

MIAMI-DADE COUNTY RETIREE GROUP INSURANCE ENROLLMENT NEWSLETTER 2015 Plan Year

A special benefits edition for the retirees of Miami-Dade County • <http://www.miamidade.gov/humanresources/retirees.asp> • November, 2014

SNAPSHOT

Enrollment Deadline:

December 1, 2014

New Elections are Effective:

January 1, 2015

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ONLINE RESOURCES

Medical Plan Comparison

Dental Plan Comparison

Retiree Insurance Benefits
Handbook

Frequently Asked Questions
(FAQs)

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 12, 2014 to December 1, 2014.

What's New for 2015?

A new Select Network HMO option will only be offered to retirees and their dependents under the age of 65 living in Miami-Dade, Broward, or Palm Beach Counties. The Select Network Plan has the same benefits (co-pays) as those currently (2014) offered in the High Option HMO plan, with the exception of Emergency Room co-pay. The Select Plan was designed with a smaller (select) network of providers in Miami-Dade, Broward and Palm Beach Counties to achieve cost savings that are being passed on to employees and retirees.

The Select Network HMO plan option will be offered in addition to the AvMed POS and HMO High Option plans currently offered. The Low Option HMO will no longer be offered.

If you are satisfied with your current medical, dental and/or life insurance elections, you do not need to take any action and your enrollment will remain the same. However, if you are enrolled in the Low Option HMO Plan, you must select a medical plan for 2015 or you will be defaulted to a current plan offering. To make a change or cancel your coverage, complete a 2015 Annual Enrollment Form and submit it to our office by December 1, 2014. For additional information and/or to download the form, go to <http://www.miamidade.gov/humanresources/retirees.asp>. The Retiree Benefits Handbook can also be found on this web page.

2015 Premiums

Medical premiums are listed on page 3. Rates for Delta Dental and Humana Dental will remain the same; however, the 2015 MetLife DHMO Dental Plan rates will increase by 15%.

Pharmacy Benefits Manager (PBM)

Effective January 1, 2015, AvMed will change its Pharmacy Benefits Managers (PBM) from Catamaran Rx to CVS Caremark. This change will allow AvMed and its clients to enjoy significant savings, and greater formulary management. The mail order vendor will also change from Medco Mail to CVS Caremark. We will have the same pharmacy network, formularies, pharmacy claim processing codes, and contact information. The member ID cards will indicate a new BIN (Bank Identification Number) to facilitate proper claim processing. AvMed's specialty drug contractor, Accredo, may also change as of January 1, 2015. You will be notified once a decision has been made regarding the specialty drug contractor. Any mail order prescriptions you fill as of January 1, 2015, must be on the new CVS Caremark mail order form. Do not use the Medco form for new prescriptions after December 31, 2014.

Enrollment Overview

Making a change is easy! Download a 2015 Retiree Medical/Dental Plan Annual Enrollment Form from our website <http://www.miamidade.gov/humanresources/retirees.asp>, complete, sign, date and mail to: Miami-Dade County, Benefits Administration, 111 NW 1st Street, Suite 2324, Miami, FL 33128. You may also fax your request to 305-375-1368. All change requests must be received in our office no later than December 1, 2014. Contact us at 305-375-5633 for assistance, if you do not have access to a computer.

Don't wait until the last minute! If you have questions regarding plan benefits, review the online benefits information (FAQs, Plan Comparison, etc.) or contact the plan administrator directly during business hours for specific plan benefits and limitations.

Important note: If you do not submit your 2015 Retiree Medical/Dental Plan Enrollment Form by the deadline (December 1, 2014), you will have to wait until the next enrollment period to make a change in coverage.



2015 Account Summary

Below is your 2015 account summary based on your current enrollment. If you request a change in coverage for the 2015 plan year, a billing notice will be mailed to your home address by mid-December. FRS deducted premiums will be adjusted accordingly.

Name:

ID:

2015 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 25 (ends December 31) - There is no extension beyond 25 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 prior to age 26 (or age 25 for dental). 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, 2015. Failure to provide this documentation will result in the termination of your dependent's coverage retroactive to January 1, 2015. If you have questions, call our On-Site AvMed representatives at (305) 375-5306.

2015 Monthly Premium Rates - Medical Insurance

Retirees Under Age 65	AvMed POS	AvMed High Opt HMO	AvMed Select Network HMO
Retiree or Spouse/Domestic Partner Under 65	\$ 1,086.28	\$ 449.45	\$ 403.67
Retiree Under 65 & Spouse/Domestic Partner Under 65	\$ 2,103.79	\$ 1,011.90	\$ 915.85
Retiree Under 65 & Child(ren)	\$ 2,030.33	\$ 931.61	\$ 842.62
Retiree Under 65 & Spouse/Domestic Partner Under 65, plus Child(ren)	\$ 2,555.18	\$ 1,255.15	\$ 1,138.00
Retirees Over Age 65 or Medicare Eligible	AvMed Low Opt Plan	AvMed High Opt Plan	AvMed High Opt No RX Plan
Retiree over 65 Only	\$ 501.72	\$ 561.82	\$ 244.20
Retiree over 65 & Spouse/Domestic Partner Over 65		\$ 1,102.52	\$ 479.24
Retiree over 65 & Spouse/ Domestic Partner Under 65 on AvMed High Opt. HMO		\$ 1,011.27	\$ 693.65
Retiree over 65 & Child(ren) on AvMed High Opt. HMO		\$ 1,043.98	

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

2015 Monthly Premium Rates - Dental Insurance

Monthly Rates for:	Delta Dental		MetLife DHMO - Safeguard		Humana - Oral Health Services	
	Standard	Enriched	Standard	Enriched	Standard	Enriched
Retiree Only	\$ 31.22	\$ 40.87	\$ 10.01	\$ 14.57	\$ 8.00	\$ 14.82
Retiree & one dependent	\$ 61.76	\$ 80.80	\$ 16.54	\$ 24.15	\$ 13.24	\$ 24.58
Retiree & dependents	\$ 99.55	\$130.30	\$ 25.31	\$ 38.39	\$ 20.22	\$ 39.02

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

How to Save on Prescriptions

Generic Prescriptions

Everyone is looking for ways to save right now. One of the easiest ways to keep prescription drug expenses down is to choose generic medications when available. Generic medications contain identical active ingredients, have the same indication for use, meet the same manufacturing standards, and are identical in strength and dosage as brand name medications.

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 to www.avmed.org/mdc to download the mail order form. Important Note: Any mail order prescriptions you fill as of January 1, 2015 must be on the new CVS Caremark mail order form. Do not use the Medco form for new prescriptions after December 31, 2014.

Disclosure Notices

Please visit our website at <http://www.miamidade.gov/humanresources/retirees.asp> for the following important notices:

1. HIPAA Privacy Notice
2. Why we Collect SSN Information
3. Women's Health & Cancer Rights Act
4. New Health Insurance Marketplace Coverage
5. Notice of Creditable Coverage - Prescription Coverage/Medicare
6. Medicaid and the Children's Health Insurance Program (CHIP)

Florida Retirement System (FRS) Payroll Deductions

With the convenience of FRS Payroll Deductions you can save time and money by arranging to have 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 <http://www.miamidade.gov/humanresources/retirees.asp>, 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.

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

Support Staff

Patricia Perez	A-Z	PerezP@miamidade.gov
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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)