Benefits & You

2016 OPEN ENROLLMENT NEWSLETTER

A Special Benefits Edition for the Employees of Miami-Dade County • http://enet.miamidade.gov • November 2015

SNAPSHOT

Attend a Benefit Fair
Nov 2 - Dec 4, 2015

Enroll Online
Nov 16 - Dec 4, 2015
These dates are tentative.

Enrollment Website
http://enet.miamidade.gov

New Elections are Effective
January 1, 2016

INSIDE THIS ISSUE

Open Enrollment Is Here

Open Enrollment is your annual opportunity to review and update your benefit elections for the upcoming year. All employees must make an important decision regarding their medical plan for 2016. Even if you decide to stay with the same plan, you will still be required to access the online web enrollment and confirm your medical plan election. Use the enrollment website to:

1. Enroll in a new benefit plan, change or confirm current 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. Decline coverage

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.

What's New for 2016?

Every effort was made to bring you the most current information available as of this newsletter's print date. Any subsequent changes to employee benefits for 2016 will be posted online at www.miamidade.gov/benefits.

Miami-Dade County is committed to continuously evaluating the benefit programs to ensure employees and their families are provided with affordable options that most closely meets their needs. In 2016, we are excited to offer an additional healthcare option to your current choices, the MDC Jackson First HMO Plan Option (refer to page 2). The ARAG Legal Plan will offer enhanced benefit services at no additional cost. Refer to page 6. The Healthcare FSA annual contribution limit will increase to $2,550. Dental coverage for dependent children will now end December 31 of the year the child reaches age 26 (instead of age 25). This will make eligibility for dependent children consistent among the insurance plans.

2016 Premiums

The good news is that the medical plan rates will not increase in 2016. Rates for Delta Dental, Humana Dental, MetLife Disability, Vision, Optional Life Insurance and the ARAG Legal Plan will remain flat (no increase). The MetLife Dental dependent premiums and the enriched option will increase by 15%. The administration fee for FSAs will increase from $1.98 to $2.02 per pay period.

The biweekly medical premiums are listed on pages 2-5

What's New for 2016?

Continued from page 1

2016 Medical Plans

In addition to the current plans, a new medical plan option will be offered in 2016! The MDC Jackson First HMO is a more affordable healthcare option with a network limited to only Jackson Health System (JHS) and University of Miami Health System (UMHS) facilities. AvMed contracted providers who have privileges at the JHS and UMHS facilities are included in the plan's network.

This plan offers the same benefits and copays as the AvMed Select Network Plan but with lower dependent premium rates. All medical care, except emergency and urgent care services, must be provided at a JHS\UMHS facility. To view participating providers for MDC Jackson First HMO go to: http://avmed.prismisp.com/?tab=doctor&plan=mdcs&visitor=member and select JACKSON FIRST – Jackson Health System, from the drop-down menu. One exclusive feature of the MDC Jackson First HMO is a Healthcare Concierge Service ("Fast Track"). The Concierge team will have the ability to assist employees with finding a network provider and scheduling appointments.

The MDC Jackson First HMO will be available to non-bargaining employees and bargaining units that have agreed to the MDC Jackson First HMO offering. To participate in this plan you must live in Miami-Dade, Broward, or Palm Beach Counties. No coverage is available for dependent children studying outside the tri-county area. Additional plan information will be posted on the HR/ Benefits website (www.miamidade.gov/benefits) as soon as it is available.

If you decide to switch medical plans for the 2016 plan year, consider other factors besides cost alone. Review the plan benefits and copayments. Before you enroll, verify if your doctor participates in the new plan. If you are having a procedure at the end of 2015 and change medical plans for the 2016 plan year, the authorization may not carryover, and your doctor may not be able to provide follow-up care if not participating in the new medical plan's network.

Redesign Plans

AVMED POS / AVMED HIGH OPTION HMO / AVMED SELECT NETWORK / AVMED JACKSON FIRST HMO

2016 Biweekly Medical Rates – Redesign Plans

Applicable to Non-Bargaining, AFSCME Aviation, AFSCME General, AFSCME Solid Waste, GSAF Professional & Supervisors, and IAFF employees. Refer to page 5 for all other 2016 plan rates

TIER LEVEL	AVMED POS	AVMED HMO HIGH OPT	AVMED SELECT NETWORK	AVMED JACKSON FIRST HMO
EMPLOYEE ONLY	$100.00	$75.00	$0.00	$0.00
EMPLOYEE + CHILD (REN)	$285.86	$180.17	$141.00	$112.02
EMPLOYEE + SPOUSE	$344.54	$208.35	$166.00	$134.71
EMPLOYEE + FAMILY	$595.59	$287.77	$236.00	$197.84

Copayments - Redesign Plans

The copayments will remain the same in 2016. See highlights below.

2016 PLAN DESIGN	2016 COPAYS HIGH HMO / POS	2016 COPAYS SELECT HMO / JACKSON FIRST HMO
Inpatient Hospital Copay per Admit*	$200	$0
Emergency Room Copay (waived if admitted)	$100	$50
Urgent Care Copay	$25/ $50	$25
Outpatient Hospital Copay*	$100	$0
Diagnostic Testing / Imaging Center Copay***	$100	$0
Outpatient Surgical Center Copay	$0	$0
Physician Copays (PCP/Specialist)	$15/$30	$15/ $30
Retail Pharmacy Copays (Generic/Pref Brand/Non-Pref Brand)	$15/ $40/ $55	$15/ $25/ $35
Mail Order Pharmacy Copays (Generic/Pref Brand/Non-Pref Brand)	$30/ $80/ $110	$30/ $50/ $70
Specialty Pharmacy Copay HMO) Specialty Pharmacy Copay (POS)	$100	$15/ $25/ $35
**Out-Of-Pocket Maximum – Individual (2x for dependent coverage)	$3,000	$2,500

**Copay waived at Jackson Health System Facility*

***Pharmacy copays will count towards the Out-of-Pocket maximum*

****POS & High HMO Plans- Diagnostic Tests & Imaging (x-ray, blood work, CT, MRI, etc.) will be subject to a $100 copay, if test is performed at a hospital affiliated facility. No charge if test performed at Jackson or non- hospital independent facility. Copay not applicable to the Select Network HMO.*

Non-Redesign Plans

AVMED POS / AVMED HIGH OPTION HMO / AVMED LOW OPTION HMO / AVMED JACKSON FIRST HMO

2016 Biweekly Medical Rates – Non-Redesign Plans

Applicable to AFSCME Water & Sewer, PBA Rank & File\Supervisory, and Transport Workers Union*. Refer to page 5 for all other 2016 plan rates.

TIER LEVEL	AVMED POS	AVMED HMO HIGH OPT	AVMED HMO LOW OPT	AVMED JACKSON FIRST HMO*
EMPLOYEE ONLY	$14.90	$0.00	$0.00	$0.00*
EMPLOYEE + CHILD (REN)	$285.86	$180.17	$169.83	$112.02*
EMPLOYEE + SPOUSE	$344.54	$208.35	$196.42	$134.71*
EMPLOYEE + FAMILY	$595.59	$287.77	$271.36	$197.84*

*THE AVMED JACKSON FIRST HMO IS AVAILABLE TO TWU TRANSIT EMPLOYEES ONLY.

Copayments – Non-Redesign Plans

The copayments will remain the same in 2016. See highlights below.

PLAN DESIGN	POS	HIGH OPTION HMO	LOW OPTION HMO	JACKSON FIRST HMO*
Inpatient Hospital Copay per Admit	$0	$0	$150 \1st 3 days	$0*
Emergency Room Copay	$50	$25	$100	$50*
Urgent Care Copay	$50	$25	$50	$25*
Outpatient Hospital Copay	$0	$0	$0	$0*
Diagnostic Testing / Imaging Center Copay	$0	$0	$0	$0*
Outpatient Surgical Center Copay	$0	$0	$0	$0
Physician Copays (PCP/Specialist)	$15/ $30	$15/ $30	$30/ $45	$15/ $30*
Retail Pharmacy Copays	$15/ $25/ $35	$15/ $25/ $35	$20/ $35/ $55	$15/ $25/ $35*
Mail Order Pharmacy Copays	$30/ $50/ $70	$30/ $50/ $70	$40/ $70/ $110	$30/ $50/ $70*
Specialty Pharmacy Copay	$10/ $16.66/ $23.33	$15/ $25/ $35	$20/ $35/ $55	$15/ $25/ $35*
*Out of Pocket Maximum (Single\ Dependent Cvrg)	$1,500/ $4,500	$1,500/ $3,000	$6,350/ $12,700	$2,500*
*Out of Pocket Maximum - Pharmacy (Single\Dependent Cvrg)	$1,500/ $3,000	$1,500/ $3,000		
* Pharmacy copays count towards the Out of Pocket expenses.				

*THE AVMED JACKSON FIRST HMO IS AVAILABLE TO TWU TRANSIT EMPLOYEES ONLY.

2016 Biweekly Rates – All Employees

Dental Plan Rates

PLAN	TYPE	EMPLOYEE ONLY		EMPLOYEE+1		EMPLOYEE + FAMILY	
		STD	ENR	STD	ENR	STD	ENR
DELTA	Indemnity Dental	$.00	$4.45	$14.09	$22.89	$31.53	$45.72
HUMANA-OHS	Prepaid Dental	$.00	$3.15	$2.42	$7.65	$5.64	$14.32
METLIFE DHMO	Prepaid Dental	$.00	$2.42	$3.46	$7.51	$8.12	$15.07

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	$2.02
EMPLOYEE + 1	$3.83	EMPLOYEE + 1	$9.34	Dependent Care FSA Only	$2.02
EMPLOYEE + FAMILY	$7.03	EMPLOYEE + FAMILY	$9.61	Both Health & Dependent Care	$2.02

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 "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. Go to www.miamidade.gov/benefits for additional information regarding imputed income tax. Please consult with a financial planner or tax consultant to see how that impacts your particular situation.

What's New for 2016?

Continued from page 1

ARAG Legal Insurance Plan

The benefits under the ARAG legal plan have been enhanced for added value at no additional cost to employees.

Twelve (12) enhancements to modernize your plan

1. Consumer Protection - removed the exclusion for matters related to structural damages to dwellings, appurtenances and paved surfaces
2. Personal Bankruptcy now includes post-confirmation amendments
3. Uncontested and Contested Adoption now expanded for International adoption benefits
4. Uncontested Guardianship / Conservatorship now includes the appointing of or to be appointed
5. Complex Wills now Paid-in-Full instead of 6 hours
6. IRS Audit Protection is now Paid-in-Full
7. IRS Collection Defense is now Paid-in-Full
8. Estate Administration & Estate Closing includes executor over ANY estate and is now 9 hours instead of $500 indemnity
9. Limitation of divorce OR post decree defense removed. These are now separate benefits and can both be used as many times
10. General In Office Services is now 4 hours per year instead of 2 hours every 6 months
11. Refinancing of Primary Residence is now Paid-in-Full instead of 1 hour
12. Major Trial is now $100,000 per matter for out of network

Addition of the following fourteen (14) legal coverages in addition to the 12 enhancements above.

1. Parental Responsibilities
2. Contested Guardianship / Conservatorship
3. Driving Privilege Restoration
4. Document Preparation and Review
5. Minor Traffic
6. Protection from Domestic Violence
7. Prenuptial Agreements
8. Small Claims Court
9. Defense of Civil Damage Claims
10. Neighbor Disputes (Primary and Secondary Residence)
11. Real Estate Disputes (Primary and Secondary Residence)
12. Tenant Matters
13. Personal Property Protection
14. Purchase / Sale of Secondary Residence

IRS 1095-C Form – Employer Provided Health Insurance

You have probably heard of Health Care Reform and the Affordable Care Act (ACA), and one change that may impact you directly is IRS Form 1095-C. The County is required to report to the IRS on the health insurance offered to full-time employees. The Form 1095-C includes information about the health insurance coverage offered to you and, if applicable, your family. The IRS will use the information provided to verify which individuals have coverage through an employer and are therefore not subject to the individual mandate penalty tax. You may need to submit coverage information in 2016 as a part of your personal tax filing for 2015.

Information on the Form 1095-C - The law defines which employers must offer health insurance to their workers. The law refers to these employers as "applicable large employers," or ALEs. A company, or organization is an ALE if it has at least 50 full-time or full-time equivalents. A full-time worker, according to the law, is someone who works at least 30 hours a week. Every employee of an ALE who is eligible for insurance coverage should receive a 1095-C. Eligible employees who decline to participate in their employer's health plan will still receive a 1095-C.

Dependent Eligibility Update

In preparation for the Form 1095-C filing and assure the County meets its reporting obligations, employees who covered family members on their medical plan at any time during 2015 were asked to validate their dependent's information, between October 19 through October 30. The purpose was to assure the dependent's Social Security number (SSN) and date of birth (DOB) are correct in our database. Dependents may include a spouse, domestic partner, or child. Employees were asked to view and validate dependent's information on eNet by selecting Paycheck & Paystub, then the Dependent Update link. Remember, the IRS will use the 1095-C data to reconcile with individual tax filings and to confirm taxpayers have met the individual mandate. That process will be hampered if the IRS cannot identify your dependents due to an invalid SSN.

In addition to the validation process above, employees are required to submit evidence supporting their dependent's eligibility for coverage. This is a mandatory requirement that applies to currently enrolled dependents and any new dependent added in the future. Please be aware that failure to provide acceptable documentation will result in cancellation of the dependent's medical, dental and or vision coverage. For instructions on document transmittal, go to page 9.

Dependent Eligibility For Coverage

ELIGIBLE DEPENDENTS	
Spouse *	Your legal spouse
Domestic Partner (DP)*	Your Domestic Partner in accordance with County Ordinance 08-61.
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.
Child with a disability	Your dependent child incapable of sustaining employment because of a mental or physical disability, may continue coverage beyond the limiting age, if enrolled in the plan prior to age 26. Proof of disability must be submitted to the insurance plan on an ongoing basis.
Stepchild	The child of your spouse as long as you remain legally married to the child's parent. Your domestic partner's child, as long as the domestic partnership is in compliance with MDC Ordinance No. 08-61, Sec. 11a-72.
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.
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.
**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, lives in Florida or attends school in another state, and has no other health insurance.

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 26. There is no extension for dental and vision coverage unless the adult child is disabled.

*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.

** Adult Children (FSS 627.6562) – Eligibility For Extended Medical Coverage
Medical coverage may be continued until the end of the calendar year (December 31) the child turns age 30. Only medical coverage is available to this group. Once your dependent child reaches age 26, you are required to submit an Affidavit of Eligibility every year, no exceptions, to continue medical coverage. To download the form, go to http://www.miamidade.gov/humanresources/benefits-forms.asp. Failure to provide the documentation will result in termination of coverage retroactive to January 1. To enroll a new dependent age 26+ in your 2016 medical coverage, you must also provide proof the adult child was continuously covered by other creditable insurance, without a gap in coverage of more than 63 days.

Dependent Document Transmittal

New Dependent Documentation Requirement - This is a mandatory requirement that applies to currently enrolled dependents and any new dependent added in the future. Please be aware that failure to provide acceptable documentation will result in retroactive cancellation of the dependent's medical, dental and\or vision coverage (if enrolled).

For each dependent type, please send one of the following. Attach the document to a completed Dependent Eligibility Certification form. To access the form go to http://www.miamidade.gov/humanresources/benefits-forms.asp.

Children:

- Adoption Certificate
- Birth Certificate
- Current Tax Return with child as an exemption (block out any income data)
- Legal documentation of custody
- Official Court Documentation
- Social Security Income Statement (disabled child)

Spouse:

- Current Tax Return/Married Filing Jointly (block out any income data)
- Marriage Certificate
- Domestic Partnership Certificate
- Official Court Documentation

Gather the required documentation listed above. Make copies and black out account numbers and financial data.
Complete the certification form and check the box identifying the dependent for which you are submitting documentation.
Sign, date and fax the form with your documents to (305) 375-2964.
Please obtain proof of mailing, or fax transmittal for your records.

Tips for Faxing:

- Do not include a separate cover sheet – the certification form is your cover sheet
- Ensure this form and your documents are legible

Note: If you would prefer to mail copies of your documents with the certification form, send the information to: HR/Benefits Administration 111 NW 1st Street, 23rd floor, Miami, FL 33128. DO NOT mail originals because they will be destroyed after processing.

Human Resources\Benefits Administration
HR/Benefits Administration
111 NW 1st Street, 23rd floor
Miami, FL 33128
Fax: (305) 375-2964
Phone: (305) 375-4288

Online Enrollment Overview

For the 2016 Open Enrollment, participation is very important. Please take this opportunity to review your current plan elections and decide if they still meet your needs. Employees may change existing elections, add coverage or simply confirm that you wish to remain with the same plan. To use the online web enrollment go to 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 24/7 during the Open Enrollment period. Refer to page 1 for exact dates.

Before You Start Your Online Enrollment

Be sure to review the reference materials available online. Ensure that your dependents still qualify for coverage. Dependent eligibility is covered on page 8. Once you have the answers you need, begin the enrollment process. The deadline to change your plan elections is December 4, 2015. 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.

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

Participating Dental Provider (PDP)

Reporting your PDP once, when initially enrolling in a pre-paid dental plan (MetLife DHMO, OHS Dental), is sufficient. Do not 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 PDP numbers are not retained in our database from one open enrollment to another, but the insurance carrier will have the most current information.

Open Enrollment Benefit Fairs

November 2 - December 4, 2015

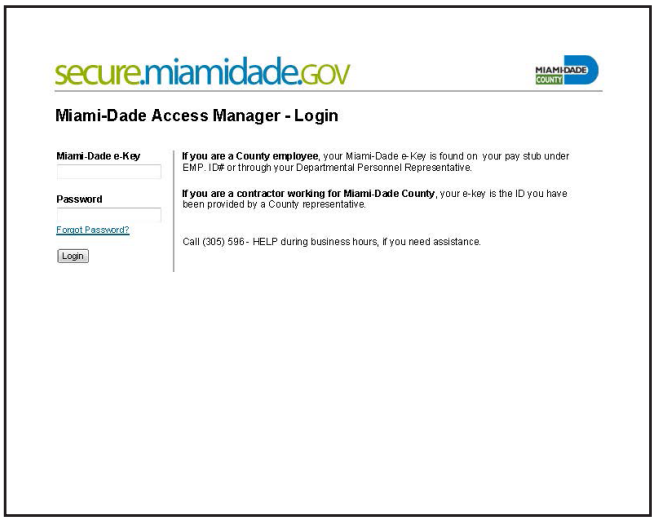
Representatives from the Group Medical, Dental, Vision, Disability Income Protection, Group Legal and Deferred Compensation Plans will be available to answer questions on the dates and locations listed below:

DATE	SITE	LOCATION	ADDRESS	START	END
11/02/15	Stephen P. Clark Center	Lobby - Atrium	111 NW 1st Street	8:30 AM	12:30 PM
11/02/15	Miami-Dade Police	HQ Cafetorium	9105 NW 25 St.	1:30 PM	3:30 PM
11/03/15	ITD	Break Room, 2nd Fl.	5680 SW 87 Ave.	2:00 PM	3:30 PM
11/04/15	Overtown Transit Village	Lobby	701 NW 1st Court	10:00 AM	12:00 PM
11/04/15	Public Works & Waste Mgmt	Traffic Signal & Signs, Conf. Room	7100 NW 36 Street	1:30 PM	3:00 PM
11/05/15	Public Works & Waste Mgmt	3A Garbage & NE Transf., Trailer	18701 NE 6th Ave.	6:30 AM	8:00 AM
11/05/15	So. Dade Govt. Ctr.	Rm 104	10710 SW 211 St.	9:30 AM	11:30 AM
11/05/15	Public Works & Waste Mgmt	Road, Bridge & Canal - Lunch Rm.	9301 NW 58th Street	2:30 PM	4:30 PM
11/06/15	Aviation	Concourse D-Auditorium, 4th FL	MIA North Terminal	9:30 AM	11:30 AM
11/06/15	Courts	Justice Building (Jury Pool Rm 700)	1351 NW 12 Street, 7th FL	1:30 PM	3:00 PM
11/09/15	Public Works & Waste Mgmt	58th St Garbage & Trash, Assembly Rm	8831 NW 58th St	6:30 AM	8:00 AM
11/09/15	Seaport	2nd Floor Conference Rm	1015 North America Way	1:00 PM	2:30 PM
11/10/15	Fire Rescue	MDFR Training Facility, Rm 2-002	9300 NW 41 St.	9:30 AM	11:30 AM
11/11/15	Holiday Closing				
11/12/15	Public Works & Waste Mgmt	3B Garbage & Trash, Auditorium	8000 SW 107 Ave.	6:30 AM	8:00 AM
11/12/15	Stephen P. Clark Center	Lobby - Atrium	111 NW 1st Street	9:30 AM	1:00 PM
11/13/15	Building & Permitting Ctr.	Conference Rooms I\J	11805 S.W. 26th Street (Coral Way)	7:30 AM	9:00 AM
11/13/15	Water & Sewer	Douglas Rd Bldg. - Rm 156 A	3071 SW 38 Avenue	9:30 AM	12:30 PM
11/16/15	Miami-Dade Police	HQ Cafetorium	9105 NW 25 St.	10:00 AM	12:30 PM
11/16/15	Martin Luther King Bldg.	2nd Floor Conf. Rm. #1-2	2525 NW 62nd Street	1:30 PM	3:30 PM
11/17/15	Miami-Dade Transit	Coral Way - Driver's Rm 1st FL	2775 SW 74 Ave.	9:30 AM	11:30 AM
11/17/15	Miami-Dade Transit	Central Garage Driver's Rm, 1st FL	3300 NW 32 Avenue (Bus Ops.)	12:00 PM	1:30 PM
11/18/15	Miami-Dade Transit	Lehman Center, E. Mezz. Training Rm	6601 NW 72 Ave	9:30 AM	11:30 AM
11/19/15	Miami-Dade Transit	Bus Op NE Garage, Driver's Rm, 1st FL	360 NE 185 St.	11:00 AM	12:30 PM
11/20/15	Stephen P. Clark Center	Lobby - Atrium	111 NW 1st Street	9:30 AM	12:30 PM

Additional regional meetings listed on page 15

Logon Instructions

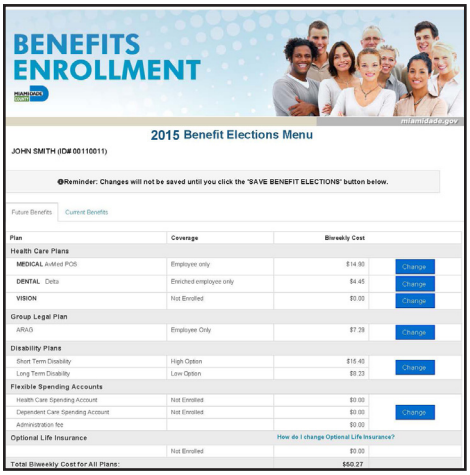
The 2016 Open Enrollment Benefits website must be accessed through the County's eNet (http://enet.miamidade.gov). To begin, logon to eNet using your user ID and password. Forgot your password? Click "forgot password" link to reset it. Remember that multiple incorrect logon attempts will result in your 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 2016 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

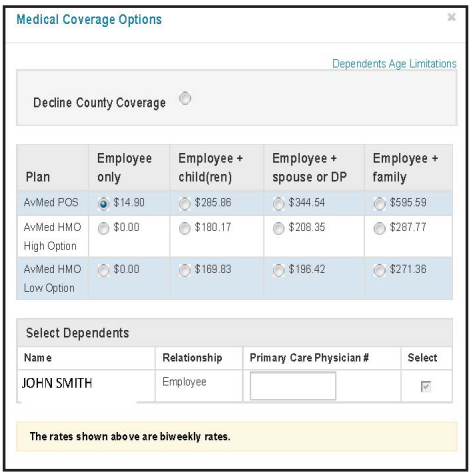
Medical, Dental and Vision Plan Screens:

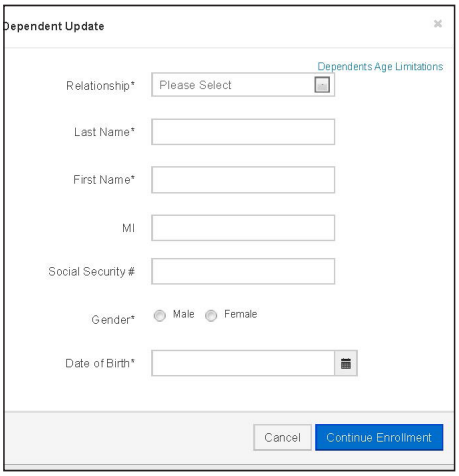
You may add a dependent at the same time directly on the medical, dental or vision plan screens, by clicking the ADD DEPENDENT button. Fill in the dependent information in the pop-up screen. Click the "CONTINUE ENROLLMENT" button to return to the plan page. The newly added dependent will show in the 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.



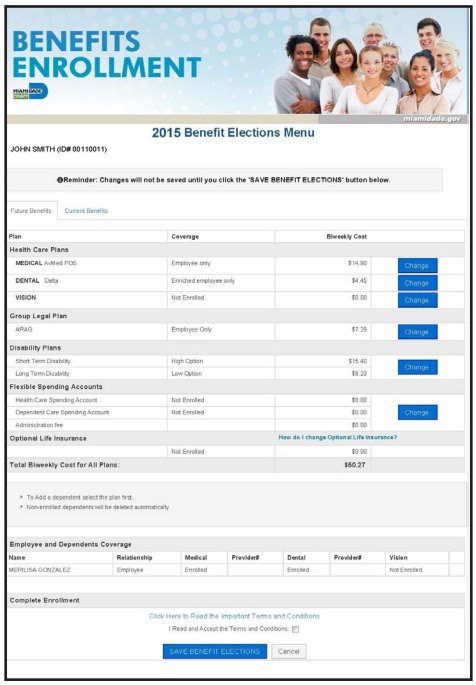


Declining county medical coverage:

The decision to waive medical coverage has consequences. Declining County medical coverage without enrolling in another group\marketplace health plan may result in a tax penalty. Go to www.Healthcare.gov for additional information. If you decline coverage, you cannot re-apply until the next open enrollment, unless you experience a family status or HIPAA qualifying event.

Step 3

When you are satisfied with your 2016 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 2016 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 prior to the deadline.



Consider These Cost or Time Saving Options in 2016

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 www.avmed.org/mdc to download the mail order form.

Prescriptions for Healthy Living Program

If you agree to participate in this program, the co-pays for your diabetes, cholesterol, and high blood pressure medications will be reduced to co-payments of $0.00 for any generic medication and $5.00 for any 2nd or 3rd tier medication. Contact AvMed to opt-in to the Prescriptions for Healthy Living Program. Additional requirements apply.

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/mdc on the left hand side list of quick links, click on your plan's network: "MDC Select Network" or "Elite Network", then click on "Urgent Care Search" on the left hand side.

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.

Utilization of Services

Since the County's medical plan is self-insured, it is important to remember the premium you pay is directly related to the amount of money the County pays in claims and that each member's usage of the plan affects the claims and your future premium. Consider the following when you need to use these services:

Diagnostic & Imaging Services - Diagnostic and imaging services delivered in a "freestanding" facility are a fraction of the cost of services delivered in an outpatient hospital setting. A comparison of recent advanced diagnostic services claims indicate the cost at a free standing facility averaged $559, while at a hospital-based facility the average cost was $2,309.

To find a freestanding facility on the AvMed website, go to www.avmed.org/mdc. Refer to the list of quick links on the left of the screen, click your plan's network: "MDC Select Network" or "Elite Network." Click the tab for "Facility, Hospital Search," enter your zip code, then scroll down and select Diagnostic Testing Facility (independent\ nonhospital affiliated).

US Imaging

Effective October 1, 2015, US Imaging joined Miami-Dade County's South Florida Provider Network for all health plan options. US Imaging offers a unique VIP radiology program for outpatient advanced imaging services such as CT, MRI and PET scans through a Network of high quality imaging Providers.

The VIP program gives members an enhanced radiology scheduling benefit. Members and referring Providers can contact US Imaging directly for concierge scheduling of imaging services at participating facilities in the greater Miami area. US Imaging will provide appointment scheduling, preparation and testing information, directions to the facility, reminder calls, and will inform you of the cost of the test in advance.

VIP Concierge Scheduling

- Priority scheduling at a nearby facility at a day and time convenient for you
- Written instructions, directions and reminder call the day before your appointment
- A network of free-standing facilities across the greater Miami area
- Assurance that facilities meet the American College of Radiology standards
- You will be informed of your out-of-pocket cost before your exam

Should you have any questions please feel free to call the County's dedicated Member Service Representatives at 800-682-8633 or meet with the AvMed representatives located on the 23rd floor of the Stephen P. Clark Center.

New Benefit -HMO Plans

Effective January 1, 2016 - Bariatric surgery services performed at JHS Centers of Excellence will be covered under the offered HMO plans. Previously, bariatric services were only covered under the POS plan. You must meet specific criteria to qualify for the coverage. Please contact AvMed for the specific criteria and any further details.

Open Enrollment Benefit Fairs (Continued from page 11)

DATE	SITE	LOCATION	ADDRESS	START	END
11/23/15	Aviation	Concourse D-Auditorium, 4th FL	MIA North Terminal	9:30 AM	12:00 PM
11/30/15	Water & Sewer	Douglas Rd Bldg. - Rm 156 A & B	3071 SW 38 Avenue	9:30 AM	12:30 PM
11/30/15	Overtown Transit Village	DERM Training Rm, 2nd Floor	701 NW 1st Court	1:00 PM	3:00 PM
12/01/15	Public Works & Waste Mgmt	Road, Bridge & Canal - Lunch Rm.	9301 NW 58th Street	2:30 PM	4:30 PM
12/02/15	Corrections TGK	Conference Room/TGK Admin	7000 NW 41 Street	10:00 AM	12:00 PM
12/02/15	Corrections Metro West	Conference/Training Room	13850 NW 41 Street	2:00 PM	4:00 PM
12/03/15	Public Works & Waste Mgmt	South Dade Landfill	23707 SW 97th Avenue	6:30 AM	8:00 AM
12/03/15	Aviation	Concourse D-Auditorium, 4th FL	MIA North Terminal	9:30 AM	12:00 PM
12/03/15	Miami-Dade Police	HQ Cafetorium	9105 NW 25 St.	1:30 PM	3:30 PM
12/04/15	Stephen P. Clark Center	Lobby - Atrium	111 NW 1st Street	9:30 AM	12:30 PM

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 Healthy Kids (resulting in gain or loss of insurance)
- Spouse's employer's open enrollment
- Beginning or end of employment of a spouse (resulting in gain or loss of insurance coverage)

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 to access the online Benefits Handbook. You may also download the Change in Status and Benefit Election Change 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.

After Open Enrollment

If you do not submit your enrollment/changes online by the deadline (refer to page 1), you will have to wait until the 2017 Open Enrollment.

Declining 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.

The decision to waive coverage has consequences. Declining County medical coverage without enrolling in another group\marketplace health plan may result in a tax penalty. Go to www.Healthcare.gov for additional information regarding the Affordable Care Act's individual mandate.

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.

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

What Must I Remember to Do Before January 1?

Submit an Affidavit of Eligibility to continue medical coverage for your adult child age 26 – 29. You are required to do this every year, no exceptions. Failure to provide the documentation will result in termination of coverage retroactive to January 1. Be sure to retain proof of mailing.

Did You Experience a Life Event Recently?

Did you get married, divorced, have a new baby? No matter where you are in life, one thing is certain, if someone depends on you financially, you should make sure they are protected. Review your life insurance beneficiary designations periodically to make sure your wishes are properly recorded. You can update you beneficiary designation online by logging on to eNet http://enet.miamidade.gov and selecting the Beneficiary Designation link.

Reporting Healthcare Cost on the 2015 W-2 Tax Form

When you receive your W-2 tax form in January 2016, 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.

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

If you think good health just means treating illnesses when they occur, then you probably are not at your best. Good health means achieving and maintaining a healthy weight, getting optimal nutrition, exercising and staying fit, and taking steps to prevent disease. Taking control of your health and well-being gives you the best chance for living a full and rewarding life.

Are you ready to improve your health but not sure how to get there? Get started by taking your free Personal Health Assessment. Just follow these two easy steps:

1. Log on to the AvMed Web Site at www.avmed.org/mdc
2. Click PHA on the Quick Links menu on the left side of the screen

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.

Additional Tools on

www.avmed.org/mdc

- AvMed's Weight Watchers® Reimbursement Program. Lose weight and keep it off!
- Care Management for Living Healthier – for members with chronic conditions

Other health and fitness resources:

Employee Wellness Center
www.miamidade.gov/wellness/home.asp

Communications
http://www.miamidade.gov/mayor/wellness.asp

Disclosure Notices

Please refer to the 2015 Benefits Handbook at 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 2016 plan year. The online benefits confirmation notice will be the required proof of your 2016 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, 2016. Employees are not permitted to switch plans during the year.

3. All 2016 plan year benefit elections are in effect January 1, 2016 through December 31, 2016 (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, 2015 must submit their benefits selections online through the County's eNet portal New Hire Benefits Enrollment link. Your 2015 new hire plan selections will carry over into 2016. If enrolling in a spending account you will be required to select two (2) annual contribution amounts; one for the balance of 2015 and a separate amount for the 2016 plan year.

Remember These Dates

November 2 - November 20, 2015	Benefit Fairs At Various County Facilities
November 16 - December 4, 2015	Online Enrollment Period (Website closes 12:00 AM)
December 1, 2015	Deadline to Submit Dependent Documentation
January 15, 2016	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	www.miamidade.gov/benefits
MEDICAL PLANS		
AvMed Health Plans	(800) 682-8633	www.avmed.org/mdc
AvMed On site Representatives	(305) 375-5306	SPCC 23rd Floor--M-F, 8:30a - 5:00p
DENTAL & VISION 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
MetLife Vision Plan	(877) 638-2055	www.metlife.com/mybenefits
OTHER		
ARAG Legal Plan	(800) 667-4300	www.ARAGLegalCenter.com code:10277mdc
FBMC	(800) 342-8017	www.myFBMC.com
MetLife Disability Plans	(888) 463-2023	www.metlife.com/mybenefits
ICMA-RC - Deferred Comp.	(305) 375-4710	www.icmarc.org/miamidade
NACo - Deferred Comp.	(866) 986-4264	www.miamidade457.com

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)