

State of Florida Benefits Statement for 2025 Plan Year

General Information

The prepaid plans listed in this statement are offered under the State Group Insurance Cafeteria (pretax) plans, so you enjoy annual income tax savings. Consequently, the IRS only allows you to make election changes during Open Enrollment or if you have a qualifying event that results in a gain or loss of eligibility for insurance coverage.

Make all changes through People First. Some supplemental companies also require a separate application.

Log in to People First and select the Securian Financial logo in the Other Resources tile to update or verify your life insurance beneficiaries.

All premium amounts shown in this statement are monthly amounts. Divide this amount by two if you are paid biweekly. If you are employed on an 8-, 9- or 10-month basis, your monthly deduction amounts may differ.

Premiums may change during the year. See premium rates for the plans at mybenefits.myflorida.com/myhealth/health_premium_rates.

Find information about benefit plans, coverage levels, insurance providers, and more at mybenefits.myflorida.com/myhealth.

Health Insurance

Find your health plan's summary of benefits and coverage and summary plan description or certificate of coverage at mybenefits.myflorida.com/myhealth. If you prefer a paper copy, call your health plan.

In a high deductible health plan (HDHP) you pay the first \$1,650 (\$3,300 for family coverage) out of pocket before most services and any prescriptions are covered.

Plan Code	Plan Name	Individual	Family
** 0100	State PPO Plan	** \$ 50.00	\$ 180.00
0105	State HDHP PPO Plan	\$ 15.00	\$ 64.30
0300	United Healthcare HMO	\$ 50.00	\$ 180.00
0305	United Healthcare HDHP HMO	\$ 15.00	\$ 64.30
9999	No Coverage Health		

Health Insurance for Eligible Dependents Age 26 to 30

This individual health coverage requires an additional monthly premium. You and your dependent must be enrolled in the same health plan. The current monthly, per dependent premium for standard plans is \$813.46 and \$736.80 for HDHPs. Premiums may increase during the year. See premium rates at mybenefits.myflorida.com/myhealth.

No Coverage

Savings and Spending Accounts

If you do not make changes, all contributions to your health savings account (HSA) and any flexible spending account (FSA) will remain the same for next year. You must be enrolled in an HDHP to have an HSA. You may also be entitled to an employer funded health reimbursement account (HRA) if you earn reward dollars through the Shared Savings Program. For questions regarding the HSA, FSAs or HRAs, please contact Chard Snyder by phone at 855-824-9284 or by email at

FloridaAskPenny@chard-snyder.com. To learn more about the HSA, FSAs, HRAs, and the Shared Savings Program, visit mybenefits.myflorida.com/myhealth/savings_and_spending_accounts.

Plan Code	Plan Name	Annual Election
2000	Health Care FSA	\$ 0.00
2100	Dependent Care FSA	\$ 0.00
2200	Health Savings Account	\$ 0.00
2300	Limited Purpose FSA	\$ 0.00

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Basic Life Insurance (Includes Accidental Death and Dismemberment Coverage)

Consider enrolling in the low-cost Basic Life Insurance plan for a \$25,000 benefit.

Plan Code	Coverage	Participant Cost
1001	\$ 25,000.00	\$ 3.58
** 9997	No Coverage Basic Life	\$ 0.00

Additional Life Insurance Options

You must be enrolled in Basic Life to enroll in any of these life insurance options on a post-tax basis.

The Child Life plan covers all eligible children in the family for \$.85 per month. The benefit is \$10,000 per child. If your spouse is a state employee, only one of you may enroll in this coverage.

Plan Code	Plan Name	Coverage	Participant Cost
** 9996	Optional Life	No Coverage	\$ 0.00
1500	Spouse Life	\$15,000	\$ 5.18
1500	Spouse Life	\$20,000	\$ 6.90
1600	Child Life	\$10,000	\$ 0.85

Dental Insurance

Plan Code	Plan Name	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
4021	Ameritas Indemnity w/PPO	\$ 47.24	\$ 87.64	\$ 99.80	\$ 144.08
4022	Ameritas Standard PPO	\$ 31.64	\$ 59.24	\$ 66.32	\$ 96.56
4023	Ameritas Preventive PPO	\$ 21.64	\$ 40.92	\$ 43.80	\$ 64.16
4025	Sun Life Prepaid 225	\$ 14.93	\$ 25.17	\$ 33.26	\$ 43.54
4031	MetLife Indemnity w/PPO	\$ 46.16	\$ 85.38	\$ 95.42	\$ 138.52
4032	MetLife Standard PPO	\$ 36.24	\$ 67.04	\$ 74.90	\$ 108.76
4033	MetLife Preventive PPO	\$ 18.32	\$ 33.86	\$ 37.84	\$ 54.94
4034	CIGNA Dental	\$ 22.81	\$ 44.94	\$ 53.59	\$ 68.46
** 4044	Humana HD205	** \$ 12.64	\$ 21.20	\$ 23.00	\$ 32.98
4074	Sun Life Indemnity PPO	\$ 43.55	\$ 83.61	\$ 98.83	\$ 130.35
4084	Humana Schedule B	\$ 14.74	\$ 21.96	\$ 23.30	\$ 37.10
4090	Humana Indemnity w/PPO	\$ 45.76	\$ 84.66	\$ 94.60	\$ 137.34
4092	Humana Standard PPO	\$ 30.64	\$ 56.70	\$ 63.36	\$ 91.98
4094	Humana Preventive PPO	\$ 20.52	\$ 37.98	\$ 42.44	\$ 61.60
9995	No Coverage Dental				

Vision Insurance

Plan Code	Plan Name	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
** 3004	Humana Vision - Exam+ Materials	** \$ 5.92	\$ 11.68	\$ 11.56	\$ 18.16
9998	No Coverage Vision				

Accident Insurance

Plan Code	Plan Name	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
5002	Colonial Accident Protection	\$ 18.00	\$ 24.00	\$ 30.00	\$ 36.00
** 9998	No Coverage Accident				

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Cancer Insurance

Plan Code	Plan Name	Employee Only	Employee + Children	Employee + Family
6500	AFLAC Cancer Plan PCI Lvl 1	\$ 18.70	\$ 21.70	\$ 30.50
6501	AFLAC Cancer PCI Lvl 1 + SDR	\$ 19.70	\$ 23.20	\$ 32.50
6502	AFLAC Cancer PCI Lvl 1 + BBR	\$ 20.50	\$ 24.40	\$ 34.40
6503	AFLAC Cancer PCI Lvl 1 + Both	\$ 21.50	\$ 25.90	\$ 36.40
6510	AFLAC Cancer Plan PCI Lvl 3	\$ 33.50	\$ 40.20	\$ 55.90
6511	AFLAC Cancer PCI Lvl 3 + SDR	\$ 34.50	\$ 41.70	\$ 57.90
6512	AFLAC Cancer PCI Lvl 3 + BBR	\$ 36.50	\$ 44.70	\$ 62.40
6513	AFLAC Cancer PCI Lvl 3 + Both	\$ 37.50	\$ 46.20	\$ 64.40
6601	Colonial Cancer	\$ 12.50	N/A	\$ 20.90
** 9999	No Coverage Cancer			

Disability Insurance

Log on to People First or call a Colonial agent for premium amounts. Contact information available at mybenefits.myflorida.com/myhealth/contact_information.

Hospital Intensive Care Insurance

Plan Code	Plan Name	Employee Only	Employee + Family
7000	AFLAC Intensive Care Plan	\$ 8.70	\$ 16.64
** 9999	No Coverage Intensive Care		

Hospitalization Insurance

Plan Code	Plan Name	Employee Only	Employee + 1	Emp + 2 or more/ Emp + Family
Hospitalization 30/20				
8100	Cigna Preferred Provider Plus	\$ 23.32	N/A	\$ 59.56
8110	Cigna 30/20 Plus	\$ 39.10	N/A	\$ 100.46
Hospitalization 365				
8120	Cigna State Insurance Supp	\$ 22.74	N/A	\$ 58.46
8130	Cigna 365+ /\$100 per day	\$ 5.92	N/A	\$ 15.22
8140	Cigna 365+ /\$250 per day	\$ 17.00	N/A	\$ 43.72
Hospitalization 1-2-3				
8160	New Era 1-2-3 Plan \$100/Day	\$ 9.58	\$ 19.20	\$ 25.18
8170	New Era 1-2-3 Plan \$200/Day	\$ 20.36	\$ 40.60	\$ 53.52
8180	New Era 1-2-3 Plan \$100/ECR	\$ 12.92	\$ 25.86	\$ 32.72
** 9999	No Coverage Hospitalization			

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