

Miami-Dade County Benefits Advisory ---Florida Healthy Kids Program---

The State of Florida recently notified parents and guardians with dependent children participating in the Florida Healthy Kids Program (FHKP) (full pay option), of a premium increase taking effect on **October 1, 2015**. The FHKP is a public/private partnership that provides affordable, comprehensive health insurance for school-age children ages 5 through 18 in the state of Florida.

Several employees, with dependents currently enrolled in the FHKP (not eligible for the government subsidized premium), contacted our office citing significant cost increase as a possible Qualifying Event (QE) and have made requests to add their dependent children to the County medical plan mid-year. Please refer to the Healthy Kids website for details about the increase: <https://www.healthykids.org/cost/fullpay/>.

However, under the provisions of IRC Section 125, as a non-employer plan, the FHKP premium increase ***does not*** meet the standards established for a QE. Please be advised that a voluntary cancellation of the policy does not constitute a QE.

Additionally, FHKP enrollment is Evergreen; therefore it does not meet the criteria for the spouse\dependent Open Enrollment QE either. Employees seeking to add a dependent to their medical plan will be able to do so at the County's next Annual Open Enrollment scheduled to begin in November, for a January 1, 2016 effective date.

Please Note: Employees who received notification that their dependent children lost eligibility in the FHKP program, this situation is different and would be considered a QE.

In general, to add eligible dependents to a County health plan mid-year with a valid QE, employees must follow the following steps:

1. Complete the [Benefit Plans Change in Status Forms](#) for the purposes of adding an eligible dependent to the employee's coverage. Please note that no changes are allowed to plan types, only the addition of eligible family members.
2. Provide documentation supporting the dependent's relationship to employee (i.e. marriage certificate\ domestic partnership certificate, child's birth certificate, etc.).
3. If the QE is loss of eligibility\termination of coverage, attach a letter from the former plan sponsor indicating the names, birth dates, Social Security numbers of all dependents to be covered and the date coverage was terminated. Submit to Benefits Administration via fax (305) 375-2964, or in person at Stephen P. Clark Center-111 N.W. 1st Street, 23rd floor.

For questions about eligibility, enrollment and premiums, employees should contact their **Department Personnel Representative (DPR)**.

Benefits Administration may be reached at (305) 375-4288 or you may e-mail the staff listed below. For questions about plan benefits, visit www.miamidade.gov/humanresources/benefits.asp, or call the insurance companies directly.

Employee's Last Name Begins	Benefits Representative	Email
Letters A-F	Charlemagne, Vladimir	CVLADIM@miamidade.gov
Letters G-K	Pierre, Margeline	mapierr@miamidade.gov
Letters L-M	Herrera, Saray	SHERRE@miamidade.gov
Letters N-Z	Walker, Georgianna	walkerg@miamidade.gov