

Plan Redesign - Biweekly Medical Rates

The medical plan rates below apply to **Non-Bargaining Employees, Bargaining Unit Employees in AFSCME Aviation, AFSCME General, AFSCME Solid Waste, GSAF Professional Supervisors, and IAFF.**

| TIER LEVEL | AVMED POS | AVMED HMO HIGH OPT | AVMED SELECT NETWORK |
|------------------------|-----------|--------------------|----------------------|
| EMPLOYEE ONLY | \$100.00 | \$75.00 | \$0.00 |
| EMPLOYEE + CHILD (REN) | \$285.86 | \$180.17 | \$141.00 |
| EMPLOYEE + SPOUSE | \$344.54 | \$208.35 | \$166.00 |
| EMPLOYEE + FAMILY | \$595.59 | \$287.77 | \$236.00 |

No Plan Redesign - Biweekly Medical Rates

The medical plan rates below apply to **AFSCME Water and Sewer, PBA Rank and File Supervisory Units, and the Transport Workers Union (TWU).**

| TIER LEVEL | AVMED POS | AVMED HMO HIGH OPT | AVMED HMO LOW OPT |
|------------------------|-----------|--------------------|-------------------|
| EMPLOYEE ONLY | \$16.39 | \$0.00 | \$0.00 |
| EMPLOYEE + CHILD (REN) | \$314.45 | \$198.19 | \$186.81 |
| EMPLOYEE + SPOUSE | \$378.99 | \$229.19 | \$216.06 |
| EMPLOYEE + FAMILY | \$655.15 | \$316.55 | \$298.50 |

2015 Biweekly Cost – All Employees

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 | \$2.10 | \$3.01 | \$6.52 | \$7.06 | \$13.10 |

Other Plan Rates

| METLIFE VISION PLAN | | ARAG LEGAL PLAN | | FLEXIBLE SPENDING ACCOUNTS (FSA) Administrative Fees Per Pay Period | |
|---------------------|--------|-------------------|--------|--|--------|
| EMPLOYEE ONLY | \$1.91 | EMPLOYEE ONLY | \$7.29 | Healthcare FSA Only | \$1.98 |
| EMPLOYEE + 1 | \$3.83 | EMPLOYEE + 1 | \$9.34 | Dependent Care FSA Only | \$1.98 |
| EMPLOYEE + FAMILY | \$7.03 | EMPLOYEE + FAMILY | \$9.61 | Both Health & Dependent Care | \$1.98 |

2015 Biweekly Cost – All Employees (continued)**Disability Plan Rates**

| METLIFE STD | Premium Per \$100 Weekly Benefit | METLIFE LTD | Premium Per \$100 of Covered Monthly Payroll |
|--|----------------------------------|---|--|
| Low Option (\$500 max weekly benefit) | \$1.20 | Low Option (\$2,000 max monthly benefit) | \$0.192 |
| High Option (\$1,000 max weekly benefit) | \$1.20 | High Option (\$4,000 max monthly benefit) | \$0.230 |
| | | Premier LTD (\$7,000 max monthly Benefit) | \$0.320 |

Opt-Out of Medical Coverage

Employees 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.

Health Plan Mid-Year Changes

After the annual Open Enrollment closes, you cannot switch from one health plan to another. You may add or delete dependents if you experience a qualifying event (QE) during the year. To make a change, complete and submit the Flexible Benefits Change in Status (CIS) and Health Plan Status Change forms to your Department Personnel Representative (DPR) within 45 days (60 days to add newborns) of a qualifying event (QE). To download the forms go to www.miamidade.gov/benefits. Documentation supporting the loss or gain of insurance coverage is required. Do not delay submission of the forms while you gather your documentation. Simply forward the forms to your DPR and present your documentation as soon as it becomes available.

CIS Premium Changes

Generally, mid-year pre-tax election changes must be made prospectively. That means the status and premium modification (if any) will be effective the beginning of the pay period following receipt of your request by Human Resources\Benefits Administration, unless otherwise provided by law. New dependents 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. Payroll changes to add a newborn are processed in accordance with Florida Statute 641.31(9).

Dependent deletions are also effective the beginning of the pay period following receipt of the request by Benefits Administration. The exception is divorce. The ex-spouse and spouse's dependents become ineligible for coverage on the date of the divorce and must be cancelled retroactively. The premium reduction (if any) will be prospective, as indicated above. 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.

Imputed Income

The Internal Revenue Service (IRS) allows "tax free" health insurance subsidies for employees and their eligible dependents-but excludes amounts attributable to coverage of adult children above age 26, a domestic partner (DP), and dependents of a domestic partner. 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. Please consult with a financial planner or tax consultant to see how that impacts your particular situation.

Additional Information

Additional information regarding the above topics may be found in the Benefits Handbook <http://www.miamidade.gov/human-resources/benefits.asp>.