you can change it during Open Enrollment.

Vision

There will be no carrier for supplemental vision insurance for the 2008 plan year. If you are currently enrolled in vision insurance, take advantage of your vision offerings before coverage ends on December 31, 2007. Many health insurance plans also provide vision coverage. Be sure to check out these plans in the Benefits Guide.

TRICARE Supplement Plan

Because of federal requirements, this plan will not be offered for 2008. If you currently participate in this plan and you make no changes during Open Enrollment, you will be automatically enrolled in the Standard PPO Plan. Coverage in the PPO plan will begin January 1, 2008.