

MIAMI-DADE COUNTY RETIREE GROUP INSURANCE ENROLLMENT NEWSLETTER 2016 Plan Year

A special benefits edition for the retirees of Miami-Dade County • <http://www.miamidade.gov/humanresources/retirees.asp> • November, 2015

SNAPSHOT

Enrollment Deadline:

December 8, 2015

New Elections are Effective:

January 1, 2016

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ONLINE RESOURCES

Medical Plan Comparison

Dental Plan Comparison

Change/Cancellation Form

Retiree Ins. Benefits Handbook

Frequently Asked Questions

Medical & Dental Provider Directories

Link to Plan Websites

Enrollment is Here

The benefits enrollment period is your annual opportunity to make permitted changes to your health insurance coverage through the Miami-Dade County Retiree Group Insurance for the upcoming year. The Enrollment period will be from November 28, 2015 to December 8, 2015.

What's New for 2016?

A new medical plan, AvMed Jackson First HMO, will be offered in 2016. This plan offers the same benefits and co-pays as the AvMed Select HMO with lower premium rates. All medical care, except emergency and urgent care services, must be accessed through Jackson Health System UMHS providers, and must live in Miami-Dade, Broward or Palm Beach County. More information is available on the AvMed website at <http://avmed.prismisp.com/?tab=doctor&plan=mdcs&visitor> and select JACKSON FIRST – Jackson Health System, from the drop-down menu or call the on-site AvMed representatives at (305) 375-5306.

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.

New Benefit - HMO Plans

Effective January 1, 2016 - Bariatric services will be covered under the offered HMO plans. This added coverage will be limited to Jackson facilities/providers only. Previously, bariatric services were only covered under the POS plan.

2016 Premiums

Humana Oral Health Services and Delta Dental Plans premiums will remain the same for 2016. AvMed Medical, MetLife Dental DHMO and MetLife Basic Life Insurance will experience a rate increase. For your convenience, your 2016 personalized Billing Statement is on page 2 of this newsletter and reflects the premiums for 2016 based on your current enrollment.

Enrollment Overview

If you are satisfied with your current medical, dental and/or life insurance coverage, you DO NOT need to take any action and your enrollment will remain the same.

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

To make a qualifying change, e.g., change between HMO or POS plan or cancel your coverage, complete the 2016 Retiree Group Insurance Annual Enrollment Change Form (page 3) and submit it to MDC Benefits Administration no later than December 8, 2015. For additional information visit our website at <http://www.miamidade.gov/humanresources/retirees.asp>. For specific plan benefits and limitations contact the plan administrator directly (page 4) during business hours.

Disclosure Notices

Please visit our website at <http://www.miamidade.gov/humanresources/retirees.asp> for important notices such as: 1. New Health Insurance Marketplace Coverage, 2. Notice of Creditable Coverage - Prescription Coverage/Medicare, 3. Women's Health & Cancer Rights Act, 4. HIPAA Privacy Notice, 5. Medicaid and the Children's Health Insurance Program (CHIP), and 6. Why we Collect SSN Information.

Florida Retirement System (FRS) Payroll Deductions

With FRS Payroll Deductions you can save time and money by having your health insurance premiums automatically deducted from your FRS pension check (this may also apply to Investment Plan members if the premiums do not exceed the value of the Health Insurance Subsidy). To set up this option, simply download the FRS Insurance Payroll Deduction Authorization Form from our website, complete, and fax it to 305-375-1368. If you choose not to be enrolled in this convenient option, payment coupons will be mailed to you by mid-December.



2016 Account Summary

Below is your 2016 account summary based on your current enrollment. If you request to cancel or change coverage for the 2016 plan year, a revised billing notice will be mailed to your home address by mid-December. FRS deducted premiums will be adjusted accordingly.

Name:

ID:

2016 ACCOUNT SUMMARY

	PLAN	COVERAGE DESCRIPTION	MONTHLY PREMIUM
MEDICAL INSURANCE			
DENTAL INSURANCE			
TERM LIFE INSURANCE			
SS TAX			
TOTAL MONTHLY PREMIUM			

Adding/Dropping Dependents

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

You may make a written request to delete your dependent(s) at anytime. This change will be effective at the end of the month the request is received by Benefits Administration and cannot be reversed once a dependant is removed.

Adult Children – Eligibility

Coverage limiting age for dependent children is:

Dental – Age 26 (ends December 31) - There is no extension beyond 26 unless the dependent is incapable of sustaining employment because of mental or physical disability.

Medical – Age 26 (ends December 31) - Medical coverage may be continued beyond December 31, of the year the adult child turns 26, until the end of the calendar year the child turns 30 (December 31). Only medical coverage is available to this group.

Adult children age 26 to 30 are no longer eligible for coverage if any of the following events occur:

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

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

Dependent Documentation Transmittal

If you cover an adult dependent child on your medical plan age 26 – 29, regardless of last name, you must provide proof of eligibility every year. Complete an AvMed Statement of Dependent Eligibility and fax it to our Miami-Dade County On-Site AvMed representatives at (305) 372-6097 or (305) 372-6083, the documentation must be received by January 31, 2016. Failure to provide this documentation will result in the termination of your dependent’s coverage retroactive to January 1, 2016. If you have questions, call our On-Site AvMed representatives at (305) 375-5306.

2016 Monthly Premium Rates - Change/Cancellation Form

Name: _____ ID: _____ Ph: _____

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, circle 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 Under 65	\$ 1,165.23	\$ 490.30	\$ 441.65	\$ 409.35
Retiree Under 65 & Spouse/Domestic Partner Under 65	\$ 2,254.09	\$ 1,097.61	\$ 995.56	\$ 927.76
Retiree Under 65 & Child(ren)	\$ 2,168.07	\$ 1,010.99	\$ 916.44	\$ 853.64
Retiree Under 65 & Spouse/Domestic Partner Under 65, plus Child(ren)	\$ 2,759.20	\$ 1,359.67	\$ 1,235.19	\$ 1,152.51

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	\$ 576.49	\$ 645.55	\$ 280.59
Retiree over 65 & Spouse/Domestic Partner Over 65	\$ 1,112.70	\$ 1,245.96	\$ 541.59
Retiree over 65 & Spouse/ Domestic Partner Under 65 on AvMed High Opt. HMO		\$ 1,135.85	\$ 770.89
Retiree over 65 & Child(ren) on AvMed High Opt. HMO		\$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, circle one of the following options:

Monthly Rates for:	Delta Dental		MetLife DHMO - Safeguard		Humana - Oral Health Services	
	Standard	Enriched	Standard	Enriched	Standard	Enriched
Retiree Only	\$ 31.22	\$ 40.87	\$ 11.51	\$ 16.76	\$ 8.00	\$ 14.82
Retiree & one dependent	\$ 61.76	\$ 80.80	\$ 19.02	\$ 27.77	\$ 13.24	\$ 24.58
Retiree & dependents	\$ 99.55	\$130.30	\$ 29.11	\$ 44.15	\$ 20.22	\$ 39.02

MetLife DHMO and Humana 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	Dental	Life
_____	_____	<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 page
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 _____

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.



Human Resources
 Benefits Administration
 111 NW 1st Street Suite 2324
 Miami, FL 33128-1987

Contact Information

Miami-Dade County Retirees Website <http://www.miamidade.gov/humanresources/retirees.asp>

MEDICAL PLANS

AvMed Health Plans	(800) 682-8633	www.avmed.org/mdc
AvMed Onsite Representatives	(305) 375-5306	SPCC 23rd Floor - M-F 8:30am - 4:30pm
AvMed Medicare Program	(800) 535-9355	

DENTAL PLANS

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

BENEFITS ADMINISTRATION (BA) (305) 375-4288 or 5633 - (305) 375-1368 (FAX) www.miamidade.gov/benefits

Senior Employee Benefits Specialists

Retiree's Last Name Starting With Letters:

Mike Ellis	A, B, C	mellis@miamidade.gov
Sharon Subadan	E, F, G, H	SHY@miamidade.gov
Lourdes Pupo	I, J, K, L, M	lpupo@miamidade.gov
Rina Gomez	D, N, O, P, Q, R	rinag@miamidade.gov
Karen Manjarres	S, T, U, V, W, X, Y, Z	karenm@miamidade.gov

Support Staff

Patricia Perez	A-Z	PerezP@miamidade.gov
Annie Bowens	A-Z	ABOWE01@miamidade.gov

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)