Retired MDC Employees

2013 Plan Year

ENROLLMENT NEWSLETTER

A Special Benefits Edition for the Retirees of Miami-Dade County • http://www.miamidade.gov/internalservices/retirees.asp • November 2012

SNAPSHOT

Enrollment Deadline
December 06, 2012

New Elections are Effective
January 1, 2013

Confirmation Notices

Your personalized 2013 Annual Premium Breakdown (Billing Statement) will be mailed to you in early December. The billing statement will provided for informational purposes only, if your premiums are FRS deducted. We will notify FRS to update the pension deductions.

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MIAMI-DADE COUNTY

Enrollment Is Here

The benefits Enrollment period is your annual opportunity to make permitted changes to the health insurance coverage through the Miami-Dade County Retiree Group Insurance for the upcoming year. The Enrollment period will be from November 16 to December 06, 2012.

If you are satisfied with your current medical, dental and/or life insurance elections, you do not need to take any action and your enrollment will remain the same. If you wish to make a qualifying change, e.g., change between HMO or POS plan, between Medicare Supplement plans or cancel your coverage, you must complete an Election form and return it to our office by December 06, 2012. No need to request a change form unless you want to:

1. Change existing plan elections
2. Delete dependents
3. Opt-out of insurance

Go to http://www.miamidade.gov/internalservices/retirees.asp to download an Election form. Additional Retiree benefits information, can be found in the Retiree Benefits Handbook, at http://www.miamidade.gov/internalservices/retirees.asp.

What's New for 2013?

2013 Premiums

The cost of health insurance continues to rise and the Miami area continues to have the highest healthcare costs in the country!

If you are enrolled for Life Insurance, Delta Dental or MetLife DHMO, you will notice the rates will remain the same as 2012; Humana-OHS Dental rates will increase by 3% in 2013. The medical plans however experienced increases in rates and provider and prescription co-payments.

Healthcare Reform in 2013

Preventive Care with POS, High Option and Low Option HMO Plans – Many preventive care services will now be available without a co-pay. Preventive Care Services include, but are not limited to:

- Well-woman exam, including Pap smears
- Annual physical examinations
- Well-child care & immunizations
- Colorectal cancer screening, including colonoscopies
- Mammograms
- Blood pressure, diabetes and cholesterol testing
- Obesity screenings
- Counseling on quitting smoking
- Osteoporosis screening
- Depression screening
- Tests to screen for HIV and other sexually transmitted diseases

Note: Your plan can require you to pay some costs of the office visit, if the preventive service is not the primary purpose of the visit, or if your doctor bills you for the preventive services separately from the office visit. For a full list of the applicable preventive services go to www.healthcare.gov/prevention/index.html.

Change in Co-Payments for POS, High Option and Low Option HMO for 2013

HMO HIGH	CURRENT CO-PAY	2013 CO-PAY	DIFFERENCE
Primary Care Physician (PCP) [1]	$10	$15	$5
Specialist [2]	$10	$30	$20
Prescriptions (30-Day Supply) Generic [3]	$10	$15	$5
Preferred Brand [4]	$20	$25	$5
Non-Preferred Brand [5]	$30	$35	$5
Mail Order (90-day Supply)	2 Co-Pays for a 90-day supply	2 Co-Pays for a 90-day supply	None

POS	CURRENT CO-PAY	2013 CO-PAY	DIFFERENCE
Primary Care Physician (PCP) [1]	$10	$15	$5
Specialist [2]	$10	$30	$20
Prescriptions (30-Day Supply) Generic [3]	$5	$15	$10
Preferred Brand [4]	$10	$25	$15
Non-Preferred Brand [5]	$15	$35	$20
Mail Order (90-day Supply)	2 Co-Pays for a 90-day supply	2 Co-Pays for a 90-day supply	None

LOW HMO	CURRENT CO-PAY	2013 CO-PAY	DIFFERENCE
Primary Care Physician (PCP)[1]	$25	$30	$5
Specialist [2]	$25	$45	$20
Prescriptions (30-Day Supply) Generic [3]	$15	$20	$5
Preferred Brand [4]	$30	$35	$5
Non-Preferred Brand [5]	$50	$55	$5
Mail Order (90-day Supply)	2 Co-Pays for a 90-day supply	2 Co-Pays for a 90-day supply	None

[1] PCP: Co-pay applies to Mental & Nervous, Substance Abuse, and Chiropractic services.

[2] SPECIALIST: Co-pay includes Therapy (for example: physical, occupational, or speech) and specialties such as Obstetrics, Cardiology and Orthopedics, etc.

[3] GENERIC: Generic Medications contain identical active ingredients, have the same indication for use, meet the same manufacturing standards, and are identical in strength and dosage form as brand name medications.

[4] PREFERRED: These are typically brand name medications and are in the middle range for out-of-pocket expense. These medications typically do not have a generic equivalent.

[5] NON-PREFERRED: These are non-preferred brand medications and are in the higher range for out-of-pocket expense. These medications typically have a generic equivalent and/or another brand option.

Co-payments for AvMed Low and High Option Plans for Medicare Eligible Retirees & Dependents.

Prescription Co-payments for AvMed Medicare, High and Low Option plans, will remain unchanged for 2013.

Consider These Cost or Time Saving Options in 2013

Generic Prescriptions

Everyone is looking for ways to save right now. One of the easiest ways to keep prescription drug expense down is to choose generic medications when available. Generic medications contain identical active ingredients, have the same indication for use, meet the same manufacturing standards, and are identical in strength and dosage form as brand name medications.

Most people believe that if something costs more, it has to be better quality. In the case of generics, this is not true. The standards of quality are the same for generics as brand-name. When a drug maker develops a new drug and gets it approved by the FDA, they are granted a patent. During the period that the patent is in effect, no other drug maker can sell a drug that has the same mix of active ingredients as that drug. This is called a brand drug, and because there is no other drug exactly like it, the maker charges more for it (they also claim they have a lot research and development costs to cover).

Finally, when a brand drug loses its patent, other drug makers are free to make the same drug. The new drugs that are sold that have the same active ingredients as the original brand drug are called generic drugs. Generic drugs are much cheaper, typically around 1/5th the cost of a brand. Generic drug makers don't have to go through all the research and development that brand drug makers have to go through – they just copy an existing drug – so they can afford to sell their products at a much lower price.

Did you know that certain pharmacies (example: Walmart, Walgreens, CVS and Publix) give free or discounted generic prescriptions? Check out the pharmacy's website to find out which generic medications fall in this category.

Mail Order Prescriptions

Another way to save money is to use mail order for your maintenance prescriptions. Get a 3-month supply for only 2 co-payments and it's conveniently delivered to your home, so you save on gas too! Go to www.avmed.org/go/mdpht to download the Medco mail order form.

Urgent Care or the ER?

While emergency rooms are great for true emergencies, they're not always the best choice for non-life threatening health issues. Compared to urgent care centers, which are designed and equipped for non-emergencies, ERs offer no advantage. In fact, the cost and wait time in most ERs is significantly more than that of a standard urgent care center. The wait time in urgent care centers is typically quick: 57 percent of patients wait less than 15 minutes to see a medical professional, while 36 percent wait between 15 and 45 minutes, according to the Urgent Care Association of America. But how do you know what kind of care you or a loved one needs? Here are a few tips:

BEST USE OF URGENT CARE CENTERS		
Urgent Care Center *Know where they are*	Emergency Room *Know How to get there fast*	Ambulance *Call 9-1-1*
Ear Infections	Sudden, Sharp Abdominal Pain	Chest Pain
Bronchitis\Pharyngitis	Uncontrolled Bleeding	Difficulty Breathing
Fever		Unconsciousness
Urinary Tract Infection		

If you are not sure whether it's an emergency, AvMed's Nurse On Call is ready to help 24 hours a day, 7 days a week. Just dial the toll-free number: 1-888-866-5432 (TTY 711). Their experts are always available to answer your questions or help with triage conditions.

To find a listing of urgent care centers, visit AvMed's website at www.avmed.org and select Urgent Care Centers to the right of the home page.

The material contained in this newsletter does not constitute an insurance certificate or policy. It is intended only to assist in the selection of benefits. Final determination of benefits, exact terms and exclusions of coverage for each benefit plan are contained in certificates of insurance issued by the participating insurance companies to enrollees.

Coverage Limiting Age for Dependent Children

Dental – Age 25 (ends December 31)

There is no extension beyond 25 unless the dependent is deemed disabled by the plans.

Medical – Age 26 (ends December 31)

Medical coverage may be extended to age 30.

Adult Children – Eligibility

**Adult Children (Chapter 627.6562 Florida Statutes) - Medical coverage may be continued beyond December 31 of the year the adult child (married or unmarried) turns 26. Coverage ends the end of the calendar year the child turns 30 (December 31). Only medical coverage is available to this group. Retirees are required to submit the documentation listed below every year, before the start of the plan year.

Dependent children incapable of sustaining employment because of mental or physical disability may continue coverage beyond the limiting age, if enrolled for medical prior to age 26 (or 25 for dental). Proof of disability must be submitted to the insurance plan on an ongoing basis.

Eligibility For Medical Coverage Beyond Age 26	Documentation Required Every Year
1. Adult child is not married, and	• Affidavit of Eligibility (form available online at www.miamidade.gov/benefits), and
2. Has no dependents (i.e. children, spouse/domestic partner), and	• Proof of Florida residence (i.e. Driver's License), or proof of student status (school registration)
3. Is either a resident of Florida or is a student in another state, and	Note: If enrolling a new adult child age 26+ you must also provide proof the child was continuously covered by other creditable coverage without a coverage gap of more than 63 days.
4. Is not provided or otherwise have available other major medical health insurance	

Dependent Documentation Transmittal

If you cover an adult dependent child age 26 – 29, regardless of last name, you must provide proof of eligibility every year. Forward the document copies to our office for transmittal to the health plans. Remember to enter your name and Retiree ID for identification purposes. If you prefer to send documents directly to the health plan, please include your AvMed Member number and obtain proof of mailing or fax transmittal. Failure to provide acceptable documentation will result in cancellation of the dependent's medical and dental (if enrolled), retroactive to January 1, 2013. To submit directly to the health plan: AvMed Health Plan, Onsite Service Representative, SPCC -111 NW 1st Street, Suite 2340, Miami, Fl 33128, Phone: 305-375-5306, Fax: 305-372-6097.

Adding/Dropping Dependents

Dependents cannot be added during this enrollment period. You may add an eligible dependent only in cases of qualifying events (QE) such as marriage, entering into a new domestic partnership, birth (or adoption/placement for adoption) of a child, eligible dependent's loss of employment, etc. Enrollment must take place within forty-five (45) days, sixty (60) days for newborns, adoption or placement for adoption of the qualifying event. Only events that trigger a loss or gain in eligibility for you/your dependents are considered qualifying events. Proof of the qualifying event must be submitted to the Benefits Administration Unit.

You may make a written request to delete your dependent(s) at anytime. This change will be effective at the end of the month the request is received in the Benefits Administration Unit.

Loss of Eligibility – Adult Children Age 26 to 30

- Marriage/Domestic Partnership
- Acquiring dependent children
- Becoming eligible for group medical coverage
- Relocating outside of Florida (unless FT/PT student)
- Entering Military Service

For additional information and IRC Section 125 QEs, go to http://www.miamidade.gov/internalservices/retirees.asp to access the online Retiree Insurance Benefits Handbook.

FRS Payroll Deductions Required for Retirees

With the convenience of FRS Payroll Deductions you can save time and money by arranging to have your health insurance premiums automatically deducted from your FRS pension check (this may also apply to Investment Plan members if the premiums do not exceed the value of the Health Insurance Subsidy).

How to set it up? Simply Download an FRS Insurance Payroll Deduction Authorization Form from our website http://www.miamidade.gov/internalservices/retirees.asp, complete, and mail or fax it not later than December 06, 2012 to:

Miami-Dade County
Internal Services
Benefits Administration Unit
111 NW 1st Street, 2340
Miami, Fl 33128
Fax: 305-375-1368 or 305-375-1633

Disclosure Notices

Please refer to the 2013 Retiree Insurance Benefits Handbook at http://www.miamidade.gov/internalservices/retirees.asp for the following important notices:

1. HIPAA Privacy Notice
2. Why We Collect SSN Information
3. Early Retiree Reinsurance Program (ERRP)

Federal law requires these notices be included in employee and retiree benefit communications

Enrollment Overview

Making a change is easy! Download a 2013 Retiree Medical/Dental Plan Election Form from our website http://www.miamidade.gov/internalservices/retirees.asp, fill it out, make a copy for your records and mail it to: Miami-Dade County, Internal Services, 111 NW 1st Street, Suite 2340, Miami, Fl 33128. You may also fax your request to 305-375-1368. All change requests must be received in our office no later than December 06, 2012. Contact us at 305-375-5633 for assistance, if you do not have access to a computer.

Don't wait until the last minute! If you have questions regarding plan benefits review the online benefits information (Q & A, Plan Comparison, etc.) or contact the plan directly during business hours for specific plan benefits and limitations.

Important note, if you do not submit your 2013 Retiree Medical/Dental Plan Election Form by the deadline (12/06/2012), you will have to wait until the next enrollment period.

What's Online?

- Link to Plan Websites
- Medical Plan Comparison
- Dental Plan Comparison
- Retiree Insurance Benefits Handbook
- Medical & Dental Provider Directories
- Frequently Asked Questions (FAQs)

What if I do not have a computer or Internet access available?

If you do not have access to the Internet, contact our office for assistance.

Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree. (Section 817.234 (1) (b) Florida Statutes)

2013 MONTHLY PREMIUM RATES - MEDICAL INSURANCE

Retirees Under Age 65	AvMed POS	AvMed High Opt HMO	AvMed Low Opt HMO
Retiree Only	$ 1,030.00	$ 420.35	$ 395.90
Retiree & Spouse/Domestic Partner Under 65	$ 1,996.66	$ 950.82	$ 895.80
Retiree & Child(ren)	$ 1,932.17	$ 875.03	$ 824.37
Retiree & Spouse/Domestic Partner Under 65, plus Child(ren)	$ 2,409.80	$ 1,180.65	$ 1,112.40

Retiree Under 65 & Spouse/Domestic Partner Medicare Eligible	AvMed POS	AvMed HMO HO
Retiree under 65 & Spouse/Domestic Partner over 65 and/or Medicare Eligible - High Opt Plan	$ 1,495.81	$ 886.16
Retiree under 65 & Spouse/Domestic Partner over 65 and/or Medicare Eligible - No RX Plan	$ 1,232.47	$ 622.82

Retirees Over Age 65 and/or Medicare Eligible	AvMed Low Opt. Plan	AvMed High Opt Plan	AvMed High Opt No RX Plan
Retiree over 65 Only	$ 415.99	$ 465.81	$ 202.47
Retiree over 65 & Spouse/Domestic Partner Over 65	$ 837.71	$ 938.04	$ 407.74
Retiree over 65 & Spouse/Domestic Partner Under 65 on AvMed POS Plan		$ 1,495.81	$ 1,232.47
Retiree over 65 & Spouse/ Domestic Partner Under 65 on AvMed High Opt. HMO		$ 886.16	$ 622.82
Retiree over 65 & Child(ren) on AvMed POS Plan		$ 1,367.98	$ 1,104.64
Retiree over 65 & Child(ren) on AvMed High Opt. HMO		$ 920.49	$ 657.15
Retiree over 65 & Spouse/ Domestic Partner Under 65, Child(ren) on AvMed POS Plan		$ 1,845.61	
Retiree over 65 & Spouse/ Domestic Partner Under 65, Child(ren) on AvMed High Opt. HMO		$ 1,226.11	$ 962.77

Dependent Coverage Only - For Retiree over 65 w/ Non-County Medicare Plan	AvMed POS	AvMed HMO High Opt	AvMed HMO Low Opt
Spouse/ Domestic Partner Under 65	$ 1,030.00	$ 420.35	$ 395.90
Child(ren)		$ 454.68	
Spouse/ Domestic Partner Under 65 and Child(ren)	$ 1,932.17	$ 875.03	$ 824.37

2013 MONTHLY PREMIUM RATES - DENTAL INSURANCE

Monthly Rates for:	Delta Dental		MetLife DHMO Safeguard		Humana Oral Health Services	
	Standard	Enriched	Standard	Enriched	Standard	Enriched
Retiree Only	$ 31.22	$ 40.87	$ 8.70	$ 12.67	$ 8.23	$ 15.26
Retiree & one dependent	$ 61.76	$ 80.81	$ 14.38	$ 21.00	$ 13.63	$ 25.32
Retiree & dependents	$ 99.55	$130.30	$ 22.01	$ 33.38	$ 20.84	$ 40.22

Metlife DHMO and Humana OHS plans are not available outside Miami-Dade, Broward & Palm Beach Counties

Additional rates/options available upon request

Important Notice: Prescription Coverage & Medicare

2013 Important Notice About Your Prescription Drug Coverage and Medicare From Miami-Dade County To Active Employees & Dependents Participating in the Following County-Sponsored Health Plans

AvMed POS • AvMed High Option HMO • AvMed Low Option HMO

AvMed High Option Plan - AvMed High Option No RX Plan - AvMed Low Option Plan

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Miami-Dade County and prescription drug coverage for people with Medicare. It also explains the options you have under Medicare prescription drug coverage and can help you decide whether or not you want to enroll. At the end of this notice is information about where you can get help to make decisions about your prescription drug coverage.

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare through Medicare prescription drug plans and Medicare Advantage Plans that offer prescription drug coverage. All Medicare prescription 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. Miami-Dade County has determined that the prescription drug coverage offered by the above listed County plans, on average for all plan participants, is expected to pay out as much as the standard Medicare prescription drug coverage will pay and is considered Creditable Coverage.

Because your existing coverage is on average at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay extra if you later decide to enroll in Medicare prescription drug coverage.

You can enroll in a Medicare prescription drug plan when you first become eligible for Medicare and each year from October 15 through December 7. Beneficiaries leaving employer/union coverage may be eligible for a Special Enrollment Period to sign up for a Medicare prescription drug plan.

You should compare your current coverage, including which drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area.

If you do decide to enroll in a Medicare prescription drug plan and drop your Miami-Dade County prescription drug coverage, be aware that you and your dependents may not be able to get this coverage back.

Your current coverage pays for other health expenses, in addition to prescription drugs, and you will still be eligible to receive all of you current health and prescription drug benefits if you choose to enroll in a Medicare prescription drug plan.

You should also know that if you drop or lose your coverage with Miami-Dade County and don't enroll in Medicare prescription drug coverage after your current coverage ends, you may pay more (a penalty) to enroll in Medicare prescription drug coverage later.

If you go 63 days or longer without prescription drug coverage that's at least as good as Medicare's prescription drug coverage, your monthly premium will go up at least 1% per month for every month that you did not have that coverage. For example, if you go nineteen months without coverage, your premium will always be at least 19% higher than what most other people pay. You'll have to pay this higher premium as long as you have Medicare coverage. In addition, you may have to wait until the following November to enroll.

For more information about your current prescription drug coverage, refer to your certificate of coverage issued by your medical insurance plan, or visit www.miamidade.gov/benefits

You will receive this notice annually and at other times in the future such as before the next period you can enroll in Medicare prescription drug coverage, and if this coverage changes. You also may request a copy.

For more information about your options under Medicare prescription drug coverage…

More detailed information about Medicare plans that offer prescription drug coverage is available 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 prescription drug plans. More information about Medicare prescription drug plans is available from these places:

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

For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available. Information about this extra help is available from the Social Security Administration (SSA). For more information about this extra help, visit SSA online 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, you may be required to provide a copy of this notice when you join to show that you are not required to pay a higher premium amount.

Last Updated: October 15, 2012

Name of Entity: Miami-Dade County
Contact-Position/Office: Internal Services Department,
Benefits Administration Unit
Address: 111 NW 1st Street, Suite 2340
Phone Number: (305) 375-4288, (305) 375-5633

MIAMI-DADE COUNTY
Delivering Excellence Every Day

Internal Services
Benefits Section
111 NW 1st Street Suite 2340
Miami, Fl 33128-1987

Contact Information

Miami-Dade County Retirees Website http://www.miamidade.gov/internalservices/retirees.asp

MEDICAL PLANS		
AvMed Health Plans	(800) 682-8633	www.avmed.org/go/mdpht
AvMed Onsite Representatives	(305) 375-5306	SPCC 23rd Floor--M-F, 8:30a - 4:30p
AvMed Medicare Program	(800) 535-9355	

DENTAL PLANS		
Delta Dental	(800) 471-1334	www.deltadentalins.com/mdc
Humana-OHS Dental	(800) 380-3187	www.humana.com/miami-dade-co-govt
MetLife DHMO Dental	(877) 638-2055	www.metlife.com/mybenefits

BENEFITS ADMINISTRATION UNIT (BAU)	(305) 375-4288 or 5633	www.miamidade.gov/benefits
Senior Employee Benefits Specialists	Retiree's Last Name Starting With Letters:	
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