

# 2018 Your Retiree Benefits FITS

Miami-Dade County Retiree Group Insurance Enrollment Newsletter

## Retiree Enrollment is Here

The retiree enrollment period is your annual opportunity to make permitted changes to your health insurance coverage through the Miami-Dade County (MDC) Retiree Group Insurance program for the upcoming year. The Enrollment period will be from **October 27, 2017 to November 15, 2017**. The plan benefits for the 2018 plan year will remain unchanged from 2017. The County will continue to offer the three self-insured HMO plans and one POS plan managed by AvMed.



### What's New for 2018?

In July 2017 we introduced our new pre-paid Dental plan DeltaCare USA. This is your opportunity to re-evaluate your selection and determine which plan will work best for you and your family. The County offers both a Dental PPO and a Dental DHMO, each with a Standard and Enriched program option. Now is the time to change your election if you feel that one of the other options is better for you.

#### Delta Dental PPO

Choose the dentist of your choice. Benefits are payable at various coinsurance levels. A deductible is applied for services other than preventive and diagnostic. Annual maximum reimbursements apply. The Enriched plan also includes orthodontia.

#### DeltaCare USA

Choose a dentist from a list of participating dentists and receive coverage for a variety of services. Participating dentists are primarily in the South Florida Tri-county area. Most preventive, diagnostic and many other services are provided at no additional cost to members. Some services have fixed co-payments. There are no claim forms, no deductibles and no annual dollar maximum under the DHMO dental programs. The Enriched DHMO Dental plan provides additional benefits and specialty coverage not covered under the Standard program. Services must be received by a participating provider within the plan's service area. Detailed coverage information on each plan may be found at [www.miamidade.gov/humanresources/benefits.asp](http://www.miamidade.gov/humanresources/benefits.asp).

### 2018 Premiums

AvMed Medical and MetLife Life Insurance will experience a rate increase. Delta Dental Plans premiums will remain the same for 2018. For your convenience, your 2018 personalized Billing Statement is on page 2 of this newsletter and reflects the premiums for 2018 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 2018 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 2017, and change medical plans for the 2018 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 change, e.g., change between HMO or POS plan or cancel your coverage, complete the 2018 Retiree Group Insurance Annual Enrollment Change Form (page 3) and submit it to the MDC Benefits Division no later than November 15, 2017. 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.

### Dependent Eligibility Audit

In October we notified retirees who cover a dependent that the County is undergoing a full audit of all dependents on the medical plan. This entails collecting documentation that prove your enrolled dependents are legally your dependents. If you have not yet submitted the appropriate documentation to comply with this requirement, please submit your documents as soon as possible to avoid the cancellation of your enrolled dependent(s).

### Florida Retirement System (FRS) Payroll Deductions

With FRS Payroll Deductions you can save time and avoid having your benefits cancelled 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.

### 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 the Benefits Division along with proof of dependent eligibility. You may make a written request to delete your dependent(s) at any time. This change will be effective at the end of the month the request is received by the Benefits Division and cannot be reversed once a dependent is removed.



## 2018 Account Summary

Below is your 2018 account summary based on your current enrollment. If you request to cancel or change coverage for the 2018 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:

	Plan	Coverage Description	Monthly Premium
Medical Insurance			
Dental Insurance			
Term Life Insurance			
SS Tax			
<b>Total Monthly Premium</b>			

### Coverage Limiting Age for Dependent Children

**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) unless otherwise noted. **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 FL (unless FT/PT student)
- Acquiring dependent children
- Entering Military Service
- Becoming eligible for group medical coverage

It is important to note that MDC does not automatically cancel medical coverage for children who attain age 26. It is the responsibility of the retiree to notify our office in writing that their dependent child no longer meets the criteria to continue under the medical plan beyond age 26.

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 Affidavit of Extended Dependent Eligibility and fax it to our MDC On-Site AvMed representatives at (305) 372-6097 or (305) 372-6083. The documentation must be received by January 31, 2018. Failure to provide this documentation will result in the termination of your dependent's coverage retroactive to December 31, 2017. If you have questions, call our On-Site AvMed representatives at (305) 375-5306.

### 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 two co-payments and it's conveniently delivered to your home, so you save on gas too! Go to [www.avmed.org/mdc](http://www.avmed.org/mdc) to download the mail order form.

### Urgent Care or ER?

If you or a family member have 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](http://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		
<b>Urgent Care Center</b> Know where they are	<b>Emergency Room</b> Know how to get there fast	<b>Ambulance</b> 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 toll-free: 1-888-866-5432 (TTY 711). Their experts are always available to answer your questions or help with triage conditions.

### The Wellness Works Program

Retirees enrolled in the County's POS plan or any of the HMO Plans are eligible to participate in The Wellness Works Program. This program is focused on improving retiree health and well-being, while serving to curb rising healthcare costs. The Wellness Works Program provides wellness education, events and activities. Each quarter MDC retirees have the opportunity to participate in health fairs, quarterly challenges, free onsite coaching, free nutritional counseling, online education, lunch and learns, and the ability to track claims and Personal Health Assessment (PHA) online. The program also provides discounts on gym memberships and the Weight Watchers Program. For more information visit [www.miamidade.gov/wellnessworks](http://www.miamidade.gov/wellnessworks).

### 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.

### Additional Tools on [www.avmed.org/mdc](http://www.avmed.org/mdc)

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

# 2018 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 November 15, 2017.

## 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	\$1,319.09	\$569.88	\$515.69	\$479.68
Retiree Under 65 & Spouse/Domestic Partner Under 65	\$2,547.02	\$1,264.64	\$1,150.91	\$1,075.36
Retiree Under 65 & Child(ren)	\$2,436.54	\$1,165.71	\$1,060.33	\$990.34
Retiree Under 65 & Spouse/Domestic Partner Under 65, plus Child(ren)	\$3,156.82	\$1,563.40	\$1,424.67	\$1,332.50

## 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	\$675.52	\$756.45	\$328.80
Retiree over 65 & Spouse/Domestic Partner Over 65	\$1,282.37	\$1,435.94	\$624.17
Retiree over 65 & Spouse/Domestic Partner Under 65 on AvMed High Opt. HMO	\$1,245.40	\$1,326.33	\$898.68
Retiree over 65 & Child(ren) on AvMed High Opt. HMO	\$1,271.35	\$1,352.28	\$924.63

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:

	Delta Dental PPO		DeltaCare DHMO	
	Standard	Enriched	Standard	Enriched
Retiree Only	\$ 29.03	\$ 40.87	\$10.08	\$11.29
Retiree & one dependent	\$ 57.44	\$ 80.80	\$16.65	\$18.72
Retiree & dependents	\$ 92.58	\$130.30	\$25.48	\$29.77

## Cancellations:

Select (✓) coverage(s) you want to cancel effective January 1, 2018. 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 **November 15, 2017** to:

Miami-Dade County  
Human Resources • Benefits Division  
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 Florida 33128-1987  
 005-1617-38759

Presorted  
 First-Class Mail  
 US Postage  
**PAID**  
 Miami, FL  
 Permit #8788



## Contact Information

Miami-Dade County Retirees Website [www.miamidade.gov/humanresources/retirees.asp](http://www.miamidade.gov/humanresources/retirees.asp)

### MEDICAL PLANS

AvMed Health Plans	(800) 682-8633	<a href="http://www.avmed.org/mdc">www.avmed.org/mdc</a>
AvMed Onsite Representatives	(305) 375-5306	SPCC 23rd Floor; M-F 8:30am-4:30pm

### DENTAL PLANS

Delta Dental PPO <sup>SM</sup>	(800) 521-2651	<a href="http://www.deltadentalins.com/mdc">www.deltadentalins.com/mdc</a>
DeltaCare <sup>®</sup>	(800) 422-4234	<a href="http://www.deltadentalins.com/mdc">www.deltadentalins.com/mdc</a>

### BENEFITS DIVISION

**(305) 375-4288 or (305) 375 5633**      [www.miamidade.gov/benefits](http://www.miamidade.gov/benefits)  
**(305) 375-1368 (FAX)**

#### Senior Employee Benefits Specialists

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Ashley Jitta	S, T, U, V, W, X, Y, Z	<a href="mailto:Ashley.Jitta@miamidade.gov">Ashley.Jitta@miamidade.gov</a>

#### Retiree's last name starting with letters:

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)