

2017 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 Benefits Administration for the upcoming year. The Enrollment period will be from **November 1, 2016 to November 22, 2016**. The plan benefits for the 2017 plan year will remain unchanged from 2016. The County will continue to offer the three self-insured HMO plans and one POS plan managed by AvMed.



What's New for 2017?

All Miami-Dade County Self-Funded Health Plans and programs are administered by AvMed. New features for pre-65 retirees include:

- **Wellness Works Program** – provides on-site health coaches, nutritionists and pre-natal advisors
- **AvMed SmartShopper** – gives you the ability to earn cash back while saving on health care costs
- **AvMed VirtualVISITS** – lets you see and talk to a doctor from your mobile device or computer

For more information call the on-site AvMed representatives at (305) 375-5306.

2017 Premiums

We are pleased to announce that Humana Oral Health Services monthly premiums are reduced. AvMed Medical and MetLife Dental DHMO will experience a rate increase. Delta Dental Plans premiums will remain the same for 2017. For your convenience, your 2017 personalized Billing Statement is on page 2 of this newsletter and reflects the premiums for 2017 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 2017 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 2016, and change medical plans for the 2017 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. **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.**

To make a qualifying change, e.g., change between HMO or POS plan or cancel your coverage, complete the 2017 Retiree Group Insurance Annual Enrollment Change Form (page 3) and submit it to Benefits Administration no later than November 22, 2016. For additional information visit our website at 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 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 & HIPAA Enrollment 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 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 Benefits Administration along with proof of eligibility documents.

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 Benefits Administration and cannot be reversed once a dependent is removed.

continued on next page.



2017 Account Summary

Below is your 2017 account summary based on your current enrollment. If you request to cancel or change coverage for the 2017 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			
Total Monthly Premium			

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
- Acquiring dependent children
- Entering Military Service
- Relocating outside of FL (unless FT/PT student)
- 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, 2017. Failure to provide this documentation will result in the termination of your dependent's coverage retroactive to January 1, 2017. If you have questions, call our On-Site AvMed representatives at (305) 375-5306

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 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 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 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 under 65 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 eligible member 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 eligible retirees have the opportunity to earn rewards by participating in health fairs, 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.

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/Op-tum 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 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.

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.

2017 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 22, 2016.

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	\$1,211.06	\$514.00	\$463.71	\$430.30
Retiree Under 65 & Spouse/Domestic Partner Under 65	\$2,341.34	\$1,147.36	\$1,041.84	\$971.73
Retiree Under 65 & Child(ren)	\$2,248.04	\$1,057.08	\$959.30	\$894.36
Retiree Under 65 & Spouse/Domestic Partner Under 65, plus Child(ren)	\$2,877.63	\$1,420.36	\$1,291.63	\$1,206.12

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	\$602.10	\$674.23	\$293.06
Retiree over 65 & Spouse/Domestic Partner Over 65	\$1,156.58	\$1,295.09	\$562.95
Retiree over 65 & Spouse/Domestic Partner Under 65 on AvMed High Opt. HMO	\$1,116.10	\$1,188.23	\$807.06
Retiree over 65 & Child(ren) on AvMed High Opt. HMO	\$1,145.18	\$1,217.31	\$836.14

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	\$12.32	\$17.93	\$7.68	\$14.24
Retiree & one dependent	\$ 61.76	\$ 80.80	\$20.35	\$29.71	\$12.72	\$23.60
Retiree & dependents	\$ 99.55	\$130.30	\$31.15	\$47.24	\$19.42	\$37.46

*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, 2017. 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

Signature _____

Date _____

Please sign, date, and mail or fax this page by **November 22, 2016** 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



Human Resources
 Benefits Administration
 111 NW 1st Street Suite 2324
 Miami Florida 33128-1987
 005-1617-27497 10/17

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 US Postage
PAID
 Miami, FL
 Permit #8788



Contact Information

Miami-Dade County retirees website 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-5:00pm

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

(305) 375-4288 or 5633
(305) 375-1368 (FAX)

www.miamidade.gov/humanresources/benefits.asp

Senior Employee Benefits Specialists

Mike Ellis
 Sharon Subadan
 Lourdes Pupo
 Rina Gomez
 Karen Manjarres

Retiree's last name starting with letters:

A, B, C
 E, F, G, H
 I, J, K, L, M
 D, N, O, P, Q, R
 S, T, U, V, W, X, Y, Z

mellis@miamidade.gov
shy@miamidade.gov
lpupo@miamidade.gov
rinag@miamidade.gov
karenm@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)