

## What Is The Cost To Maintain Group Benefits While On An Approved Leave Of Absence (Loa) Without Pay?

The premium you are responsible for depends on the type of leave. If your leave is illness related (i.e. Family Medical Leave (FMLA), disability, worker's compensation, maternity etc.), you will only be responsible for paying the bi-weekly insurance contributions that are usually withheld from your paycheck. If your leave is other than illness related (i.e. educational, suspension, personal, etc.), you will be responsible for paying both the biweekly employee and County contributions. Your Department Personnel Representative (DPR) will provide you with an LOA information package, billing notice and remittance form. Contact your DPR for additional information related to military leave.

## When Are Leave Of Absence Payments Due?

Your DPR will provide you with a leave of absence package which explains what needs to be done to maintain your insurance while on leave, if you so choose. It also includes instructions on where payments must be sent. The first payment is due within two weeks of your last payroll deduction for benefits. Thereafter, premium payments are due bi-weekly in advance of the pay period to be covered. If coverage is cancelled due to non-payment of premiums when due, you will only be allowed to re-enroll during the next annual open enrollment period. Please follow-up with your DPR to receive this information when on an approved LOA.

## If Dependent Premiums Become A Financial Hardship, May I Delete My Dependent(s) From My Health Insurance While On An Approved Leave Without Pay Status?

Yes. You may delete your dependent(s) while on an approved leave without pay by submitting a completed Flexible Benefits Change in Status Form and Insurance Status Change Form. You must submit these forms to your DPR within 45 days of being in a no-pay status.

## While On Loa, Must I Pay The \*5% (or 10%) Mandatory Contribution Towards The County's Health Insurance, In Addition To My Regular Insurance Premiums?

Only employees on a non-medical related leave (personal, educational, etc.) or suspension will be subject to the mandatory 5% (or 10%) contribution towards the County's cost for health insurance. This group must pay the higher of: a) the mandatory 5% \10% contribution, or b) the County's cost.

The mandatory contribution no longer applies to employees on medical related unpaid leave of absence.

\*Contribution % depends on your bargaining unit.

## May I Temporarily Cancel My Health Insurance While I Am On An Approved Leave Of Absence?

You may submit a completed Flexible Benefits Change in Status Form and Insurance Status Change form within 45 days of being in a leave without pay status to temporarily cancel your health insurance coverage. Upon return to pay status (within 45 days), you must re-submit a completed Flexible Benefits Change in Status form and Insurance Status Change Form to your DPR to reinstate coverage.

## What Is The Process To Report A Change In Family Status?

Contact your DPR to obtain the Flexible Benefits Change in Status Form and the Insurance Status Change Form (or download from [www.miamidade.gov/benefits](http://www.miamidade.gov/benefits)), if you experience a family status change (adding newborn, divorce, etc.). Submit the forms to your DPR within 45 days of the event (60 days for newborns, adoption\placement for adoption). If the status change results in a premium adjustment, contact your DPR to determine the cost, or go to [www.miamidade.gov/benefits](http://www.miamidade.gov/benefits) for the current employee biweekly rates. Follow-up with your DPR if you don't receive a revised LOA billing notice. Don't delay the payment for this reason, otherwise you risk having your coverage cancelled for non-payment. It is the employee's responsibility to submit the insurance payments in a timely manner and for the correct amount.

## If My Insurance Coverage Is Cancelled For Non-Payment Of Premiums, Will It Be Reinstated When I Return To Work?

If your coverage is cancelled for non-payment of premiums, you must wait until the annual open enrollment period to re-enroll. Coverage will be effective January 1, except for optional life insurance and income protection (disability) which are subject to medical review and approval is not guaranteed. If approved, coverage will not be effective until you are actively at work.