

TWOTHOUSANDNINETEEN YOUR BENEFITS

Miami-Dade County Employee Annual Benefits Enrollment Guide



www.miamidade.gov/OpenEnrollment

OPEN ENROLLMENT
OCTOBER 1-15, 2018

Open Enrollment Is Here

The annual Open Enrollment period for County employees will run from Monday, October 1, 2018 through Tuesday, October 15, 2018. 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, 2019.

The plan benefits for the 2019 plan year will remain virtually unchanged from 2018. The County will continue to offer the three self-insured HMO plans and one POS plan managed by AvMed, and two dental plans managed by Delta Dental.

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

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. For more detailed information visit www.AvMed.org/mdc.

Update Your Beneficiary Designations!

- **Review and/or update** your beneficiary designations today by visiting the new Employee Portal at <https://secure.miamidade.gov/employee/home.page>, and select Beneficiary Designation. (Employee ID and password is required)
- **Paper Beneficiary** designation forms are no longer being accepted.
- There are separate links on the page to make **changes to your beneficiary designations** for the PBA Accidental Death Insurance (PBA Only), FRS Retirement plan, and ICMA-RC and Nationwide deferred compensation plans.
- **Update your beneficiaries now** - do not leave this important decision for later or the Florida Statute will apply!

Submit Your Dependent Documentation Before Open Enrollment Closes!

- Your **dependents will not be covered** unless your documentation is submitted by the Open Enrollment deadline.
- Once the deadline passes, you **will not be permitted to add** your dependents to your coverage until the next Open Enrollment period, unless you have a qualifying event.
- **Review** page 7 of this Guide or the Employee Benefits Handbook for a list of acceptable documentation to verify eligibility.
- **Failure to remove** ineligible dependents may affect your bi-weekly premiums for the remainder of the plan year.

Medical Plans

AvMed POS / AvMed High Option HMO / AvMed MDC Select Network / AvMed MDC Jackson First HMO

Biweekly Medical Rates

TIER LEVEL	AvMed MDC Jackson First HMO	AvMed MDC Select Network HMO	AvMed HMO High Opt	AvMed POS
EMPLOYEE ONLY	\$0.00	\$0.00	\$75.00	\$100.00
EMPLOYEE + CHILD(REN)	\$112.02	\$141.00	\$180.17	\$285.86
EMPLOYEE + SPOUSE	\$134.71	\$166.00	\$208.35	\$344.54
EMPLOYEE + FAMILY	\$197.84	\$236.00	\$287.77	\$595.59

Biweekly Rates

PLAN	EMPLOYEE ONLY		EMPLOYEE + 1		EMPLOYEE + FAMILY	
	STD	ENR	STD	ENR	STD	ENR
DELTACARE USA	\$0.00	\$0.56	\$3.03	\$3.99	\$7.11	\$9.09
DELTA DENTAL DPPO	\$0.00	\$5.46	\$13.11	\$23.89	\$29.33	\$46.74

Other Plan Rates

METLIFE VISION	
EMPLOYEE ONLY	\$2.10
EMPLOYEE + 1	\$4.20
EMPLOYEE + FAMILY	\$7.72

ARAG LEGAL PLAN	
EMPLOYEE ONLY	\$7.29
EMPLOYEE + 1	\$9.34
EMPLOYEE + FAMILY	\$9.61

Other Plan Rates (continued)

FLEXIBLE SPENDING ACCOUNTS (FSA)		
	Contribution Limit	Administrative Fees Per Pay Period
Healthcare FSA Only	\$2,650	\$1.36
Dependent Care FSA Only	*\$5,000	\$1.36
Both Health & Dependent Care		\$1.36

* Maximum Dependent Care FSA annual deposit depends on participant’s tax filing status:

- Married and filing separately \$2,500
- Single and head of household \$5,000
- Single and not head of household \$2,500
- Married and filing jointly \$5,000

METLIFE Short Term Disability (STD)	Premium Per \$100 Weekly Benefit
Low Opt (\$500 max weekly benefit)	\$1.38
High Opt (\$1,000 max weekly benefit)	\$1.38

METLIFE Long Term Disability (LTD)	Premium Per \$100 of Covered Monthly Payroll
Low Opt (\$2,000 max monthly benefit)	\$0.221
High Opt (\$4,000 max monthly benefit)	\$0.265
Premier (\$7,000 max monthly benefit)	\$0.368

Dependents Eligible for Coverage are:

Spouse, Domestic Partner (DP), Child, Child with a disability, Stepchild, Foster Child, Legal Guardianship, Grandchild and Over-age dependent. 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 dependent for the 2019 plan year, you must provide supporting documentation that the dependent meets the eligibility requirement for coverage under the Miami-Dade County insurance plans by the end of Open Enrollment. This is a mandatory requirement that applies to any dependent added now and in the future. Please be aware that failure to provide acceptable documentation will result in no coverage for the newly added dependent for plan year 2019.

Acceptable Documents

Children

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

Spouse

- Marriage Certificate (issued by government entity)
- 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 cancellation of coverage and unpaid claims effectively as of January 1, 2019. To enroll a new over-age dependent in your 2019 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.

Please note: It is your responsibility to remove ineligible or over-age dependents from your coverage for the upcoming benefit year. Failure to do so will result in you paying the premium for the existing level of coverage through the end of the plan year, unless you have a qualifying event.

Gather the required documentation listed above by the end of Open Enrollment. 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

Benefits Administration Unit
Fax (305) 375-2964

Online Enrollment Overview

Open Enrollment participation is very important. Please take this opportunity to review your current plan elections and decide if they still meet your needs. You may change your 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. No 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 October 15, 2018. Once the deadline expires, you are locked into the plan elections you make until the next Open Enrollment period. In addition, you will pay the premiums for these elections for the entire benefit year regardless of dependent eligibility, unless you have a qualifying event.



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 meeting schedule at www.miamidade.gov/openenrollment.

Checklist For Online Enrollment

Obtain this information before you begin:

- ☐ Your User ID and Password
- ☐ Name of Dependent(s) to be added or removed
- ☐ Dependent's Date of Birth and Social Security Number
- ☐ Primary Care Physician (PCP) – Only if enrolling in the DeltaCare DHMO
- ☐ Annual Contribution Amount – If enrolling/re-enrolling in a Flexible Spending Account



After Open Enrollment

If you do not submit your enrollment/changes online by the deadline of October 15, 2018, you will have to wait until the next Open Enrollment period. Employees are not permitted to switch plans during the year once Open Enrollment closes.

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. Should you decide to decline coverage during Open Enrollment, make sure you do so through the Open Enrollment website; otherwise, you will be required to complete and submit a paper Coverage Waiver Form.

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 Internal Revenue Code 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 Department Personnel Representative (DPR) in writing and will be processed prospectively (next pay period from date request is received).



Important Notes

1. Print and retain the online benefits confirmation notice after you make your elections for the 2019 plan year. The online benefits confirmation notice will be the required proof of your 2019 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, 2019. Employees are not permitted to switch plans during the year.
3. All Open Enrollment 2019 plan year benefit elections are in effect January 1, 2019 through December 31, 2019.
4. If you are a new hire with a benefits eligibility date of November 1 or December 1, 2018, you must submit your benefits selections online through the County's eNet portal New Hire Benefits Enrollment link. Your 2018 new hire plan selections will carry over into 2019. If enrolling in a spending account you will be required to select two (2) annual contribution amounts; one for the balance of 2018 and a separate amount for the 2019 plan year.
5. Remove any ineligible or overage dependents from your coverage for the upcoming benefit year through the Open Enrollment website by the October 15, 2018 deadline. Failure to do so will result in your paying the premium for the existing level of coverage through the end of the plan year, unless you have a qualifying event.

Remember These Dates

October 1 - October 15, 2018	Benefit Fairs at Various County Facilities
October 1 - October 15, 2018	Online Enrollment Period (24 hour website closes at 12:00 a.m. on Oct. 15)
October 15, 2018	Deadline to Submit Dependent Documentation
January 12, 2019	Deadline for Reporting System Errors in the Processing of Online Benefit Elections

Miami-Dade County Employee Benefits



The following benefits comparison chart will give you an overview of the plan options. Use it to decide which plan is the right fit for you.

COMPARISONCHART

Medical

SCHEDULE OF BENEFITS	AVMED POS PLAN In-Network	AvMed HMO HIGH In-Network Only	AvMed MDC Select HMO In-Network Only	AvMed MDC Jackson First HMO - In-Network Only
	COST TO MEMBER	COST TO MEMBER	COST TO MEMBER	COST TO MEMBER
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited
Co-Insurance Levels	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Calendar Year Deductible	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Out-Of-Pocket Maximum (Per Calendar Year)**				
Individual/Dependent Maximum	\$3,000/\$6,000	\$3,000/\$6,000	\$2,500/\$5,000	\$2,500/\$5,000
Physician Office Visits	\$15 per visit	\$15 per visit	\$15 per visit	\$15 per visit
Specialists Office Visits	\$30 per visit	\$30 per visit	\$30 per visit	\$30 per visit
Pediatrician	\$15 per visit	\$15 per visit	\$15 per visit	\$15 per visit
Chiropractic	\$15 per visit	\$15 per visit	\$15 per visit	\$15 per visit
Preventive Care	No Charge	No Charge	No Charge	No Charge
Mammogram, PSA, Pap Smear	No Charge	No Charge	No Charge	No Charge
Inpatient Hospital Services*	\$200 copay per admission	\$200 copay per admission	No Charge	No Charge
Outpatient Facility Services*	\$100 copay	\$100 copay	No Charge	No Charge
Emergency Room (copay waived if admitted)	\$100 copay	\$100 copay	\$50 copay	\$50 copay
Urgent Care Facility or Outpatient Facility***	\$50 per visit/\$15 copay	\$25 copay/\$15 copay	\$25 copay/\$15 copay	\$25 copay/\$15 copay
Maternity Care Services				
Initial Visit	\$30 copay	\$30 copay	\$30 copay	\$30 copay
Subsequent Visits	No charge	No charge	No charge	No Charge
Prescription Medication Benefit — Retail, 30 Day Supply (Includes Contraceptives)				
Generic	\$15	\$15	\$15	\$15
Preferred Brand	\$40	\$40	\$25	\$25
Non-Preferred Brand	\$55	\$55	\$35	\$35
Specialty (30-Day Supply Through Specialty Pharmacy)	\$100	\$100	\$15/\$25/\$35	\$15/\$25/\$35
Prescription Medications - Mail-Order, 90 Day Supply (Includes Contraceptives)				
Generic	\$30	\$30	\$30	\$30
Preferred Brand	\$80	\$80	\$50	\$50
Non-Preferred Brand	\$110	\$110	\$70	\$70

* Copay waived at Jackson Health System Facility.

** Pharmacy copays will count towards the Out-of-Pocket maximum

*** Urgent Care facility/visit at retail facility

Dental

SCHEDULE OF BENEFITS	Delta Dental PPO - Standard	Delta Dental PPO - Enriched	DeltaCare DHMO - Standard	DeltaCare DHMO - Enriched
	Plan Pays	Plan Pays	*You Pay	*You Pay
Choice Of Dentist	Choose any dentist you wish for services and receive applicable benefits. Save the most with a Delta Dental PPO network participating dentist. Percentages below are based on Delta's applicable allowances and not the dentist's actual charge. Payments to non-Delta Dental dentists are based on the PPO fee schedule.		Limited to participating Dentists within the DeltaCare USA Network.	
Maximum Benefit / Deductible	\$1,000 per year per person	\$2,000 per year per person	No Maximum / No Deductible	
	\$50 deduct. per yr per person	\$50 deduct. per yr per person		
	\$150 family maximum	\$150 family maximum		
		\$50 Lifetime deductible for orthodontics		
Type I			General/Specialist	
0150 Comp. Oral Evaluation -New Or Established	100%	100%	No charge/No charge	No charge
0120 Periodic Oral Exam	100%	100%	No charge/No charge	No charge
X-Rays				
1110/20 Prophylaxis	100% (2X calendar year)	100% (2X calendar year)	No charge/No charge	No charge
1206 Fluoride Treatment (Children Up To The Age 19)	100%, 2x per year	100%, 2x per year	No charge/No charge	No charge
1351 Sealant - Per Tooth	100% to age 16	100% to age 16	No charge/No charge	No charge
1510 Space Maintainers	100% to age 19	100% to age 19	No charge/No charge	\$25
Type II Filings			General/Specialist	
2330 - One Surface	100% PDP/ 75% NON PDP	100% PDP/ 75% NON PDP	\$10/\$28	No charge
2331 - Two Surfaces	100% PDP/ 75% NON PDP	100% PDP/ 75% NON PDP	\$18/\$35	No charge
2390 - Resin Crown, Anterior	100% PDP/ 75% Non PDP	100% PDP/ 75% Non PDP	\$30/\$90	\$30
2394 - Resin, Four Or More Surfaces	100% PDP/ 75% Non PDP	100% PDP/ 75% Non PDP	\$65/\$115	\$65
Root Canals				
3310 - Anterior	75%	75%	\$90/\$110	\$45
3330 - Molar	75%	75%	\$200/\$245	\$145
Extractions				
7111 - Single Tooth	75%	75%	No charge/\$45	No charge
4210 - Gingivectomy / Gingivoplasty-Per Quadrant	75%	75%	\$120/\$165	\$90

Dental (continued)

SCHEDULE OF BENEFITS	Delta Dental PPO - Standard	Delta Dental PPO - Enriched	DeltaCare DHMO - Standard	DeltaCare DHMO - Enriched
Type III Crown & Bridge			General/Specialist	
2930 - Prefabricated Stainless Steel Primary Tooth	50%	50%	\$25/\$35	No charge
2750 - Crown Porcelain Fused To High Noble Metal	50% (1 per tooth within a 5 year period)	50% (1 per tooth within a 5 year period)	\$477.50/\$485	\$355
6750 - Crown Porc. Fused To High Noble Metal	50% (1 per tooth within a 5 year period age 16+)	50% (1 per tooth within a 5 year period - age 16+)	\$477.50/\$485	\$355
Prosthodontics				
5110 - Complete Upper	50%	50%	\$230/\$510	\$205
5120 - Complete Lower	50%	50%	\$230/\$510	\$205
Orthodontia				
Consultation	Not Covered			
Evaluation	Not Covered			
Records	Not Covered	Adults & Children covered at 50% after one-time deductible of \$50 per person.	Pre-treat. Records - \$200 Post-treat. Records - \$70 Child to age 19 - \$2,100 Adults - \$2,250	Pre-treat. Records - \$200 Post-treat. Records - \$70 Child to age 19 - \$1,400 Adults - \$1,950
8070/8080 Comp. Treat. Child to Age 19 Normal	Not Covered			
Class II				
8090 Comp. Treat. Adult - Normal Class II	Not Covered			
8680 Retention	Not Covered	\$1,300 Lifetime Maximum.	Retention - \$300	Retention - \$275
*All Type II and III charges subject to annual deductible. The above reimbursements are exclusive of gold. All services must be performed by a DeltaCare USA network provider. A referral is required to see a specialist.				

Vision

	Out-of-Pocket Costs with MetLife Vision		
Eye Exam	No copayment -every12 months		
Glasses	\$10 copayment -every12 months		
Frame	\$160 Retail Allowance + 20% off balance		
Lenses (Single, bifocals, trifocals)	\$10 copayment -every12 months		
Ultraviolet coating	\$0		
Polycarbonate lenses	\$0		
Elective Contacts (in lieu of frame & lenses)	\$160 Retail Allowance every 12 months		

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

OTHER

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