



City of Tampa

Jane Castor, Mayor

Human Resources Benefits & Wellness

306 E. Jackson St., 5E
Tampa, FL 33602

Office (813) 274-5757
Fax: (813) 274-5728

October 5, 2021

2022 Medicare Advantage Retiree Open Enrollment Open Enrollment begins Thursday, September 30, 2021 through Wednesday, October 13, 2021

Dear Retiree:

Aetna will continue to provide City of Tampa Medicare eligible retirees a choice of two Medicare Advantage plans: the Aetna Group Medicare Advantage Local PPO, and the Aetna Group Medicare Advantage National PPO. Medicare Advantage health plans (also known as Medicare Part C) are administered through private insurance companies such as Aetna. They combine Medicare Part A (hospital visits), Part B (doctor visits and outpatient care), and Part D (prescription drugs) coverages into a single convenient plan. Then, they include some value-added services that are not made available through the Original Medicare coverage such as the Silver Sneakers Fitness program.

PLEASE NOTE: Aetna will provide the plan design information. You should receive your Aetna packet in the mail within the next 1-2 weeks. For specific benefit questions, please contact Aetna directly by dialing 1-888-267-2637 (TTY 711), 8a.m. to 6 p.m., 5 days a week; Monday through Friday or at www.aetnamedicare.com.

1. **Aetna Medicare Advantage Local PPO – (\$61.47 mo./\$122.94 for two of you)**

This Medicare Advantage health plan is administered by Aetna. It allows members to choose from in-network and out-of-network providers. **This plan is not available to those retirees that reside outside of Florida more than 6 months of the year. Also, this plan is not available within some counties in Florida.** This plan has a “gap” in the prescription benefit as well as a \$400 deductible. Please review these points when looking at the plan.

This plan is limited to the following State of Florida Counties for In-Network benefits:

Bradford, Brevard, Broward, Charlotte, Citrus, Collier, Desoto, Duval, Hernando, Highlands, Hillsborough, Indian River, Lake, Lee, Manatee, Marion, Martin, Miami-Dade, Orange, Osceola, Palm Beach, Pasco, Pinellas, Polk, Sarasota, Seminole, St. Johns, Volusia.

2. **Aetna Medicare National PPO – (\$166.71 mo./\$333.42 for two of you)**

This plan is available for retirees residing within Florida but especially for those residing outside Florida. This plan offers in-network and out-of-network benefits at the same copays/coinsurance. Your choice of providers are those that “accept Medicare Assignment and are willing to file claims on your behalf to Aetna.” There is a \$400 deductible, but no prescription “gap” in this plan.

Enrollment Procedures

Return your form(s) ONLY if you are making a change. Otherwise, you don't need to return the form(s) and your benefits will remain the same for 2022.

1. Read, compare and make your selections wisely. Retiree-Benefit Enrollment Information is located at www.tampagov.net/benefits.
2. The dental and vision plans are closed to new participants. If currently enrolled and you wish to make a change:
 - Please go to www.tampagov.net/benefits to print the form(s)
 - Click Retiree – Benefits Enrollment Information
 - Click Medicare – 2022 Open Enrollment Information
 - Click the 2022 Humana Dental Enrollment Form and/or Enrollment form – 2022- Superior Vision
3. A Medicare Open Enrollment meeting will not be held this year. You can visit AetnaRetireePlans.com and click the login link to see your specific benefits and claims information.
4. If you are making a change, we must receive your Enrollment Form in our office ***NO LATER THAN Friday, October 13, 2021***. Please send your completed form to: Human Resources Benefits & Wellness, 306 E. Jackson St. 5E, Tampa, FL 33602.

Sincerely,

The Benefits & Wellness Department
City of Tampa

Contact Us

Email: benefitsquestions@tampagov.net

Phone: (813)274-5757

Enclosure: Medical Enrollment Form

Dental Insurance

For those retirees currently enrolled, HumanaDental will continue to be the City’s dental plan provider. The network of Providers can be found online at www.humanadental.com. To change your HMO dentist, contact Humana before the 15th of the month to be effective the 1st of the month following your request. ***This benefit is closed to new participant enrollment.***

Things to think about when deciding on your dental coverage:

- Do you have a regular dentist you want to continue visiting? Is he or she a member of the HumanaDental DHMO network?
- If you choose the HumanaDental DHMO plan you must select a dentist from the directory.
- Review the benefits summaries and make a note of the differences between the PPO and DHMO plans with regard to deductibles, calendar year maximums, reimbursement percentages, and copayments.

HumanaDental DHMO (HS 195)

The pre-paid DHMO plan provides benefits when using In-Network providers only. All benefits are subject to a fee schedule and limitations and copayments apply.

DHMO Monthly Cost

	Single Coverage	Individual +1	Family Coverage
Humana DHMO HS 195	\$13.62	\$26.97	\$47.94

Humana PPO

The plan provides you with total freedom of choice by allowing you to use any licensed dentist for treatment. The plan reimburses a percentage of eligible expenses based on in-network and out-of-network charges.

	In-Network	Out-Of-Network
Type I - Diagnostic <i>Oral Exam Cleaning Fluoride X-Rays Sealants</i>	100%	80%
Type II - Basic Services <i>Fillings Tooth Extraction Endodontics</i>	80%	60%
Type III - Major Services	50%	50%
Type IV - Orthodontic Services <i>Dependent children 18 years of age or younger</i>	50%	50%

When you choose a dentist outside of the Humana PPO network, your out-of-pocket costs will be higher, and members will be subject to “balance billing” for provider fees that exceed the contracted ***maximum allowable charge***. You can locate participating (In-Network) dental providers by visiting Humana’s website at www.humana.com.

PPO Monthly Cost

	Single Coverage	Individual +1	Family Coverage
Humana	\$31.00	\$58.00	\$96.00

Vision Insurance

The City of Tampa offers a vision plan called the Select Plus 150 administered by SuperiorVision. The company provides a national network of eye care providers (through SuperiorVision) and a team of dedicated member service representatives to assist with all aspects of the program. Please find a brief overview of the benefits below. If you wish to cancel your coverage, please contact the City of Tampa HR/Benefits Division at (813) 274-5757 for a cancellation form. ***This benefit is closed to new participant enrollment.***



Routine Exam: In-Network

- One routine eye exam per year is covered at 100%. No co-payment applies.
- 12 months

Frames and \$150.00 Materials Benefit/Allowance

- Retail discounts after \$15 co-payment with participating providers.
- 12 months

Eyeglass Lenses: \$15 co-payment includes:

- Single vision lenses
- Bifocal lenses
- Trifocal lenses
- No co-payment if included with frames
- 12 months

Polycarbonate Lenses - \$0 member cost for members age 19 and younger; \$30 overage 19

Standard Progressive Lenses - \$50 co-payment

Transitions (Photochromic) Lenses - \$60 co-payment

Contact Lenses

- No limit on resupply purchases from network providers
- Contact lens examination (fitting) - \$30 allowance
- Contact lenses in lieu of eyeglasses - \$15 Co-payment and \$150 material allowance.

Laser Vision Correction

While laser vision correction is not a covered benefit, Advantica has partnered with QualSight to provide our members with access to discounted laser vision correction providers. QualSight has over 800 locations nationwide and features a network of ophthalmologists specializing in laser vision correction. With QualSight, laser vision correction surgery is now affordable at prices that are 40-50% of the national average price for traditional LASIK. For more information, call (877) 718-7661.

Quarterly Premium*	Single Coverage	Individual +1	Family Coverage
Select Plus 150	\$14.76	\$29.58	\$49.41



Important Notice from the City of Tampa About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the City of Tampa and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. The City of Tampa has determined that the prescription drug coverage offered by Aetna is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 through December 7. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide To Join A Medicare Drug Plan?

If you decide to join a "Stand Alone Medicare Prescription Drug Plan," your current Aetna Medicare Advantage Plan coverage will be affected. The health insurance plans that are offered through Aetna to the City of Tampa retirees are Medicare Advantage Plans (MAP). The prescription coverage is built into the plans and both prescription drug options offered by Aetna are, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and are therefore considered Creditable Coverage.

If you should join a "Stand Alone Medicare Prescription Drug Plan," CMS (Center for Medicare and Medicaid Services) will automatically cancel your coverage under the City of Tampa group health care plan. If you decide to join a Medicare drug plan and drop your current City of Tampa coverage, be aware that you and your dependents may not be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with the City of Tampa and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the City of Tampa HR/Benefits Division for further information at (813) 274-5757.

NOTE: You'll get this notice each year. You will get it before the next period you can join a Medicare drug plan, and if this coverage through the City of Tampa changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov or call them at 1-800-772-1213 (TTY 1-800-325-0778).

REMEMBER: Keep this notice. If you enroll in one of the new plans approved by Medicare which offer prescription drug coverage after May 15, 2006, you may need to give a copy of this notice when you join to show that you are not required to pay a higher premium amount.

Annual Notices

HIPAA Special Enrollment Rights

If you are declining enrollment for yourself and your dependents (including your spouse) because of other health insurance or group health coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other plan. However, you must request enrollment within 30 days after your or your dependents' other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. To request special enrollment or obtain more information, contact your Pension office.

Women's Health and Cancer Rights Act of 1998

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed.
- Surgery and reconstruction of the other breast to produce a symmetrical appearance.
- Prosthesis
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

Premium Assistance under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage [through the Health Insurance Marketplace](#). For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available. If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, [contact the Department of Labor at www.askebsa.dol.gov](#) or call **1-866-444-EBSA (3272)**.

To see states that have added a premium assistance program since July 31, 2018, or for more information on special enrollment rights, contact either:

FLORIDA – Medicaid

Website: <http://flmedicaidprecovery.com/hipp/>
Phone: 877-357-3268

U.S. Department of Labor

Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services

Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565