

2017 Your BeneFITS

MIAMI DADE COUNTY EMPLOYEE ANNUAL BENEFITS ENROLLMENT GUIDE



www.miamidade.gov/OpenEnrollment

Choose the right bene**FITS** for you!



Open Enrollment Is Here

The annual Open Enrollment period for County employees will run from Tuesday, November 1, 2016 through Tuesday, November 22, 2016. During this period, benefits-eligible employees may elect or make changes in plans, levels of coverage and update beneficiary and dependent elections. All changes made become effective on January 1, 2017.

The plan benefits for the 2017 plan year will remain virtually unchanged from 2016. The County will continue to offer the three self-insured HMO plans and one POS plan managed by AvMed. Rates for optional enriched and dependent level Humana Dental will decrease by 4% and Metlife will increase by 7%. Your 2017 dental coverage election will be effective from January 1, 2017 through June 30, 2017. Additional information will be provided, when necessary, regarding dental insurance options for the remainder of plan year 2017.

The information provided in this guide is designed to help you make the best selection of Medical Plans for you and your family. Please take time to fully read the information provided and make time to attend one of the on-site Open Enrollment regional meetings and

contact the vendors or the benefits staff with any questions or clarifications you need to make the right choice to meet your needs and budget. You can also visit www.miamidade.gov/openenrollment.

Assess your needs:

- Are you single with no dependents or do you need coverage for yourself and your family?
- Are you relatively healthy, maintain a healthy lifestyle?
- Do you have a chronic medical condition that you are able to manage with annual exams and medication?
- Are your physicians and facilities all in-network or do you access a number of out-of-network providers?
- What medical services have you accessed in the past 12 months?
- Review your claims history by logging into your account on www.AvMed.org/mdc.

Lastly, look at the cost of the plans. When reviewing cost, you need to consider:

- The biweekly premium that will be deducted.
- The co-pays and associated co-insurance (out-of-pocket costs)

What's New in 2017

Every effort was made to bring you the most current information available as of this Guide's print date. Any subsequent changes to employee benefits for 2017 will be posted online at www.miamidade.gov/humanresources/benefits.asp.

- PBA Rank/File and PBA Supervisory Employees are now eligible for the Redesign Plan options as of January 1, 2017.

All Miami-Dade County Self-Funded Health Plans and programs are administered by AvMed.

- The new MDC Jackson First "Pilot" HMO offers \$0 copays for physician services.
- New features include:
 - **Wellness Works Program** provides on-site health coaches, nutritionist and pre-natal advisor
 - **AvMed Smart Shopper** gives you the ability to earn cash back while saving on healthcare costs
 - **AvMed VirtualVISITS** lets you see and talk to a doctor from your mobile device or computer

All plans offered include annual Out-of-Pocket maximums to protect your financial security in the event of unexpected medical expenses. If you utilize out-of-network providers under the POS plan, you are responsible for the difference between the charges and plan-allowed amount, which is not considered in the Out-of-Pocket maximum.

After you have determined your needs, you should review the plans to look for the coverage and benefits that will best meet your needs. There are several places to research this information. For more detailed information visit www.AvMed.org/mdc.



Redesign Plans

AvMed POS / AvMed High Option HMO / AvMed MDC Select Network / AvMed MDC Jackson First HMO / AvMed MDC Jackson First “Pilot” HMO

Biweekly Medical Rates – Redesign Plans

Applicable to Non-Bargaining, AFSCME Aviation, AFSCME General, AFSCME Solid Waste, GSAF Professional and Supervisors, IAFF, PBA Rank\File and PBA Supervisory Employees.

TIER LEVEL	AvMed POS	AvMed HMO High Opt	AvMed MDC Select Network	AvMed MDC Jackson First/“Pilot” 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

*AvMed MDC Jackson First “Pilot” HMO availability is based on Bargaining Unit status.

Copayments – Redesign Plans

2017 PLAN DESIGN	AvMed POS/ High Option HMO	AvMed MDC Select Plan/ Jackson First HMO	AvMed MDC Jackson First “Pilot” HMO****
Inpatient Hospital Copay per Admit*	\$200	\$0	\$0
Emergency Room Copay (waived if admitted)	\$100	\$50	\$50
Urgent Care Copay	\$25/ \$50	\$25	\$25
Outpatient Hospital Copay*	\$100	\$0	\$0
Freestanding Diagnostic Center Copay***	\$0	\$0	\$0
Ambulatory Surgical Center Copay (Independent Non-Hospital Affiliated)	\$0	\$0	\$0
Physician Copays (PCP/Specialist)	\$15 / \$30	\$15 / \$30	\$0 / \$0
Retail Pharmacy Copays (Generic/Pref Brand/Non-Pref Brand)	\$15 / \$40 / \$55	\$15 / \$25 / \$35	\$15 / \$25 / \$35
Mail Order Pharmacy Copays (Generic/Pref Brand/Non-Pref Brand)	\$30 / \$80 / \$110	\$30 / \$50 / \$70	\$30 / \$50 / \$70
Specialty Pharmacy Copay (HMO) Specialty Pharmacy Copay (POS)	\$100	\$15 / \$25 / \$35	\$15 / \$25 / \$35
Out-Of-Pocket Maximum – Individual (2x for dependent coverage)**	\$3,000	\$2,500	\$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.

**** MDC Jackson First “Pilot” HMO availability is based on Bargaining Unit status.

Non-Redesign Plans

AvMed POS / AvMed HMO High Option / AvMed HMO Low Option / AvMed MDC Jackson First “Pilot” HMO

Biweekly Medical Rates – Non-Redesign Plans

Applicable to AFSCME Water & Sewer and Transit Workers Union.

TIER LEVEL	AvMed POS	AvMed HMO High Opt	AvMed HMO Low Opt	AvMed MDC Jackson First “Pilot” 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

*Transport Workers Union - Local 291 Only

Copayments – Non-Redesign Plans

2017 PLAN DESIGN	AvMed POS	AvMed HMO High Opt	AvMed HMO Low Opt	AvMed MDC Jackson First "Pilot" 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
Freestanding Diagnostic Center Copay	\$0	\$0	\$0	\$0
Ambulatory Surgical Center Copay	\$0	\$0	\$0	\$0
Physician Copays (PCP/Specialist)	\$15 / \$30	\$15 / \$30	\$30 / \$45	\$0 / \$0
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 Cvrq)	\$1,500 / \$4,500	\$1,500 / \$3,000	\$6,350 / \$12,700	\$2,500
*Out of Pocket Maximum - Pharmacy (Single\Dependent Cvrq)	\$1,500 / \$3,000	\$1,500 / \$3,000		

* Pharmacy copays count towards the Out of Pocket expenses

** Transport Workers Union - Local 291 Only

2017 Biweekly Rates – All Employees

Dental Plan 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	\$3.03	\$2.33	\$7.35	\$5.42	\$13.74
METLIFE DHMO	Prepaid Dental	\$0.00	\$2.59	\$3.71	\$8.03	\$8.69	\$16.12

Your 2017 dental coverage election will be effective from January 1, 2017 through June 30, 2017. Additional information will be provided, when necessary, regarding dental insurance options for the remainder of plan year 2017.

Other Plan Rates

METLIFE VISION		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

Other Plan Rates

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

METLIFE LTD	Premium Per \$100 of Covered Monthly Payroll
Low Opt (\$2,000 max monthly benefit)	\$0.192
High Opt (\$4,000 max monthly benefit)	\$0.230
Premier (\$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/humanresources/benefits.asp for additional information regarding imputed income tax. Please consult with a financial planner or tax consultant to see how that impacts your particular situation.

IRS 1095-C Form – Employer Provided Health Insurance

When filing 2016 taxes, you will need to show whether you had minimum essential coverage, as defined and required by the Affordable Care Act (ACA). To provide the information needed for tax filing, employers who sponsor self-funded health plans generally must provide a Form 1095-C by January 31, 2017. Form 1095-C demonstrates that you were given the opportunity to enroll in ACA-compliant coverage and, if applicable, you enrolled in it.

For more information, go to www.miamidade.gov/humanresources/library/benefit-change-advisory-health-care-information.pdf or contact:
Human Resources–Benefits Administration
(305) 375-5632

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 within 31 days of the child reaching the limiting age of 26.
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.

For a full list of limitations please refer to the Miami-Dade County Employee Benefit Handbook online at www.miamidade.gov/openenrollment.

Are You Adding a New Dependent?

If you are adding a new dependent for the 2017 plan year, you must provide supporting documentation that the dependent meets the eligibility requirement for coverage under the Miami-Dade County insurance plans. This is a mandatory requirement that applies to any new dependent added now and 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 (if enrolled), retroactive to January 1.

Acceptable Documents

Children

- Adoption Certificate
- Birth Certificate
- Official Court Documentation of legal and permanent custody
- Social Security Income Statement (disabled child)

Spouse

- Marriage Certificate
- Domestic Partnership Certificate

Over Age Dependent Children – New and Currently Enrolled

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 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 2017 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.

Gather the required documentation listed above. Enter your name and employee ID on your dependent's document for easier identification. Please make sure the document is legible and retain proof of mailing, or fax transmittal for your records.

Fax Documents to AvMed

AvMed Health Plans

MDC Onsite Service Center Faxes

Fax: (305) 372-6097 or Fax: (305) 372-6083

MDC Onsite Service Center

Phone (305) 375-5306

Online Enrollment Overview

For the 2017 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 www.miamidade.gov/openenrollment. 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 elections, no problem. The website is secure and available 24/7 during the Open Enrollment period.

Ensure that your dependents still qualify for coverage. Use this guide and look on the Open Enrollment website. Once you have the answers you need, begin the enrollment process. The deadline to change your plan elections is November 22, 2016. Once the deadline expires, you are locked into the plan elections you made until the next Open Enrollment period.

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 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, 8 a.m. to 5 p.m.

Find the regional meetings schedule at www.miamidade.gov/openenrollment.

Checklist For Online Enrollment

Obtain this information before you begin:

- Your eNet User ID and Password
- Name of Dependent(s) to be added or removed
- Dependent's Date of Birth & Social Security Number
- Primary Care Physician (PCP) – Only if enrolling in the AvMed HMO Low Option
- 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.

Generic Medications Cost Less

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 two co-payments and it's conveniently delivered to your home, so you save on gas too! Go to www.avmed.org/mdc to download the 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/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.

Change In Status (CIS)

Once the Open Enrollment period closes, you may add or delete dependents to your health plan only under limited circumstances such as a Qualifying Event (QE). Changes must be reported within 45 days of a QE (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.

For additional information and Internal Revenue Code (IRC) Section 125 QEs, go to www.miamidade.gov/humanresources/benefits.asp to access the online Benefits Handbook. You may also download the CIS and Benefit Election Change forms from this website.

Your change request must include documentation supporting the loss or gain of insurance coverage. Do not delay submission of your CIS 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 17), you will have to wait until the next Open Enrollment period.

Declining Medical Coverage

You may opt-out of County-provided medical coverage during open enrollment. If you decline coverage, you cannot reapply 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).

The Wellness Works Program

The Wellness Works Program is focused on improving employee health and well-being, while serving to curb rising healthcare costs. The Wellness Works Program provides wellness education, events and activities that put money back in your pocket just by participating. Each quarter MDC employees have the opportunity to earn rewards by participating in health fairs, quarterly challenges, free onsite coaching, free nutritional counseling, online education, lunch and learns, completing the personal health assessment and more. The program also provides discounts on gym memberships and the weight watchers program. For more information visit www.miamidade.gov/wellnessworks.



WELLNESSWORKS
MIAMI-DADE COUNTY

Disease Management

Receive support managing your condition with the disease management program. This service is free with your AvMed plans. You will learn how to manage your condition, lower your risks for new conditions, work better with your doctor, take your medicine safely and also receive education and resources specific to your condition. If you have a condition and or think you're at risk contact AvMed/Optum (855) 81-AVMED (28633) for more information about the program.

Prescription for Healthy Living

If you agree to participate in this program, the co-pays for your diabetes, cholesterol and high blood pressure medications will be reduced to zero for any generic medication and \$5 for any second and third tier medication. Contact AvMed to opt-in. Additional requirements apply.

Employee Support Services (ESS)

Employee Support Services is a benefit designed to provide a confidential service to employees who are experiencing difficulties that are affecting their ability to function on the job, at home, or in society, all at no cost. Outside provider referral copays apply. For more information or to schedule an appointment call 305-375-3293.

Additional Tools on www.avmed.org/mdc

- **AvMed's Weight Watchers® Reimbursement Program** – lose weight and keep it off!
- **Care Management** – for members with chronic conditions

Other health and fitness resources

Employee Wellness Center

www.miamidade.gov/wellness/home.asp

Disclosure Notices

Please refer to the 2017 Benefits Handbook at www.miamidade.gov/humanresources/benefits.asp 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 2017 plan year. The online benefits confirmation notice will be the required proof of your 2017 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, 2017. Employees are not permitted to switch plans during the year.
3. All 2017 plan year benefit elections are in effect January 1, 2017 through December 31, 2017 (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, 2016 must submit their benefits selections online through the County's eNet portal New Hire Benefits Enrollment link. Your 2016 new hire plan selections will carry over into 2017. If enrolling in a spending account you will be required to select two (2) annual contribution amounts; one for the balance of 2016 and a separate amount for the 2017 plan year.

Remember These Dates

November 1 - November 22, 2016	Benefit Fairs at Various County Facilities
November 1 - November 22, 2016	Online Enrollment Period (24 hour website closes at 12:00 a.m. on Nov 22)
December 1, 2016	Deadline to Submit Dependent Documentation
January 13, 2017	Deadline for Reporting System Errors in the Processing of Online Benefit Elections

Update Your Life Insurance Beneficiary Designation

If you need peace of mind on your family's future, take time to update your beneficiary designation on your basic or optional life insurance on eNet. The process is easy, secure and will only take a few minutes. Do not leave this important decision for later. For more information, visit www.miamidade.gov/humanresources/benefits.asp.

FSA Funds

To ensure you don't lose your remaining 2016 Healthcare FSA funds, you will need to spend that money by March 15, 2017 and submit your reimbursement for Dependent and Healthcare FSA request(s) before April 30, 2017. Miss these deadlines and that money – YOUR money – will sadly be forfeited. So please, plan carefully and be sure to spend the money you set aside.

Need to check how much money you have left in your FSA Health-care or Dependent Care account? Visit www.myfbmc.com.

NOTES

Contact Information

Open Enrollment website		www.miamidade.gov/openenrollment
Benefits Administration Unit (BAU)	(305) 375-4288 or 5633	www.miamidade.gov/humanresources/benefits.asp
Wellness Works		www.miamidade.gov/wellnessworks

MEDICAL PLANS

AvMed Health Plans	(800) 682-8633	www.avmed.org/mdc
AvMed On site Representatives	(305) 375-5306	SPCC 23rd Floor Mon-Fri 8:30 a.m. - 5:00 p.m.

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	(877) 638-2055	www.metlife.com/mybenefits

OTHER

ARAG Legal Plan	(800) 667-4300	www.ARAGLegalCenter.com code: 10277mdc
Flexible Spending Accounts	(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
Nationwide - 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)



www.miamidade.gov/OpenEnrollment

