



# RETIREE GROUP INSURANCE

## 2016 Monthly Premium Rates - Change/Cancellation Form

Retiree Name: \_\_\_\_\_ Retiree ID: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, & Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

### Please Read Before You Continue

If you do not wish to make changes to your current benefits, no action is required on your part (do not submit this form).

If you wish to make changes to your current benefits, you MUST return this form to our office no later than December 8, 2015.

### Change Medical Coverage to:

If changing plan, please check  one of the following options:

Retirees Under Age 65	AvMed POS	AvMed High Opt HMO	AvMed MDC Select Network HMO	AvMed MDC Jackson First HMO
Retiree or Spouse/Domestic Partner (DP) Under 65	<input type="checkbox"/> \$ 1,165.23	<input type="checkbox"/> \$ 490.30	<input type="checkbox"/> \$ 441.65	<input type="checkbox"/> \$ 409.35
Retiree Under 65 & Spouse/DP Under 65	<input type="checkbox"/> \$ 2,254.09	<input type="checkbox"/> \$ 1,097.61	<input type="checkbox"/> \$ 995.56	<input type="checkbox"/> \$ 927.76
Retiree Under 65 & Child(ren)	<input type="checkbox"/> \$ 2,168.07	<input type="checkbox"/> \$ 1,010.99	<input type="checkbox"/> \$ 916.44	<input type="checkbox"/> \$ 853.64
Retiree Under 65 & Spouse/DP Under 65, plus Child(ren)	<input type="checkbox"/> \$ 2,759.20	<input type="checkbox"/> \$ 1,359.67	<input type="checkbox"/> \$ 1,235.19	<input type="checkbox"/> \$ 1,152.51

\* Plan not available outside Miami-Dade, Broward & Palm Beach Counties

Retirees Over Age 65 or Medicare Eligible (Must be enrolled for Medicare Parts A and B to be eligible for any of the AvMed over 65 plans)	AvMed Low Opt Plan	AvMed High Opt Plan	AvMed High Opt No RX Plan
Retiree over 65 Only	<input type="checkbox"/> \$ 576.49	<input type="checkbox"/> \$ 645.55	<input type="checkbox"/> \$ 280.59
Retiree over 65 & Spouse/Domestic (DP) Partner Over 65	<input type="checkbox"/> \$ 1,112.70	<input type="checkbox"/> \$ 1,245.96	<input type="checkbox"/> \$ 541.59
Retiree over 65 & Spouse/DP Under 65 on AvMed High Opt. HMO		<input type="checkbox"/> \$ 1,135.85	<input type="checkbox"/> \$ 770.89
Retiree over 65 & Child(ren) on AvMed High Opt. HMO		<input type="checkbox"/> \$ 1,166.24	

For additional rates/options visit our website at <http://www.miamidade.gov/humanresources/retirees.asp> or contact our office at 305-375-5633.

### Change Dental Coverage to:

If changing plan, check  one of the following options:

Monthly Rates	Delta Dental Plan		MetLife DHMO (Safeguard)*		Humana - Oral Health Services*	
	Standara	Enricha	Standara	Enricha	Standara	Enricha
Retiree Only	<input type="checkbox"/> \$ 31.22	<input type="checkbox"/> \$ 40.87	<input type="checkbox"/> \$ 11.51	<input type="checkbox"/> \$ 16.76	<input type="checkbox"/> \$ 8.00	<input type="checkbox"/> \$ 14.82
Retiree & one dependent	<input type="checkbox"/> \$ 61.76	<input type="checkbox"/> \$ 80.80	<input type="checkbox"/> \$ 19.02	<input type="checkbox"/> \$ 27.77	<input type="checkbox"/> \$ 13.24	<input type="checkbox"/> \$ 24.58
Retiree & dependents	<input type="checkbox"/> \$ 99.55	<input type="checkbox"/> \$ 30.30	<input type="checkbox"/> \$ 29.11	<input type="checkbox"/> \$ 44.15	<input type="checkbox"/> \$ 20.22	<input type="checkbox"/> \$ 39.02

\* MetLife DHMO and OHS plans are not available outside Miami-Dade, Broward & Palm Beach Counties

### Cancellations

Select (✓) coverage(s) you want to cancel effective January 1, 2016. Please note all cancellations are irrevocable.

Name	Relationship*	Medical <input checked="" type="checkbox"/>	Dental <input checked="" type="checkbox"/>	Life <input checked="" type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*SP- Spouse, CH-Child, DP-Domestic Partner, DPCH- Child of Domestic Partner

Please sign, date, and mail or fax this form  
by **December 8, 2015** to:  
Miami-Dade County  
Human Resources - Benefits Administration  
111 NW 1st Street, Suite 2324 - Miami, FL 33128-1979  
Fax: 305-375-1633 or 305-375-1368

Signature \_\_\_\_\_

Date \_\_\_\_\_