

# Benefits & You

## 2014 OPEN ENROLLMENT NEWSLETTER

A Special Benefits Edition for the Employees of Miami-Dade County • <http://enet.miamidade.gov> • November 2013

### SNAPSHOT

#### Attend a Benefit Fair

Nov. 12 - Nov. 22, 2013

#### Enroll Online

Nov. 12 - Nov. 22, 2013

#### Enrollment Website

<http://enet.miamidade.gov>

#### Enrollment Deadline

November 22, 2013

#### New Elections are Effective

January 1, 2014

### Open Enrollment Is Here

Open Enrollment is your once-a-year opportunity to change your plan elections for the upcoming year. The Open Enrollment Website will be available to all benefits eligible Miami-Dade County employees 24/7 from November 12 to November 22, 2013. This is a passive enrollment. No need to submit an online form unless you want to:

1. Enroll in a new benefit plan or change existing plan elections
2. Add dependents to existing coverage or delete dependents no longer eligible
3. Enroll/re-enroll for a Healthcare or Dependent Care Spending Account
4. Opt-out of insurance

Go to <http://enet.miamidade.gov> to make the changes. Additional benefits information, can be found in the Benefits Handbook, at [www.miamidade.gov/benefits](http://www.miamidade.gov/benefits).

### What's New for 2014?

Every effort was made to bring you the most current information available as of the print date. Any subsequent changes to employee benefits for 2014 will be posted online at [www.miamidade.gov/benefits](http://www.miamidade.gov/benefits).

#### 2014 Premiums

The cost of health insurance continues to rise and the Miami area continues to have the highest healthcare costs in the country! In spite of that, the County strives to keep employee premiums as low as possible. The medical plan rates were not available as of the print date. Updates will be posted online at [www.miamidade.gov/benefits](http://www.miamidade.gov/benefits).

We have good news! Humana-OHS Dental rates will decrease by approximately 3% and the MetLife Disability Plans will decrease by 22%. The rates for the following plans will remain flat in 2014: Delta Dental, MetLife DHMO Dental, Optix Vision, ARAG Legal Plan and MetLife Optional Life Insurance.

#### Disability Plans in 2014

For the 2014 Open Enrollment, MetLife, the Disability Insurance carrier, will provide coverage on a guarantee issue basis for the Short-Term (STD), Long-Term (LTD) and Premier Long-Term Disability Plans. No statement of health (SOH) will be required for any of the disability plans. Eligible employees may enroll or upgrade to a higher benefit option, by applying online at <http://enet.miamidade.gov> starting on November 12. This is a one-time offer for the 2014 plan year only. After 2014, the medical review process (SOH) will be required.

A new disability plan option for most employees in 2014 will be the Premier LTD Plan. The Premier LTD Plan was previously available only to executives.

### INSIDE THIS ISSUE

Open Enrollment Snapshot.....	1
What's New for 2014 .....	1
2014 Biweekly Rates .....	4
Enrolling Online .....	5
Benefit Fairs .....	8
Dependent Information .....	10
Status Change Events .....	12
Important Notes .....	15
Plan Contact Info .....	16

Continued on page 2

## What's New for 2014?

Continued from page 1

### Disability Plans in 2014

The Premier LTD Plan features a 90-day waiting period instead of 180 days, and offers a monthly benefit of 66 2/3 % of the employee's adjusted salary up to a maximum of \$7,000 per month. Enrollment in the Premier LTD cannot be combined with the regular STD and LTD plans because the plans are mutually exclusive. Employees on leave status may apply for disability insurance during open enrollment, but the coverage will not become effective until the employee is actively at work. A comparison of the plan options are as follows:

Plan	Weekly Benefit (60% of your weekly salary up to)	Biweekly Salary Cap*	Max BW Premium	Premium Per \$100 Weekly Benefit
STD Low Option	\$500 per week	\$1,666.67	\$6.00	\$1.20
STD High Option	\$1,000 per week	\$3,333.34	\$12.00	\$1.20
Plan	Monthly Benefit (60% of your monthly salary up to)	Biweekly Salary Cap*	Max Premium	Premium Per \$100 Covered Monthly Payroll
LTD Low Option	\$2,000 per month	\$1,538.76	\$6.40	\$1.92
LTD High Option	\$4,000 per month	\$3,077.52	\$15.34	\$2.30
Premier LTD	66 2/3 % of your monthly salary up to \$7,000	\$4,846.16	\$33.60	\$3.20

\* Salary Cap = The salary cap is the salary level that will yield the maximum benefit for the disability plan selected. To receive the maximum monthly benefit of \$2,000 for the LTD Low Option Plan, your adjusted biweekly salary would have to be 1,538.76 or higher. Example:  $\$1,538.76 \times 26 \div 12 \times 60\% = \$2,000$  LTD monthly benefit.

Your applicable disability premium will be calculated automatically when you logon to the 2014 Open Enrollment website on eNet (<http://enet.miamidade.gov>).

For additional information, go to the 2014 Benefits Handbook at [www.miamidade.gov/benefits](http://www.miamidade.gov/benefits).

## Healthcare Reform in 2014 - How does it impact you?

**Health Insurance Marketplace – What does that mean?** The Marketplace (or Exchange) is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers “one-stop shopping” to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium. The Marketplace Open Enrollment period is from October 1, 2013 through March 31, 2014, but you must apply by December 15, 2013, for coverage to be effective January 1, 2014. If you are an employee ineligible for County health insurance, this may be an option for you.

The Affordable Care Act, among other benefits, increased access to healthcare for individuals without coverage. The Health Insurance Marketplace will be an important part of that. Marketplaces are State-based (or Federal) competitive exchanges where individuals and small businesses can shop for and buy private health insurance. With an online application, consumers can find out if they qualify for health plans in the marketplace, and other programs like Medicaid and the Children's Health Insurance Program (CHIP), tax credits, and cost-sharing reductions. Consumers can apply for coverage through the Marketplace starting October 1 to December 15 for coverage to be effective January 1, 2014. If you apply on December 16, 2013 the coverage will be effective February 1, 2014 and so forth. The Marketplace Open Enrollment period closes on March 31, 2014. The Marketplace aims to make it easy to compare health plans, similar to online sites for booking hotel and airline tickets.

To help make shopping easier, health plans on a public exchange will be labeled platinum, gold, silver, or bronze. The metallic level helps shoppers understand the level of coverage a plan offers – how much they will need to pay and what the plan pays. Platinum plans will have the lowest out of pocket cost for members but the premiums will generally be higher. Bronze plans, on the other hand, will have the highest out of pocket costs for members, but will typically feature lower premiums. All plans on an exchange have to offer some core benefits – called “essential health benefits” – like preventive and wellness services, prescription drugs, and coverage for hospital stays. For more information, go to [www.healthcare.gov](http://www.healthcare.gov).

### **Would I be eligible for the tax credits if my health insurance is provided by my employer?**

To be eligible for the tax credits, the County's lowest cost medical plan for “employee only” coverage would have to be more than 9.5% of your household income for the year, or if the coverage does not meet the “minimum value” standard set by the Affordable Care Act. The “employee only” cost for the County's HMO Low Option Plan is \$0.00 and that plan exceeds the minimum value standard. Therefore, if you are eligible for County health insurance, you will probably not qualify for tax credits through the Marketplace, although your family members might.

**Reporting Healthcare Cost on the 2013 W-2 Tax Form** – When you receive your W-2 tax form in January 2014, once again the value of your health insurance benefit is reported. This information is intended to advise employees about healthcare costs. The healthcare cost reported is not taxable. The Affordable Care Act requires employers to report the cost of coverage under an employer-sponsored group health plan. Reporting the cost on the Form W-2 does not mean that the coverage is taxable. The value of the employer's contribution to health coverage continues to be excludable from an employee's income, and it is not taxable. This reporting is for informational purposes only and will provide employees useful and comparable consumer information on the cost of their healthcare coverage.

### **Who is a “Variable Hour” Employee under the Affordable Care Act?**

The Affordable Care Act's employer shared responsibility rules will require large employers (50 or more full-time and full-time equivalent employees) to provide affordable minimum essential health insurance coverage to at least 95% of full-time employees or face financial penalties. This mandate becomes effective January 1, 2015. Under the Affordable Care Act rules, full-time employees are generally defined as those who work on average at least 30 hours per week during the established measurement period.

Each department will now track their “variable hour” employees' work hours during an established measurement period to determine if the employee meets the definition of “full time” under the Affordable Care Act. Primarily, a variable hour employee is someone whom the employer cannot reasonably determine will average at least 30 hours per week at the time of hire. For employees who do average at least 30 hours per week during the measurement period, the County may offer health coverage to those employees during the period immediately following the measurement period.

### **Benefits Eligibility Waiting Period for New Hires**

Effective January 1, 2014, the benefits eligibility period for new County employees hired in 2014 will be reduced from 90 days to 60 days. For eligible employees, benefits will now become effective the 1st of the month following (or coincident to) 60 days of employment. This will assure compliance with the Affordable Care Act mandate, which requires that an employee's benefits eligibility period not exceed 90 days.

# 2014 Biweekly Employee Cost

## Medical Rates

TIER LEVEL	AVMED POS	AVMED HMO HIGH OPT	AVMED HMO LOW OPT
EMPLOYEE ONLY	\$14.90	\$0.00	\$0.00
EMPLOYEE + CHILD (REN)	\$285.86	\$180.17	\$169.83
EMPLOYEE + SPOUSE	\$344.54	\$208.35	\$196.42
EMPLOYEE + FAMILY	\$595.59	\$287.77	\$271.36

## Dental Rates

PLAN	TYPE	EMPLOYEE ONLY		EMPLOYEE+1		EMPLOYEE + FAMILY	
		STD	ENR	STD	ENR	STD	ENR
DELTA	Indemnity Dental	\$0.00	\$4.45	\$14.09	\$22.89	\$31.53	\$45.72
HUMANA-OHS	Prepaid Dental	\$0.00	\$3.15	\$2.42	\$7.65	\$5.64	\$14.32
METLIFE DHMO	Prepaid Dental	\$0.00	\$1.83	\$2.62	\$5.67	\$6.14	\$11.39

## Other Plan Rates

OPTIX VISION PLAN		ARAG LEGAL PLAN		FLEXIBLE SPENDING ACCOUNTS (FSA) Administrative Fees Per Pay Period	
EMPLOYEE ONLY	\$2.06	EMPLOYEE ONLY	\$7.29	Healthcare FSA Only	\$1.98
EMPLOYEE + 1	\$4.12	EMPLOYEE + 1	\$9.34	Dependent Care FSA Only	\$1.98
EMPLOYEE + FAMILY	\$7.57	EMPLOYEE + FAMILY	\$9.61	Both Health & Dependent Care	\$1.98

METLIFE STD	Premium Per \$100 Weekly Benefit
Low Option (\$500 max weekly benefit)	\$1.20
High Option (\$1,000 max weekly benefit)	\$1.20

METLIFE LTD	Premium Per \$100 of Covered Monthly Payroll
Low Option (\$2,000 max monthly benefit)	\$0.192
High Option (\$4,000 max monthly benefit)	\$0.230
Premier LTD (\$7,000 max monthly Benefit)	\$0.320

## Imputed Income

The Internal Revenue Service (IRS) allows the employee to receive “tax free” health insurance subsidies for themselves and their eligible dependents as defined under IRS guidelines, but excludes those amounts attributable to coverage of adult children above age 26, a domestic partner (DP), and dependents of a domestic partner. In light of this, the County must include the fair market value of this coverage in the employee’s income, referred to as “imputed income” and this imputed income will be taxed accordingly. Go to [www.miamidade.gov/benefits](http://www.miamidade.gov/benefits) for information regarding the post-tax premium breakdown and imputed income tax. Please consult with a financial planner or tax consultant to see how that impacts your particular situation.

## Online Enrollment Overview

All County employees who wish to make a change, or re-enroll in a healthcare or dependent care spending account are required to use the online enrollment at <http://enet.miamidade.gov>. Contact your Department Personnel Representative (DPR) for assistance, if you do not have access to a computer.

Enrolling online is easy! No forms to fill out or worry about paperwork getting misplaced. All you need is 10-15 minutes of uninterrupted time to make your elections. Then print your confirmation page for your records and you are finished! If you need to go back online and change your selections, no problem. The website is secure and available from November 12 – November 22, 2013.

## Before You Start Your Online Enrollment

Be sure to review the reference materials available online. Once you have the answers you need, begin the enrollment process. The deadline to change your plan elections for 2014 is **November 22, 2013**. Once the deadline expires, you are locked into the plan elections you made until the next open enrollment.

Don't wait until the last minute! If you have questions regarding plan benefits attend an open enrollment regional meeting, review the online benefits information (Q & A, Plan Comparison, etc.) or contact the plan directly during business hours for specific plan benefits and limitations. The Help Desk (305-596-Help) will assist only with technical issues (web access, password reset, etc.) and is available Monday - Friday, 8am to 5pm.

### What's Online?

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

### Assistance for Employees Without Computer or Internet Access

If you do not have access to the Internet, contact your Department Personnel Representative (DPR) for assistance.

### Checklist For Online Enrollment

Obtain this information before you begin:

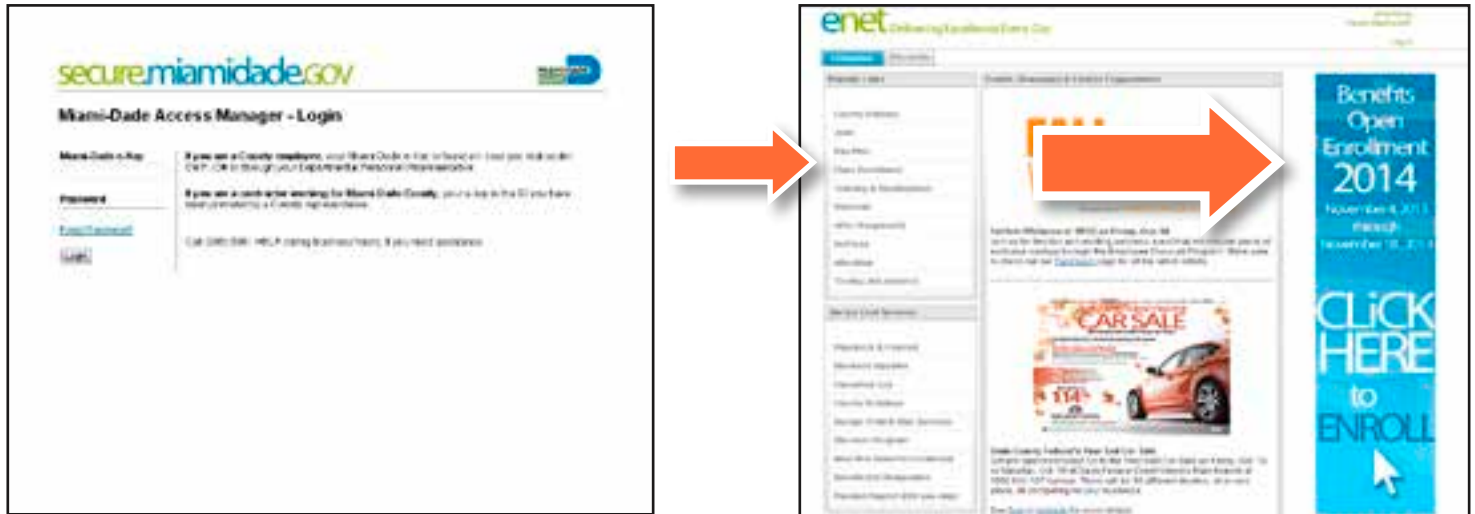
- Your eNet User ID and Password
- Name of Dependent (s) to be added
- Dependent's Date of Birth & Social Security Number
- Primary Care Physician (PCP) \* – Only if enrolling in the AvMed Low Option HMO\*
- Participating Dental Provider (PDP)\* – Only if selecting MetLife DHMO or Humana-OHS Dental Plans
- Annual Contribution Amount – If enrolling/re-enrolling in a Flexible Spending Account

### Primary Care Physician (PCP) and Participating Dental Provider (PDP)

Reporting your PCP or PDP once, when you initially enroll in the AvMed Low Option HMO, or a pre-paid dental plan (MetLife DHMO, OHS Dental) is sufficient. It is not necessary to re-enter or reconfirm provider information on the online enrollment website every year. Repeating may lead to unintentional consequences, if you enter an incorrect ID the second time around. The field is blank because PCP and PDP numbers are not retained in our database from one open enrollment to another, but the insurance carrier will have the most current information.

## Logon Instructions

The 2014 Open Enrollment Benefits website must be accessed through the County's eNet portal (<http://enet.miamidade.gov>). To begin, logon to eNet using your user ID and password. Forgot your password? Click "forgot password" link to reset it. Remember that multiple incorrect logon attempts will result in your user ID (e-Key) being disabled. Contact the Help Desk at 305-596-Help (Mon-Fri, 8am to 5pm) if you have technical difficulties.



Once you are in eNet, click the 2014 Open Enrollment link or banner to begin your enrollment.





## Step 1

On the Benefit Election Menu, each benefit plan will have a “CHANGE” button next to it. Select the plan you wish to modify. The appropriate benefit plan page will open to allow you to make change(s).



### Special Note

Medical, Dental and Vision Plan Screens:

You may add a dependent at the same time directly on the medical, dental or vision plan screens, by clicking the ADD DEPENDENT button. Fill in the dependent information in the pop-up screen. Click the “CONTINUE ENROLLMENT” button to return to the plan page. The newly added dependent will show in the dependent section. To facilitate enrollment, the dependent information will also display in the other two plans (medical, dental or vision), but the dependent enrollment is not activated until you click the box next to the name.

To cancel a dependent's coverage simply deselect the check mark next to the dependent's name on the plan page. Remember that the level of coverage selected must match the number of dependents enrolled.

## Step 2

Select your plan or enrollment option and click the “CONTINUE ENROLLMENT” button to return to the Benefit Elections Menu. Repeat this process for each benefit election to be changed.



## Step 3

When you are satisfied with your 2014 benefit elections, go to the bottom of the Benefit Elections Menu, check the “I read and accept” box (once you have read the important terms and conditions, of course), then click the “SAVE BENEFIT ELECTIONS” button to save your elections. This will complete your 2014 enrollment, allow you to print an enrollment confirmation and take the survey. You can return to the enrollment website at any time to make changes until November 22.



## Open Enrollment Benefit Fairs

**November 12, 2013 - November 22, 2013**

Representatives from the Group Medical, Dental, Vision, Disability Income Protection, Group Legal and Deferred Compensation Plans will be available to answer questions on the dates and locations listed below:

DATE	SITE	LOCATION	ADDRESS	START	END
11/12/13	Stephen P. Clark Center	Lobby	111 NW 1st Street	8:30 AM	12:30 PM
11/12/13	Miami-Dade Police	HQ Cafetorium	9105 NW 25 St.	1:30 PM	3:30 PM
11/12/13	Public Works & Waste Mgmt	Road, Bridge & Canal - Lunch Rm.	9301 NW 58th Street	2:30 PM	4:30 PM
11/13/13	Miami-Dade Transit	Bus Op NE Garage, Driver's Rm, 1st FL	360 NE 185 St.	11:00 AM	12:30 PM
11/13/13	ITD	Break Room, 2nd FL.	5680 SW 87 Ave.	2:00 PM	3:30 PM
11/14/13	Public Works & Waste Mgmt	3A Garbage & NE Transf., Trailer	18701 NE 6th Ave.	6:30 AM	8:00 AM
11/14/13	Martin Luther King Bldg.	2nd Floor Conf Rm #1-2	2525 NW 62nd Street	10:00 AM	12:00 PM
11/14/13	Overtown Transit Village	Lobby	701 NW 1st Court	1:00 PM	3:00 PM
11/15/13	So. Dade Govt. Ctr.	Rm 104	10710 SW 211 St.	9:00 AM	11:00 AM
11/15/13	Courts	Justice Building (Jury Pool Rm 700)	1351 NW 12 Street, 7th FL	1:30 PM	3:00 PM
11/18/13	Public Works & Waste Mgmt	58th St Garbage & Trash, Assembly Room	8831 NW 58th St	6:30 AM	8:00 AM
11/18/13	Miami-Dade Transit	Coral Way - Driver's Rm 1st FL	2775 SW 74 Ave.	9:30 AM	11:30 AM
11/18/13	Seaport (PortMiami)	2nd Floor Conf Rm	1015 North America Way	1:00 PM	2:30 PM
11/19/13	Miami-Dade Transit	Lehman Center, E. Mezzanine Training Rm	6601 NW 72 Ave	9:00 AM	11:00 AM
11/19/13	Miami-Dade Transit	Central Garage Driver's Rm, 1st FL	3300 NW 32 Avenue (Bus Ops.)	12:00 PM	1:30 PM
11/19/13	Water & Sewer	Douglas Rd Bldg. - Rm 156 - A&B	3071 SW 38 Avenue	12:00 PM	3:00 PM
11/20/13	Fire Rescue	MDFR Training Facility, Rm 2-002	9300 NW 41 St.	9:00 AM	11:00 AM
11/20/13	Aviation	Concourse D-Auditorium, 4th FL	Miami Intl. Airport	1:00 PM	3:00 PM
11/20/13	Public Works & Waste Mgmt	Traffic Signal & Signs, Conf. Room	7100 NW 36 Street	2:30 PM	4:00 PM
11/21/13	Public Works & Waste Mgmt	3B Garbage & Trash, Auditorium	8000 SW 107 Ave.	6:30 AM	8:00 AM
11/22/13	Building & Permitting Ctr.	Lunch Room	11805 S.W. 26th Street (Coral Way)	7:30 AM	9:00 AM
11/22/13	Stephen P. Clark Center	Lobby	111 NW 1st Street	10:00 AM	1:30 PM



## Consider These Cost or Time Saving Options in 2014

Rising healthcare costs are hard to ignore. In today's challenging economic climate, it pays to take a proactive approach when it comes to your healthcare. Start by reviewing your coverage carefully to understand your specific plan and its benefits. Investing a few minutes now can translate into substantial savings over time. Here are some ways to keep your healthcare costs in check while maintaining the quality coverage you expect and deserve.

### Generic Medications

If you take medications on a regular basis, you know how expensive medicines can be. One of the easiest ways to keep prescription drug expenses down is to choose generic medications over brand name drugs whenever possible. Typically sold at substantial discounts, generic manufacturers can offer lower prices for their drugs because they don't have to factor in the huge costs for research and development, marketing and advertising. What's more, when a generic drug product is approved and placed on the market, it has met the rigorous standards established by the FDA with respect to identity, strength, quality, purity, and potency.

### 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](http://www.avmed.org/go/mdpht) to download the Medco mail order form.

### Urgent Care or the ER?

If you or a family member has a non-emergency illness or injury like a sprain, earache, flu-like symptoms or a sore throat, Urgent Care Centers can provide you with the medical attention you need— while saving you time and money. To find the urgent care center nearest you, go to [www.avmed.org](http://www.avmed.org) and click on "Urgent Care Centers" on the right-hand side of the home page under "Quick Links."

BEST USE OF URGENT CARE CENTERS		
Urgent Care Center <i>Know where they are</i>	Emergency Room <i>Know How to get there fast</i>	Ambulance <i>Call 9-1-1</i>
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.

### Examine Your Explanation of Benefits (EOB)

When your Explanation of Benefits (EOB) arrives in the mail, don't just file it away--take a closer look. This important document helps you track your healthcare expenses or verify services whenever a claim is submitted on your behalf. The EOB also lists the medical services used, how much the provider network billed, what AvMed paid and the patient's responsibility. It also shows year-to-date deductibles and out-of-pocket costs accumulated, co-payments, other insurance adjustments, and other amounts you may owe. Double check the document thoroughly to make sure the procedures and services listed were ones you actually received. If you find an error or discrepancy contact AvMed Member Services 1-800-376-6651 to report it.

### Pre-Treatment Estimate

If your dental care will be extensive, minimize your out-of-pocket expense by asking your dentist for a pre-treatment estimate from Delta Dental before you agree to receive any prescribed, major treatment. This lets you know up front what the plan will pay, and the difference you will be responsible to pay. Your dentist may be able to present alternative treatment options that will lower your share of the bill, while still meeting your basic dental care needs. A pre-treatment estimate is not a guarantee of payment. When the services are complete and a claim is received for payment, Delta Dental will calculate payment based on your current eligibility, amount remaining in your annual maximum and any deductible requirements.

## Dependent Eligibility For Coverage

ELIGIBLE DEPENDENTS		DOCUMENTS REQUIRED FOR ENROLLMENT
Spouse *	Your legal spouse	Official certified Marriage Certificate
Domestic Partner (DP)*	Your domestic Partner in accordance with County Ordinance 08-61.	Domestic partnership certificate issued by the MDC Department of Regulatory and Economic Resources (RER), Consumer Services.
Child	Your biological child, legally adopted child or child placed in the home for the purpose of adoption in accordance with applicable state and federal laws.	Official Birth Certificate listing employee as the parent (birth cards are not acceptable). Adoption: Legal Adoption documentation showing relationship to employee and placement in employee's home or copy of Adoption Certificate issued through the Courts.
Child with a disability	Your child who is permanently mentally or physically disabled and dependent on you for support. Child may continue health insurance coverage in County plan beyond the maximum age, if you provide acceptable documentation validating disability, prior to the child turning 26 (age 25 for dental and vision).	Acceptable documentation validating disability from attending physician. Must be presented each year upon request.
Stepchild	The child of your spouse for as long as you remain legally married to the child's parent.	Official certified Birth Certificate(s) AND copy of certified or registered Marriage Certificate listing employee's current spouse as parent.
Foster child	A child that has been placed in your home by the Department of Children and Families Foster Care Program or the foster care program of a licensed private agency. Foster children may be eligible to their age of maturity.	Permanent Legal Guardianship/Custody document from the Courts or copy of Foster Care documentation from Courts.
Legal guardianship	A child (your ward) for whom you have legal guardianship in accordance with an Order of Guardianship pursuant to applicable state and federal laws. Your ward may be eligible until his or her age of maturity.	
Grandchild	A newborn dependent of your covered child; coverage may remain in effect for up to 18 months of age as long as the newborn's parent remains covered. After 18 months, the grandchild must meet the criteria of permanent legal guardianship by the employee.	Official certified Birth Certificate(s) of child AND copy of Permanent Legal Guardianship, Adoption\placement for adoption, or Foster Care document from the Courts.
Over-age dependent	Your adult child after the end of the calendar year he/she turned age 26, through the end of the calendar year that the child turned 30. Must be unmarried, without dependents, dependent on you for financial support, lives in Florida or attends school in another state, and have no other health insurance.	Affidavit of Eligibility and proof of student status or proof of Florida residence (e.g. driver's license, etc.). Documents must be presented every year.

\*Your spouse or Domestic Partner (DP) is not an eligible dependent for coverage under your insurance, if also a County or Public Health Trust/Jackson Health System employee. Eligible employees are not allowed to cover each other on their group medical/dental plans. Ex-spouses may not be enrolled for group benefits under any circumstance.

## Verification of Eligibility

Annual Open Enrollment - The health plans will continue to screen for the eligibility of newly enrolled dependents with a different last name (than the employee's). It is your responsibility to provide the health plans with the required documentation by December 1.

No documentation will be required during open enrollment to enroll a new dependent child under age 26, unless you are enrolling a new dependent with a different last name. Proof of financial dependency on the employee, and residency\student status requirements have been eliminated for this group.

## Document Transmittal

If you are enrolling dependents with a different last name, or they are already enrolled but you changed insurance carriers during open enrollment, you must submit documentation for those dependents to be covered. If you cover adult children ages 26 – 29, regardless of last name, you must provide proof of eligibility every year. Forward the document copies to your Department Personnel Representative (DPR) for transmittal to the health plans. Remember to enter your name and employee ID on the document for identification purposes. If you prefer to send documents directly to the health plan, please obtain proof of mailing or fax transmittal. Failure to provide acceptable documentation will result in cancellation of the dependent's medical, dental and or vision coverage (if enrolled), retroactive to January 1, 2014. To submit directly to the health plan.

AvMed Health Plan
On site Service Representative SPCC -111 NW 1st Street, Suite 2340 Miami, FL 33128 Phone: (305) 375-5306 Fax: (305) 372-6097

## Coverage Limiting Age for Dependent Children

Your dependent child's coverage ends on:

- **Medical** - December 31 of the calendar year the child turns 26.  
\*\*May be continued to age 30, see extended coverage note below.
- **Dental & Vision** - December 31 of the calendar year child turns 25. There is no extension beyond 25, unless the adult child is disabled.

## Adult Children – Eligibility For Extended Coverage

\*\*Adult Children (FSS 627.6562) - Medical coverage may be continued beyond December 31 of the year the adult child turns 26 until the end of the calendar year (December 31) the child turns age 30. Only medical coverage is available to this group. Employees are required to submit the documentation listed on the previous page 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 and vision). Proof of disability must be submitted to the insurance plan on an ongoing basis.

## Change In Status (CIS)

Once the open enrollment period closes, you may add or delete dependents to your health plan only under limited circumstances (a qualifying event). Changes must be reported within 45 days of a qualifying event (60 days to add newborns/adoption, or placement for adoption). Complete and submit a Change in Status (CIS) form and Benefit Election Change form to the Benefits Administration Unit. Election changes must be consistent with the event and result in loss or gain of insurance coverage. Mid-year changes from one health plan to another are not permitted. A partial list of permitted mid-year changes appears below.

### Qualifying Events (QEs)

- Marriage/Divorce
- Employment change from full-time to part-time or vice versa (employee or spouse)
- Birth of a child
  - • Unpaid LOA (employee or spouse)
- Adoption of a child or placement for adoption
- Medicare/Medicaid/Florida Kid Care
- Change in Number of Tax Dependents
- Spouse's employer's open enrollment
- Beginning or end of employment of a spouse (resulting in gain or loss of insurance coverage)
- Significant change in health coverage due to spouse's employment

### Loss of Eligibility for Dependent Children – Under Age 26

The Affordable Care Act extended the limiting age for dependent children to the end of the calendar year the dependent turns age 26. Marital status, financial dependency, or student status are no longer applicable to maintain coverage. Consequently, you cannot remove a dependent child from coverage due to marriage, or initial employment, unless the child gains and enrolls in other group coverage. Moving out of the employee's home and losing financial dependency on the parent are not QEs that would permit the dependent's coverage to be canceled.

### 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 Internal Revenue Code (IRC ) Section 125 QEs, go to [www.miamidade.gov/benefits](http://www.miamidade.gov/benefits) to access the online Benefits Handbook. You may also download the Flex Benefits and Health Plans Change in Status forms from this website.

Your election change request (CIS) must include documentation supporting the loss or gain of insurance coverage. Do not delay submission of your Change in Status and Benefit Election Change forms while you gather your documentation. Simply forward the forms to your DPR and present your documentation as soon as it becomes available. Your existing elections will be stopped or modified (as appropriate) upon approval of your election change request. Generally, mid-year pre-tax election changes are made prospectively. That is, no earlier than the beginning of the pay period following receipt by the Benefits Administration Unit (BAU), unless otherwise provided by law. Changes to add a new dependent become effective the first day of the month following receipt of a timely request with the exception of birth, adoption or placement for adoption which become effective as of birth or the earlier of: a) adoption or b) placement for adoption.

## CIS Premium Changes

The Benefits Administration Unit (BAU) will process a change in premium the beginning of the pay period following receipt of your CIS request. The full premium is charged for the affected pay period, regardless of the number of days you (or dependent) had coverage. The payroll deduction will not be prorated based on the number of days coverage was active in the affected pay period. Refer to the Benefits Handbook for additional information. If a request to delete an ineligible dependent is received after the 45-day deadline, the dependent's coverage will be cancelled, but the dependent premium payroll deduction will continue through the end of the plan year.

## Healthcare Reform in 2014 - How does it impact you?

*Continued from page 3*

### Summary of Benefits and Coverage (SBC)

Healthcare Reform requires almost all group health plans and insurers to provide a maximum four page (double-sided) "Summary of Benefits and Coverage" (SBC) that will describe the benefits and coverage under the health plan. This summary is included in the AvMed Benefit Guide, which you can pick-up at any Benefit Fair during open enrollment and also online at [www.avmed.org/MDPHT](http://www.avmed.org/MDPHT) (then select MDC Active Employee icon).

### Promoting Better Access to Healthcare

Additional information is available to assist Miami-Dade County residents regarding which health program or service best fits their needs. Go to [www.miamidade.gov/healthcare/](http://www.miamidade.gov/healthcare/) for information about healthcare reform and other valuable community services.

## After Open Enrollment

Open Enrollment is scheduled to end on November 22. There is no post-open enrollment reprieve for employees who miss the deadline! If you do not submit your enrollment/changes online by the deadline, you will have to wait until the 2015 Open Enrollment.

### Opt-Out of Medical Coverage

You may opt-out of County-provided medical coverage during open enrollment. If you decline coverage, you cannot re-apply until the next open enrollment, unless you experience a family status or HIPAA qualifying event.

**Important Note: Opting-out of County-provided medical coverage will not eliminate your 5% base salary contribution towards the County's cost of healthcare.**

### Cancelling Plan Participation After Open Enrollment

After open enrollment, you may cancel any post tax benefit plan (Group Legal, Short-Term, or Long-Term Disability Plans) without a penalty. If you cancel a pre-tax benefit plan subject to the IRC Section 125 salary reduction provisions, such as medical, dental and vision, you will still be required to pay the employee premium (if any) for the remainder of the year. Also, cancelling your medical plan will not eliminate the required 5% base salary contribution towards the County's cost of healthcare.

All plan cancellations requests must be submitted to your DPR in writing and will be processed prospectively (next pay period from date request is received).

### How to Apply for Basic Life Insurance During Open Enrollment

Employees who lost their Basic Life Insurance coverage, may re-apply during the 2014 Open Enrollment period, by completing a Life Insurance Statement of Health (SOH) form.

The SOH form can be downloaded from [www.miamidade.gov/benefits](http://www.miamidade.gov/benefits) "Other Forms and Notices" page. Be aware that enrollment is subject to MetLife's medical review process.

Typical reasons why your coverage is not active are: Failing to pay the insurance premiums during a suspension/personal leave, or not applying for the County Basic Life Insurance coverage after transferring from a union plan.



## Maintaining Group Benefits While on an Unpaid Leave of Absence (LOA)

Employees beginning an unpaid leave (medical related, personal, workers compensation, or suspension, etc.) must take steps to ensure their benefits remain active. Since you will not receive a paycheck during your unpaid leave, the premiums\contributions to cover your employee-paid plan elections cannot be payroll deducted. Your Department Personnel Representative (DPR) will provide you with an LOA information package and billing notice.

To continue these benefits, you must submit payments by check or money order, or your benefits will be cancelled. Premiums and contributions are due in advance of the pay period to be covered. The first payment is due within two weeks of your last payroll deduction. Be proactive, contact your DPR before the onset of the leave to get the premium information and budget accordingly.

If your leave is illness related (i.e. Family Medical Leave, disability, worker's compensation, maternity etc.), you will only be responsible for the biweekly 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 both the biweekly employee premium and County contributions.

**Important Note:** Taking an unpaid leave of absence is a qualifying event which allows you to temporarily stop participation in any benefit plan, or drop to single coverage to reduce your insurance cost. Your request must be received by Benefits Administration\Human Resources Dept. within 45 days of the onset of the unpaid leave.

## Wellness

Are you ready to improve your health but not sure what steps to take to get there? Get started by taking your free Personal Health Assessment. Assess your current physical condition, access interactive tools and obtain valuable information to minimize your health risks. This confidential, user-friendly tool helps identify potential problem areas through a comprehensive review that combines gender-specific screening information with personal medical histories, along with questions about diet and lifestyle habits. Once you've completed the survey, you'll receive a personal health improvement score and a personal plan of action. Starting down a healthier path has never been easier. Just follow these two easy steps:

1. Log on to the AvMed Web Site at [www.avmed.org](http://www.avmed.org)
2. Select Personal Health Assessment under Embrace Better Health.

Additionally, the County **Wellness Program** administered by Benefits Administration\Human Resources Department, sponsors multiple free events for County employees throughout the year, including health fairs and educational seminars. To view a list of events go to [www.miamidade.gov/humanresources/wellness-program.asp](http://www.miamidade.gov/humanresources/wellness-program.asp). Employees who participated in at least three (3) Know Your Numbers events in 2013 and turned in their Wellness Tracker card, will be entered in a raffle to win great prizes.

Other health and fitness resources:

Employee Wellness Center  
[www.miamidade.gov/wellness/home.asp](http://www.miamidade.gov/wellness/home.asp)

Community Information and Outreach  
[www.miamidade.gov/healthcare/wellness.asp](http://www.miamidade.gov/healthcare/wellness.asp)

## Disclosure Notices

Please refer to the 2014 Benefits Handbook at [www.miamidade.gov/benefits](http://www.miamidade.gov/benefits) for the following important notices:

1. New Health Insurance Marketplace Coverage
2. Notice of Creditable Coverage - Prescription Coverage/Medicare
3. Women's Health & Cancer Rights Act
4. HIPAA Privacy & HIPAA Special Enrollment Notice
5. Medicaid and the Children's Health Insurance Program (CHIP)
6. Why We Collect SSN Information

## Important Notes

1. Print and retain the online benefits confirmation notice after you make your elections for the 2014 plan year and take the online benefits survey. The online benefits confirmation notice will be the required proof of your 2014 benefit elections, in the event there are any discrepancies. Once the open enrollment deadline passes, the only plan election changes permitted will be those resulting from a processing error. A processing error is defined as the unlikely event of a computer system malfunction that failed to process the employee's elections, as recorded on the final confirmation notice submission.
2. Review your benefit plan options carefully, because once you submit your final selections online you are locked into these plan choices until December 31, 2014. Employees are not permitted to switch plans during the year.
3. All 2014 plan year benefit elections are in effect January 1, 2014 through December 31, 2014 (except for new hires and those benefits subject to medical approval).
4. New hires with a benefits eligibility date of November 1 or December 1, 2013 must submit their benefits selections online through the County's eNet portal New Hire Benefits Enrollment link. Your 2013 new hire plan selections will carry over into 2014. If enrolling in a spending account you will be required to select two (2) annual contribution amounts; one for the balance of 2013 and a separate amount for the 2014 plan year.
5. Opting-out of County-provided medical coverage will not eliminate your 5% base salary contribution towards the County's cost of healthcare, unless otherwise specified in the Collective Bargaining Agreement.

## Remember These Dates

<b>November 12, 2013</b>	Start of Open Enrollment, Access Online Enrollment, Benefit Fairs Begin
<b>November 22, 2013</b>	End of Open Enrollment, Online Enrollment Website closes 12:00 AM, Last Day of Benefit Fairs
<b>December 1, 2013</b>	Deadline to Submit Dependent Documentation
<b>January 17, 2014</b>	Deadline for Reporting System Errors in the Processing of Online Benefit Elections

## Contact Information

Online Enrollment Website <http://enet.miamidade.gov>

Benefits Administration Unit (BAU)	(305) 375-4288 or 5633	<a href="http://www.miamidade.gov/benefits">www.miamidade.gov/benefits</a>
<b>MEDICAL PLANS</b>		
AvMed Health Plans	(800) 682-8633	<a href="http://www.avmed.org/go/mdpht">www.avmed.org/go/mdpht</a>
AvMed On site Representatives	(305) 375-5306	SPCC 23rd Floor--M-F, 8:30a - 5:00p
<b>DENTAL &amp; VISION PLANS</b>		
Delta Dental	(800) 471-1334	<a href="http://www.deltadentalins.com/mdc">www.deltadentalins.com/mdc</a>
Humana-OHS Dental	(800) 380-3187	<a href="http://www.humana.com/miami-dade-co-govt">www.humana.com/miami-dade-co-govt</a>
MetLife DHMO Dental	(877) 638-2055	<a href="http://www.metlife.com/mybenefits">www.metlife.com/mybenefits</a>
Optix Vision Plan	(800) 393-2873	<a href="http://www.humana.com/miami-dade-co-govt">www.humana.com/miami-dade-co-govt</a>
<b>OTHER</b>		
ARAG Legal Plan	(800) 667-4300	<a href="http://www.ARAGLegalCenter.com">www.ARAGLegalCenter.com</a> code:10277mdc
FBMC	(800) 342-8017	<a href="http://www.myFBMC.com">www.myFBMC.com</a>
MetLife Disability Plans	(888) 463-2023	<a href="http://www.metlife.com/mybenefits">www.metlife.com/mybenefits</a>
ICMA-RC - Deferred Comp.	(305) 375-4710	<a href="http://www.icmarc.org/miamidade">www.icmarc.org/miamidade</a>
NACo - Deferred Comp.	(866) 986-4264	<a href="http://www.miamidade457.com">www.miamidade457.com</a>

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.

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)