



# EXPLORE YOUR BENEFITS

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## Miami-Dade County Retiree Benefits Handbook



Medical



Dental



Vision



Other Benefits...





# MIAMI-DADE COUNTY RETIREE BENEFITS HANDBOOK 2024

# YOUR BENEFITS

## OUR ADDRESS

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For Retiree Insurance and & Billing Information please contact 305-375-5633



**FOR INFORMATION VISIT**

<https://www.miamidade.gov/global/humanresources/benefits/retiree-insurance-faqs.page>

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# Introduction

This handbook gives you a summary of medical, dental, and life insurance benefits available to retirees and/or eligible dependent(s). If you (or your covered dependent) are age 65 or Medicare eligible, please contact the Social Security Office to apply for Medicare at least sixty (60) days before your retirement date.

To enroll under the Retiree Group, you must complete and return to the Benefits Division, the following form(s):

## 2024 New Retiree Insurance Benefits Election Form

Available online at:

<https://www.miamidade.gov/global/humanresources/benefits/retiree-insurance-faq.page>

## FRS Insurance Payroll Deduction Authorization Form

Complete this form to have insurance premiums deducted from your monthly pension benefit. After the initial payment is received it takes approximately sixty (60) days for automatic FRS premium deductions to begin. This option is available to Investment Plan Members if the premiums do not exceed the value of the Health Insurance Subsidy. This form will be mailed to you along with your billing statement.

## NOTICE

*The information contained in this handbook is prepared for the benefit of our retirees and their covered dependents. It represents the highlights of the currently available programs. Retirees should consult their Certificate of Coverage or Summary Plan Description for exact details and conditions of coverage. Precise benefits will be governed by the contracts and not by the information contained herein.*

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# Retirement Overview

Congratulations on your retirement. As a retiree, you may elect to continue your group medical, dental, vision and basic life insurance coverage under the Miami-Dade County Retiree Group.

## Health Insurance Continuation—Eligibility Criteria

You are eligible to continue coverage under the Retiree Group, if you retire from Miami-Dade County in good standing (code EG) or under disability (codes EI or EM) and meet one of the following requirements:

**FRS Pension Plan** – 1) If enrolled in the FRS prior to July 1, 2011, normal retirement eligibility is the earlier of either age 62 with at least 6 years of service, or 30 years of service. If Special Risk, normal retirement age 55 with 8 years of Special Risk service, or 25 years of Special Risk service, regardless of age, or age 52 with 25 years of Special Risk service and military service; or 2) Have at least 6 years of service (8 years if enrolled in the FRS on or after July 1, 2011) and begin collecting a reduced pension benefit from the FRS.

Effective July 1, 2023, the County Retiree Health Plan program eligibility criteria includes employees initially reemployed on or after July 1, 2010, if the employee is age 62 or older and; has completed 10 years of continuous county service and; separates in good standing (non-disciplinary) and; is covered in the County's Group Health Benefit plan immediately before separation.

Effective July 1, 2023, the County Retiree Health Plan program eligibility criteria was updated for employees initially reemployed on or after July 1, 2010, to include the following:

- The employee is age 62 or older and;
- has completed 10 years of continuous county service and;
- separates in good standing (non-disciplinary) and;
- is covered in the County's Group Health Benefit plan immediately before separation.

Different termination requirements and reemployment limitations apply if an employee retired and was initially reemployed prior to July 1, 2010. Those who retired prior to July 1, 2010, are not impacted by this change, and remain eligible for retiree health benefits upon their retirement from County service.

**FRS Investment Plan** – 1) Meet the age and service requirements to qualify for normal retirement as indicated above, or 2) Attain age 59 1/2 with at least 6 years of creditable service (8 years if enrolled in the FRS on or after July 1, 2011).

## Election Process

To summarize, coverage continuation is not automatic. Your employee group coverage is cancelled the last day of the pay period in which the retirement date falls and for which the employee experiences a regular insurance

deduction or made direct payments to the Benefits Division (if on an unpaid leave of absence). Coverage under the Retiree Group will not be activated until the first retiree premium is received. **The insurance carriers will be notified to reinstate your coverage under the Retiree Group upon receipt of your initial premium payment.**

To continue your medical, dental, vision and basic life insurance coverage, complete the Retiree Insurance Election form and submit it within thirty (30) days of your retirement date. Coverage for your eligible dependent(s) may be continued under the Retiree Group, but only if the dependent was enrolled immediately prior to your retirement date. To assure a smooth transition, especially if you have scheduled ongoing treatment or need prescriptions filled, submit the election form and initial premium within ten (10) days prior to your retirement date. Once the initial retiree premium is received, medical, dental, vision and/or life insurance (if elected) become effective retroactive to the date your coverage as an active employee expired (without a gap), assuming premiums were paid through that date. Your election form must be received by the Benefits Division no later than thirty (30) days following your retirement date, otherwise you forfeit the Retiree Group coverage. If the Retiree Group election period lapses, you may still exercise your rights under COBRA; please refer to the COBRA section in this handbook.

**Leave of Absence** - The same election process applies to employees on leave of absence (or no-pay status) who terminate County employment with EG, EI or EM status, without physically returning to work. Group insurance coverage will end the last day of the pay period in which you retire, assuming premiums were paid through that date. If coverage is cancelled for non-payment of premiums, while on leave status, you will not have the opportunity to continue coverage under the Retiree Group or COBRA.

**DCFF Union Members** - Members of the DCFF Union-sponsored plan may change to one of the County-sponsored medical, dental and/or vision plans upon retirement. Enrollment in the basic life insurance is subject to medical approval and coverage is not guaranteed, contact Minnesota Life at 1-888-658-0193 if interested. Communicate with the Fire Union office (305-593-6100) if you wish to continue participation in the Fire Union sponsored plan, after retirement.

## COVERAGE AVAILABLE

The County no longer contributes the employer portion on your behalf, consequently, you will pay the full monthly premium cost. Your dependent spouse or domestic partner (DP) and/or children including the children of a DP, currently covered under your medical, dental and/or vision plan as of the date you retire, may continue under your coverage at retirement.

### HEALTH PLANS AVAILABLE AFTER RETIREMENT

MEDICAL PLANS	
Retirees Under Age 65	Retirees Over Age 65 Or Medicare Eligible
AvMed Point of Service (POS)	AvMed High With RX
AvMed High Option HMO	AvMed High W/O RX
AvMed Select Network HMO	AvMed Medicare National Choice with RX-Retiree First
AvMed MDC Jackson First HMO	AvMed Medicare Advantage Plan with RX-Retiree First

DENTAL PLANS
Delta Dental DPPO Standard or Enriched Dental Plan (Indemnity)
DeltaCare USA Standard or Enriched Dental Plan (Prepaid)

VISION PLANS
Humana Vision Program - Standard or Enriched

PLAN CONTACT INFORMATION		
AvMed Health Plan	<a href="http://www.AvMed.org/mdc">www.AvMed.org/mdc</a>	(800)-682-8633
AvMed Medicare HMO	<a href="http://www.AvMed.org">www.AvMed.org</a>	(800)-682-8633
Delta Dental	<a href="http://www.deltadentalins.com/mdc">www.deltadentalins.com/mdc</a>	(800)-471-1334
Humana Vision	<a href="http://www.humana.com">www.humana.com</a>	(877) 398-2980
Minnesota Life	<a href="http://www.LifeBenefits.com">www.LifeBenefits.com</a>	(866)-293-6047
Retiree First	<a href="http://www.retireefirst.com/miamidadecounty">www.retireefirst.com/miamidadecounty</a>	(833)-212-9891 (TTY 711)

### Changing Health Plans

You have a one-time opportunity to change plans at the time you retire. Once you submit your election form, you cannot change plans until the annual retiree enrollment period, unless you move out of the plan's geographic service area.

### Electing Health Coverage Under Your Spouse's or Domestic Partner's Plan

If your spouse/DP is a County employee, you have the option of enrolling as a dependent under your spouse/DP's County medical, dental and/or vision plan. Your spouse/DP must submit the family status change forms (CIS) within forty-five (45) days of your retirement date. You can download the forms from the County benefits website or contact your spouse/DP's department personnel representative (DPR). You can transfer your medical/dental coverage to the Retiree Group at a later date, as long as you have been continuously covered under a County-sponsored medical, dental and/or vision plan without a break, since your retirement date. Important note: Continuation of basic life insurance cannot be postponed. You must elect the coverage at retirement otherwise you forfeit the coverage and will not have another opportunity to re-enroll.

### Adding/Dropping Dependents After Retirement

You may add eligible dependents 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, sixty (60) days for newborns, adoption or placement for adoption of the qualifying event. 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. Existing dependents cannot be added during the retiree enrollment period.

**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 in the Benefits Division. Please note that if at any time you delete a dependent from your coverage, you may not re-enroll that dependent at any time in the future, even if the dependent has a qualifying event.**

## Important information regarding Dependents Age 26+ - 30 and Domestic Partners

Please note that the County subsidizes premium rates for retirees and their covered dependents. However, the Internal Revenue Service generally does not recognize dependents age 26 through age 30 and domestic partners and/or their child(ren) as tax dependents, any subsidies attributable to coverage for these groups must be declared as income to the retiree (referred to as imputed income) and becomes taxable to the retiree. It is recommended that you consult with your financial planner or tax consultant to see how this impacts your particular situation. Please contact your Employee Benefits Specialist at 305-375-5633, for more information.

## Relocating Outside the Tri-County Area

The AvMed Select Network and AvMed MDC Jackson First HMO are only available to Miami-Dade County retirees and dependents under age 65 who reside in Miami-Dade, Broward and Palm Beach counties. The DeltaCare USA is generally not available outside Miami-Dade, Broward, and Palm Beach Counties. Additionally, although the AvMed Elite (POS/High Option HMO) and Private Healthcare Systems, Inc. (PHCS) combined networks offer extensive nationwide coverage; some remote geographic areas may not be included. If relocating your permanent residence, please contact AvMed and/or the pre-paid dental plans to obtain information about existing networks in your geographic area. If in-network benefits are not available in your area, you will have the option to switch to the AvMed High Option HMO medical plan or to the Point-of-Service (POS) medical plan, and Delta Dental PPO plan, to access out-of-network benefits. Both Humana Vision plan options allow retirees to use non-participating providers and be reimbursed according to the non-participating benefit schedule. Retirees have forty-five (45) days from the relocation date to request the plan change.

**Retirees traveling outside their geographic service areas for extended periods should contact the medical insurance carrier's Member Services 800# to inquire about the "Away From Home Program."**

## Coverage not Available after Retirement

Optional life insurance, Disability and Group Legal coverages are not available after retirement.

## Basic Life Insurance for Retirees

The group basic life insurance coverage provided to active employees at no cost may be continued at retirement, at your expense to age 65, at which time it is reduced. The coverage amount for retirees under age 65 is equivalent to their pre-retirement annual base salary. Retirees over age 65 may elect either \$15,000 or \$20,000 of life insurance coverage.

## Basic Life Insurance Beneficiary Designation

If you elect to continue your basic life insurance, remember to update your beneficiary designation whenever you experience a change in family status. It is important that

you review your beneficiary designation periodically to be sure that the beneficiary information you provided is up to date. You may select, change or revoke your beneficiary designation at any time by visiting Minnesota Life's LifeBenefits portal. In the event of your death, your designated beneficiary(ies) must contact Minnesota Life - Life Claims at 1-88-658-0193 and the Benefits Administration Unit at 305-375-5633.

## COBRA

Federal law (COBRA) provides that insured employees and their covered dependents may elect to continue group health coverage for up to 18 months from the date employment terminates or until the employee is covered under another group plan, whichever is first. We are required by law to notify you of your COBRA rights, as a result, you will receive a COBRA mailing from the health plans in addition to information regarding Retiree Group coverage. You can only maintain COBRA coverage for a limited time, whereas you may continue health and basic life coverage indefinitely, under the Retiree Group.

You may elect continuation of medical/dental coverage under COBRA instead of participating under the Retiree Group. The choice is yours to make. However, the election period for the Retiree Group coverage expires 30 days from your retirement date. The COBRA election period expires sixty (60) days from the date benefits terminate under the Active Group. You have forty-five (45) days from your COBRA election date to pay the first premium. Your life insurance coverage may be converted directly with Minnesota Life Insurance Company, at their prevailing rates.

The insurance carriers will mail the COBRA information directly to the retiree's home address, usually within fourteen (14) days from the date your final check is processed. Group medical, dental, vision, and basic/optional life insurance coverage (if enrolled) cease the last day of the pay period in which the retirement date falls and for which the employee experiences a regular insurance deduction or made direct payments to the Benefits Division (if on an unpaid leave of absence). Contact the insurance carrier directly for information regarding COBRA.

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# Frequently Asked Questions

## **Q How do I confirm that my doctor participates in the AvMed Health Plans?**

**A** All participating providers may be found online at [www.avmed.org/mdc](http://www.avmed.org/mdc). The PHCS providers are identified by the symbol <> in the printed directory and in the online directory. When contacting one of these providers to verify participation, you should ask whether they participate in the “PHCS Network,” rather than the AvMed Network. This applies only to retirees on the High Option HMO or POS plans. Medicare eligible retirees on a Medicare plan may use any provider. The appropriate logos will be included on your ID card. As always, you must verify the participating status of any provider you plan to use, before you access their services. You may also contact AvMed’s dedicated line at (800) 682-8633 (24/7) or the onsite representatives at 305-375-5306 (Mon-Fri, 8:30 a.m. - 4:30 p.m.)

## **Q I am under the age of 65, but enrolled in Medicare Parts A & B due to disability. May I remain enrolled in an AvMed under age 65 plan?**

**A** If you are under age 65 and are approved for Medicare Parts A & B coverage, you may remain in an AvMed Under age 65 Plan, until age 65. For Participants entitled to Medicare, AvMed will pay as the Secondary Plan as permitted by the Social Security Act of 1965 as amended for the following:

- a) A former Employee who is eligible for Medicare and whose coverage is continued for any reason as provided in this Plan;
- b) A former Employee's Dependent, or a former Dependent Spouse, who is eligible for Medicare and whose coverage is continued for any reason as provided in this Plan;
- c) A retired Employee, or retired Employee's Dependent who is eligible for Medicare due to End Stage Renal Disease after that person has been eligible for Medicare for 30 months;

**When this Plan is secondary to Medicare, the amount payable under this Plan shall be reduced by the amount payable under Medicare, if any, regardless of whether the Participant has enrolled in Medicare. A Participant who is eligible to be covered under Medicare, must enroll in Medicare Parts A and B on the date eligible.**

Regardless of whether or not the Participant enrolls in Medicare this Plan will assume that the Participant has both Parts A and B.

## **Q Who are eligible dependents?**

**A** Miami-Dade County recognizes eligible dependents as:

- 1) Your spouse or registered domestic partner.
- 2) Your natural child(ren), stepchild(ren), adopted child(ren), child(ren) of a domestic partner, or a child for whom you have been appointed legal guardianship, pursuant to a court order until the end of the calendar year in which they turn age twenty-six (26).

One of the major changes brought on by Health Care Reform in 2011 was to allow young adults to stay on their parents health plan to age 26 (end of the calendar year - December 31). Financial dependency, full-time student or marital status no longer applies to covered dependent child(ren) under the health plans. Although married children are eligible for coverage, their spouse and child(ren) are excluded. Effective January 1, 2016 the limiting age for dependent dental coverage is also age 26 (end of calendar year).

Dependent children who are incapable of sustaining employment because of mental or physical disability, and are dependent upon the retiree for support, may continue to be covered beyond the limiting age, provided that the child was enrolled and approved prior to age 26. Proof of disability must be submitted to the health plan each year on an ongoing basis.

The Florida Statute (FSS 627.6562) governing dependent insurance extends the limiting age of dependent child(ren) from age 26 to age 30 (end of the calendar year), if the child meets the following criteria: a) The child is unmarried and does not have any dependent(s) of his or her own, b) The child is a resident of the State of Florida or is a full-time/part-time student, and c) The child is not provided coverage as a named subscriber, insured, enrollee or covered person under any other group, blanket, or franchise health insurance policy or individual health benefits plan, or is not entitled to benefits under Title XVIII of the Social Security Act.

**Coverage for this group applies to medical coverage only.**



**Q How do I enroll my new domestic partner and/or their child(ren)?**

**A** To enroll your domestic partner and the domestic partner's dependent child(ren) for health insurance, you must file a Declaration of Domestic Partnership with the Miami-Dade County Regulatory and Economic Resources Department and pay the applicable fee. Submit a copy of the Certificate of Domestic Partnership, Social Security number(s) and the Birth Certificate(s) of the domestic partner and their dependent child(ren).

**Q May I change insurance carriers after I retire?**

**A** You may change insurance carriers at the point of retirement, as long as you are enrolled in a County administered insurance plan or the Fire Union-sponsored plan. Thereafter, the circumstances under which the Retiree Group will allow retirees to change medical and/or dental plans are as follows:

- a) If you are enrolled in an HMO or pre-paid dental plan and move out of the plan's service area, this change of residency is a qualifying event. You must notify the Retiree Group in writing regarding this change within forty-five (45) days. A change of medical and/or dental plans will be allowed.
- b) If Miami-Dade County changes insurance carriers, affected members will be allowed the opportunity to select another group plan.
- c) In the fall of each year, you will be given an opportunity to change health plans if enrolled.

**Q If enrolled in the High Option HMO plan, may I utilize providers outside the South Florida network and still receive HMO coverage?**

**A** Yes, AvMed Health Plan has contracted with PHCS to provide nationwide coverage. As a retiree, if you utilize your plan's extended providers network you will receive the same HMO benefits. For more information on accessing PHCS, providers contact AvMed's 24/7 dedicated Member Services at 1(800) 682-8633.

**Q If enrolled in the AvMed Select Network HMO plan, may I utilize providers outside the South Florida network and still receive HMO coverage?**

**A** No, the Miami-Dade County AvMed Select Network HMO plan is only available to retirees who reside in Miami-Dade, Broward and Palm Beach Counties (the Tri-County area). It was designed with a

smaller (Select) network of providers and is comprised of conveniently located hospitals, facilities and physicians. For more information contact AvMed's 24/7 dedicated Member Services at 1(800) 682-8633.

**Q If enrolled in the AvMed MDC Jackson First HMO plan, may I utilize providers outside the South Florida network and still receive HMO coverage?**

**A** No, participants must use Jackson First Network Providers and reside in Miami-Dade, Broward, or Palm Beach Counties. The Away From Home Program is not available for dependents residing outside the Tri-County area. AvMed contracted providers with privileges at the JHS and UMHS facilities are included. For more information contact AvMed's 24/7 dedicated Member Services at 1(800) 682-8633.

**Q If I or a covered dependent qualify for Medicare Part B due to End Stage Renal Disease (ESRD) disability, will my AvMed premiums change?**

**A** Please contact your benefits specialist for information regarding ESRD disability. You will need to provide proof of your Medicare Part B coverage.

**Q What happens to the medical coverage for my ex-spouse/DP if I should divorce or terminate my domestic partnership?**

**A** Your ex-spouse/DP's Retiree Group coverage ends as of the date of the divorce or termination of your domestic partnership. A former spouse/DP cannot continue to be covered under the Retiree Group. *There is no exception to this rule, regardless of the stipulations in the divorce settlement.* Your ex-spouse or former domestic partner and their children will have the opportunity to continue their coverage through COBRA for thirty-six (36) months or until age 65, whichever occurs first. To exercise the COBRA option, you or your ex-spouse/DP must submit a written request to the Benefits Division as soon as possible, but no later than sixty (60) days from the divorce or domestic partnership termination date asking for the COBRA package and attach a copy of the divorce decree or domestic partnership termination certificate.

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 [F.S. Section 817.234 (1) (b) (2000)].

**Q What happens to the medical, dental and/or vision coverage for my covered dependent(s) if I should die?**

**A** In order to cover eligible dependents, retirees must be enrolled in a Group Health plan. If you die, dependents covered under your retiree medical and/or dental insurance will be offered COBRA in accordance with Federal Law. Continuation of benefits may continue under COBRA for up to 36 months. To exercise the COBRA option, your dependent(s) must submit a written request to the Benefits Division as soon as possible, but no later than sixty (60) days from your date of death asking for the COBRA package.

**Q What happens to the medical, dental and/or vision coverage for my covered dependent(s) if I cancel only my coverage upon becoming eligible for Medicare or for any other reason?**

**A** In order to cover eligible dependent(s), retirees must be enrolled in a Group Health plan. If you cancel your medical coverage upon becoming eligible for Medicare or for any other reason, dependent(s) covered under your retiree medical insurance will be offered COBRA in accordance with Federal Law. If you cancel your dental coverage, your covered dependents will be offered COBRA. Continuation of benefits may continue under COBRA for up to 36 months. To exercise the COBRA option, you or your dependent(s) must submit a written request to the Benefits Division as soon as possible, but no later than sixty (60) days from your Medicare effective date asking for the COBRA package. All cancellations are irrevocable; once canceled, coverage will not be reinstated.

**Q If I have a qualifying event (marriage, new domestic partnership, birth or adoption/ placement for adoption of a child, or loss of group insurance coverage for spouse/DP) am I able to add my eligible dependent(s) to my retiree health insurance plan?**

**A** Yes, if you have a qualifying event, you may add your eligible dependent(s) to your medical and/or dental insurance plan(s), provided you did not previously delete this dependent from your retiree coverage (please refer to page 4 “Adding/ Dropping Dependents After Retirement”). A written request for the change must be received in our office no later than forty-five (45) days following the date of the qualifying event, sixty (60) days for newborns, adoption/ placement for adoption. To add a dependent, complete the Change in Status form (page 21) and submit it to the Benefits Administration Unit with a copy of the applicable documentation (i.e.

marriage certificate, certificate of domestic partnership, birth certificate or adoption papers, letter from spouse/DP’s employer certifying termination of insurance benefits). Your premium will be adjusted to reflect the change in coverage.

**Q How do I pay for my insurance?**

**A** The Benefits Division will mail you a Billing Statement. You will be responsible for paying your insurance premiums through the current billing month. Upon receipt of your initial premium payment, your coverage under the Retire Group will be activated. Premiums are due on the first of each month. If you retire under the FRS Pension Plan, your premiums will be deducted from your retirement check; FRS deductions begin approximately sixty (60) days after your retirement date. You will be responsible for sending your payments until FRS deductions begin. Insurance premiums are deducted from your FRS pension benefit in advance to pay for the upcoming month’s insurance coverage.

If you retire under the FRS Investment plan and your premiums do not exceed the value of the Health Insurance Subsidy, this option may also be available to you. Otherwise, payments must be made by check, Cashier’s Check or Money Order, only. Full payment is due on the first day of each month to avoid cancellation of coverage. Make checks payable to **Miami-Dade County** and include your retiree ID number. Mail your payment to:

**Miami-Dade County  
Internal Services  
Accounting Section  
111 N.W. 1st Street, Suite 2410  
Miami, FL 33128-1926**

**Q Can my insurance under the Retiree Group be cancelled?**

**A** You may cancel your medical, dental and/or life insurance coverage at any time by completing and submitting a Change in Status form (page 21) to Benefits Administration Unit. The effective date of cancellation is at the end of the month the written request is received, except when a future date is specified. Otherwise, the insurance carriers or the County will not cancel your coverage unless:

- a) Your payment is not received by the due date; a cancellation notice will be mailed to you.
- b) The group insurance coverage under the Master Contract for your particular type of insurance is cancelled.

**Q If I cancel my medical coverage, may I retain the dental, vision and/or life insurance? When will the change in premium take effect?**

**A** Yes, you may cancel the medical coverage without impacting your dental, vision and/or life insurance. Simply submit the Change in Status form (page 21) to the Benefits Administration Unit, indicating the plan (or plans) you wish to cancel. The premium reduction will take effect the 1st of the month following receipt of your cancellation request. Premiums must be paid through the cancellation date. Once cancelled, the coverage will not be reinstated.

**Q May I add a dependent during the retiree enrollment period?**

**A** No. During the retiree enrollment period you will only be allowed to change plans, and only eligible enrolled dependents will be allowed to continue coverage under the Retiree Group.

**Q My spouse/DP is also employed by Miami-Dade County. Upon my retirement, may I continue basic life insurance only under the Retiree Group and have my spouse/DP add me as his/her dependent for medical, dental and/or vision coverage under the Active Employee Group?**

**A** Yes, you may elect to continue basic life insurance only through the Retiree Group. Your spouse/DP must contact his/her Department Personnel Representative (DPR) to complete the Change in Status (CIS) forms required to add you as a dependent as soon as possible, but no later than forty-five (45) days after your loss of coverage under the Active Group.

**Q What is the Health Insurance Subsidy?**

**A** Eligible retirees receive a monthly Health Insurance Subsidy (HIS) from the FRS. The HIS payment is calculated by multiplying \$7.5 by the total years of creditable service at retirement. The minimum HIS payment is \$45 per month with six years of creditable service at retirement, the maximum is \$225 per month with 30 years of creditable service at retirement.

You may contact the Division of Retirement at (844) 377-1888, or write to:

**Division of Retirement  
PO BOX 9000  
Tallahassee FL 32315-9000  
E-mail: [retirement@dms.myflorida.com](mailto:retirement@dms.myflorida.com)**

**Q Who qualifies for the \$3,000 tax savings for health insurance premiums?**

**A** Retired public safety officers may withdraw up to \$3000 tax-free from their 457 account each year to pay for premiums for health.

**Q How do I change my address?**

**A** To change your address, complete a Change of Address form (page 20) and submit it to the Benefits Administration Unit.





## Important Notice: Prescription Coverage & Medicare

Important Notice about your Prescription Drug Coverage and Medicare from Miami-Dade County to Active Employees, Retirees & Dependents Participating in the Following County-Sponsored Health Plans: AvMed POS - AvMed POS Advantage - AvMed High Option HMO - AvMed HMO Advantage - AvMed Select HMO - AvMed Select Advantage HMO - AvMed MDC Jackson First HMO - First Choice Advantage HMO - Medicare Eligible High Option with Prescription Coverage

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Miami-Dade County and prescription drug coverage for people with Medicare. It also explains the options you have under Medicare prescription drug coverage and can help you decide whether or not you want to enroll. At the end of this notice is information about where you can get help to make decisions about your prescription drug coverage.

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare through Medicare prescription drug plans and Medicare Advantage Plans that offer prescription drug coverage. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Miami-Dade County has determined that the prescription drug coverage offered by the above listed County plans, on average for all plan participants, is expected to pay out as much as the standard Medicare prescription drug coverage will pay and is considered Creditable Coverage.

**Because your existing coverage is on average at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay extra if you later decide to enroll in Medicare prescription drug coverage.**

You can enroll in a Medicare prescription drug plan when you first become eligible for Medicare and each year from October 15 through December 7. Beneficiaries leaving employer/union coverage may be eligible for a Special Enrollment Period to sign up for a Medicare prescription drug plan.

You should compare your current coverage, including which drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area.

**If you do decide to enroll in a Medicare prescription drug plan and drop your Miami-Dade County prescription drug coverage, be aware that you and your dependents may not be able to get this coverage back.**

Your current coverage pays for other health expenses, in addition to prescription drugs, and you will still be eligible to receive all of your current health and prescription drug benefits if you choose to enroll in a Medicare prescription drug plan.

You should also know that if you drop or lose your coverage with Miami-Dade County and don't enroll in Medicare prescription drug coverage after your current coverage ends, you may pay more (a penalty) to enroll in Medicare prescription drug coverage later.

If you go 63 days or longer without prescription drug coverage that's at least as good as Medicare's prescription drug coverage, your monthly

premium will go up at least 1% per month for every month that you did not have that coverage. For example, if you go nineteen months without coverage, your premium will always be at least 19% higher than what most other people pay. You'll have to pay this higher premium as long as you have Medicare coverage. In addition, you may have to wait until the following November to enroll.

**For more information about your current prescription drug coverage, refer to your certificate of coverage issued by your medical insurance plan, or visit [www.miamidade.gov/benefits](http://www.miamidade.gov/benefits)**

You will receive this notice annually and at other times in the future such as before the next period you can enroll in Medicare prescription drug coverage, and if this coverage changes. You also may request a copy.

**For more information about your options under Medicare prescription drug coverage...**

More detailed information about Medicare plans that offer prescription drug coverage is available in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans. More information about Medicare prescription drug plans is available from these places:

- Visit [www.medicare.gov](http://www.medicare.gov) for personalized help.
- Call your State Health Insurance Assistance Program (see your copy of the Medicare & You handbook for their telephone number).
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available. Information about this extra help is available from the Social Security Administration (SSA). For more information about this extra help, visit SSA online at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

**Remember: Keep this notice. If you enroll in one of the new plans approved by Medicare which offer prescription drug coverage, you may be required to provide a copy of this notice when you join to show that you are not required to pay a higher premium amount.**

Last Updated: October 15, 2023

Name of Entity: Miami-Dade County

Contact-Position/Office: Human Resources Department, Benefits Administration Unit

Address: 111 NW 1st Street, Suite 2324

Phone Number: 305-375-4288, 305-375-5633

# HIPPA Notice of Privacy Practices

## MIAMI-DADE COUNTY HEALTH BENEFITS NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED  
AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice describes how Miami-Dade County's (the "County's") medical and flexible spending account benefits programs, collectively referred to as the "Plans," may use and disclose Protected Health Information ("PHI" or "health information"). Protected Health Information is individually identifiable information about your past, present or future health or condition, health care services provided to you, or the payment for health services, whether that information is written, electronic or oral. This notice also describes your rights under federal law relating to that information. It does not address medical information relating to disability, workers' compensation or life insurance programs, or any other health information not created or received by the Plans.

### How The Plans May Use or Disclose Your Health Information

**For Treatment.** While the Plans generally do not use or disclose your PHI for treatment, the Plans are permitted to do so if necessary. For example, the Plans may disclose PHI if your doctor asks for pre authorization for a medical procedure, the Plan may provide PHI about you to the company that provides pre authorization services to the Plan.

**For Payment.** The Plans may use and disclose your health information for payment of claims. Such purposes include, but are not limited to, eligibility, claims management, pre- certification or pre-authorization, medical review, utilization review, adjustment of payments, billing, and subrogation. For example, a detailed bill or an "Explanation of Benefits" may be sent to you or to the primary insured or "subscriber" by a third-party payor that may typically include information that identifies you, your diagnosis, and the procedures you received.

**For Health Care Operations.** The Plans may use and disclose health information about you regarding day-to-day Plan operations. Such purposes include, but are not limited to, business management and administration, business planning and development, cost management, customer service, enrollment, premium rating, care management, case management, audit functions, fraud and abuse detection, performance evaluation, professional training, provider credentialing, formulary development, and quality assurance or other quality initiatives. For example, the Plans may use or disclose information about your claims history for your referral for case management services, project future benefit costs, handle claims appeals or audit the accuracy of the claims processing performed by a third-party payor.

**To the Plan Sponsor.** The Plans may disclose health information to specifically designated employees of the County, but the County has put protections in place to assure that the information will only be used for plan administration purposes, and never for employment purposes without your express authorization. For example, the County may become involved in resolving claim disputes or customer service issues.

**As Required by Law.** The Plan may use or disclose health information about you as required by state and federal law. For example, the Plan may disclose information for the following purposes:

- for judicial and administrative proceedings;
- to report information regarding victims of abuse, neglect, or domestic violence; and
- to assist law enforcement officials in the performance of their law enforcement duties.

**To Business Associates.** There are some services the Plan provides through contracts with business associates. We may disclose your health information to our business associates so that they can perform the jobs we have

asked them to do, for example, claims payment or appeals on behalf of the County by a third-party payor and claims audits by third-party firms to assure contract compliance. To protect the privacy of your health information, we contractually require business associates to appropriately safeguard that information.

**For Health-Related Products and Services.** The Plans may contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you.

**For Public Health.** Your health information may be used or disclosed for public health activities such as assisting public health authorities or other legal authorities in the prevention or control of disease, injury, or disability, or for other activities relating to public health.

**For Health Oversight.** We may disclose your health information to a health oversight agency for activities authorized by law such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee benefit programs, other government regulatory programs and civil rights laws.

**For Governmental Functions.** Specialized governmental functions such as the protection of public officials or reporting to various branches of the armed services may require the use or disclosure of your health information.

**For Workers Compensation.** We may disclose your health information to the extent authorized by and to the extent necessary to comply with laws and regulations relating to workers compensation or other similar programs established by law.

**Prohibition on Use or Disclosure of Genetic Information.** The Plan is prohibited from using or disclosing your genetic information for underwriting purposes.

**No Other Uses.** Other uses and disclosures will be made only with your prior written authorization. You may revoke this authorization in writing except to the extent a Plan has already made a disclosure in reliance on such authorization.

### Your Legal Rights

The federal privacy regulations give you the right to make certain requests regarding health information about you:

**Right to Request Restrictions.** You have the right to request that the Plan restrict its uses and disclosures of PHI in relation to treatment, payment, and health care operations. Any such request must be made in writing and must state the specific restriction requested and to whom that restriction would apply. The Plan is not required to agree to a restriction that you request. We are not required to agree to a requested restriction or limitation, unless your request is made to restrict disclosure to an insurance carrier for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment), and the protected health information pertains solely to a health care item or service for which you have paid the healthcare provider out of pocket in full. If we do agree to a restriction or limitation, we must abide by it unless you revoke it in writing.

**Right to Request Confidential Communications.** You have the right to request that communications involving your PHI be provided to you at a certain location or in a certain way. Any such request must be made in writing. The Plans will accommodate any reasonable request if the normal method of communication would place you in danger.

**Right To Access Your Protected Health Information.** You have the right to inspect and copy your PHI maintained in a "designated record set" by the Plan. The designated

record set consists of records used in making payment, claims adjudication, medical management and other decisions. The Plan may ask that such requests be made in writing and may charge reasonable fees for producing and mailing the copies. The Plan may deny such requests in certain cases.

**Right to Request Amendment.** You have the right to request that your PHI created by the Plan and maintained in a designated record set be amended, if that information is in error. Any such request must be made in writing and must include the reason for the request. If the Plan denies your request for amendment, you may file a written statement of disagreement. The Plan has the right to issue a rebuttal to your statement, in which case, a copy will be provided to you.

**Right to Receive An Accounting of Disclosures.** You have the right to receive an accounting of all disclosures of your PHI that the Plan has made, if any. This accounting does not include disclosures for payment, health care operations or certain other purposes, or disclosures to you or with your authorization, to friends or family in your presence or due to an emergency, for national security purposes, or incidental to an otherwise permissible use or disclosure. Any such request must be made in writing and must include a time period, not to exceed six (6) years. The Plan is only required to provide an accounting of disclosures made on or after April 14, 2003. If you request an accounting more than once in a 12-month period, the Plan may charge you a reasonable fee. Your request should indicate in what form you want the accounting (for example, paper or electronic).

**Right to be Notified of a Breach.** You have the right to be notified in the event that the Plan (or a Business Associate) discovers a breach of your unsecured protected health information. Business Associates include the Business Associates themselves and their subcontractors. All requests listed above should be submitted in writing to the County's Chief Privacy Officer (see Contact Information below).

### The Plans' Obligations

The federal privacy regulations require us to keep personal information about you private, to give you notice of our legal duties and privacy practices, and to follow the terms of the notice currently in effect.

### This Notice is Subject to Change

We may change the terms of this Notice and our privacy policies at any time. If we do, the new terms and policies will be effective for all of the information that we already have about you, as well as any information that we may receive or hold in the future. Revised Notices will be made available to you in writing as required.

### Complaints

You have a right to file a complaint if you believe your privacy rights have been violated. You may file a complaint by writing to the County's Chief Privacy Officer (see Contact Information below). You may also file a complaint with the Department of Health and Human Services. You will not be penalized for filing a complaint.

For any questions or complaints, please contact:

Chief Privacy Officer,  
Human Resources Department  
Stephen P. Clark Center,  
111 NW 1st Street, 21st Floor,  
Miami, FL 33128

Last updated October 2023

## HIPAA SPECIAL ENROLLMENT RIGHTS

A federal law called HIPAA requires that we notify you about an important provision in the plan - your right to enroll in the plan under its "special enrollment provision." Special enrollment rights apply when you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

**Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program).** If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

**Loss of Coverage for Medicaid or a State Children's Health Insurance Program.** If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

**New Dependent by Marriage, Birth, Adoption, or Placement for Adoption.** If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

**Eligibility for Medicaid or a State Children's Health Insurance Program.** If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact:

Miami Dade County  
Human Resources Department\Benefits Division  
111 NW 1st Street, Suite 2324  
Miami, FL 33128  
305-375-4288, 305-375-5633

## SOCIAL SECURITY NUMBER DISCLOSURE NOTICE

Benefits Division, Human Resources is responsible for the administration of all employee benefits including medical, dental, vision, life, group disability income protection, group legal, deferred compensation, pension benefits, IRS Section 125 plans and executive benefits. All employee records are reported to the plans using social security numbers because it is imperative for us to be able to identify members properly and definitively, and to meet state and federal reporting requirements. Social security numbers are confidential and exempt from public records requests under section 119.07(1), Florida Statutes, and Section 24(a), Article I of the Florida Constitution.

The Florida Public Records Law (specifically, section 119.07(5)2.a., Florida Statutes (2007), provides that Miami-Dade County must give you a written statement describing the law under which the County is collecting your Social Security Number. The law may specifically direct the County to collect your Social Security Number or the County finds that it is imperative to collect your Social Security Number.

Miami-Dade County, Human Resources must collect your Social Security Number to perform its duties and responsibilities including;

1. Group insurance enrollment, eligibility and claims processing
2. Pension plan administration
3. FBMC Spending accounts reporting
4. Deferred compensation reporting
5. Group Legal reporting
6. Group Disability reporting
7. Facilitate tax reporting
8. Disclosure to contracted vendors in the normal course of business
9. Identifying and preventing fraud
10. Matching, identifying and retrieving information
11. Research activities

## WOMEN'S HEALTH AND CANCER RIGHTS ACT

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All states of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductible and coinsurance and applicable to other medical and surgical benefits provided under the plan.

If you would like more information on WHCRA benefits, call AvMed at (800) 682-8633.

## **PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)**

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage. States use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in Florida, you can contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must permit you to enroll in your employer plan if you are not already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, you can contact the Department of Labor electronically at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or by calling toll-free 1-866-444-EBSA (3272).

For further information on eligibility in Florida:

FLORIDA – Medicaid & KidCare  
<http://floridakidcare.org/>  
Phone: 1-888-540-543

## HEALTH INSURANCE MARKETPLACE WHAT DOES THAT MEAN?

The Marketplace (or Exchange) is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers “one-stop shopping” to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium.

The Affordable Care Act, among other benefits, increased access to healthcare for individuals without coverage. The Health Insurance Marketplace will be an important part of that. Marketplaces are State-based (or Federal) competitive exchanges where individuals and small businesses can shop for and buy private health insurance. With an online application, consumers can find out if they qualify for health plans in the marketplace, and other programs like Medicaid and the Children’s Health Insurance Program (CHIP), tax credits, and cost-sharing reductions.

To help make shopping easier, health plans on a public exchange will be labeled platinum, gold, silver, or bronze. The metallic level helps shoppers understand the level of coverage a plan offers – how much they will need to pay and what the plan pays. Platinum plans will have the lowest out of pocket cost for members but the premiums will generally be higher. Bronze plans, on the other hand, will have the highest out of pocket costs for members, but will typically feature lower premiums. All plans on an exchange have to offer some core benefits – called “essential health benefits” - like preventive and wellness services, prescription drugs, and coverage for hospital stays. For more information, go to [www.healthcare.gov](http://www.healthcare.gov).



# Benefit Summary



## MEDICARE ELIGIBLE RETIREES/DEPENDENTS: COMPARISON OF RETIREE HIGH OPTION PLANS FOR MIAMI-DADE COUNTY

BENEFIT HIGHLIGHTS	HIGH WITH RX	HIGH W/O RX
<b>MEDICARE PART B DEDUCTIBLE:</b>	\$240 Per Calendar Year Not Covered	\$226 Per Calendar Year Not Covered
<b>LIFETIME MAXIMUM</b>	Unlimited	Unlimited
<b>Deductible Amount Per Calendar Year</b> Per Individual	\$240 for Private Duty Nursing –Medically Necessary \$250 for Foreign Travel Emergency Care	\$226 for Private Duty Nursing \$250 for Foreign Travel Emergency Care
<b>Choice of Hospitals</b>	Unlimited	Unlimited
<b>Medicare Part B Deductible: \$233 Per Calendar Year</b>	Not Covered	Not Covered
<b>Inpatient Hospital Facility</b> <i>Covered by Medicare Part A.</i> Medicare covers: <b>Days 1 to 60:</b> All but \$1,600 <b>Days 61 to 90:</b> All but \$400 per day <b>Days 91 -150*:</b> All but \$800 per day  *Days 91-150 are the 60 Lifetime Reserve Days. Medicare will cease until a new Benefit Period begins. A new Benefit Period begins after you have been out of the hospital or facility for at least 60 days. In a new Benefit Period, all Medicare Part A will renew except for the Lifetime Reserve Days.	100% up to \$1,632 100% up to \$408 per day 100% up to \$816 per day  *365 additional lifetime days after Medicare Lifetime Reserve Days are exhausted Covered at 100% of Medicare eligible expense Must be Medically Necessary Limiting semi-private room (unless Medically Necessary) & board amount	100% up to \$1,600 100% up to \$400 per day 100% up to \$800 per day  *365 additional lifetime days after Medicare Lifetime Reserve Days are exhausted Covered at 100% of Medicare eligible expense Must be Medically Necessary
<b>Hospital Outpatient/Physician</b> <i>Covered by Medicare Part B</i>	Remainder 20% of Medicare approved amount	Remainder 20% of Medicare approved amount
<b>Skilled Nursing Facilities</b> Days 1 - 20: Covered by Medicare Part A Days 21 - 100: Covered all but \$204 per day. Days 101 & beyond: You pay all costs	Days 1 - 20: Not Covered Days 21 - 100: 100% up to \$204 per day Days 101 & beyond: Not Covered	Days 1 - 20: Not Covered Days 21 - 100: Up to \$200 per day Days 101 & beyond: Not Covered
<b>Physician Visits/Illness</b> <i>Covered by Medicare Part B</i>	Remainder 20% of Medicare approved amount	Remainder 20% of Medicare approved amount
<b>Emergency and Urgent Care Services</b> <i>Covered by Medicare Part B</i>	Remainder 20% of Medicare approved amount	Remainder 20% of Medicare approved amount
<b>Physician Office Visit</b> <i>Covered by Medicare Part B</i>	Remainder 20% of Medicare approved amount	Remainder 20% of Medicare approved amount
<b>Specialist's Office Visit</b> <i>Covered by Medicare Part B</i>	Remainder 20% of Medicare approved amount	Remainder 20% of Medicare approved amount
<b>Surgical Procedures</b> <i>Covered by Medicare Part B</i>	Remainder 20% of Medicare approved amount	Remainder 20% of Medicare approved amount
<b>Preventive Care</b> Covered By Medicare Part B  Includes, But Is Not Limited To: Annual Screening Mammogram Pap Smear & Pelvic Exam Bone Mass Measurement Prostate Cancer Screening Physical Exam (Yearly "Wellness" Exam Colorectal Screening)	No Charge	No Charge
<b>Acupuncture</b> (Chronic Low Back Pain) Only <i>Covered by Medicare Part B</i>  Includes, But Not Limited To: 12 Acupuncture Visits In 90 Days For Chronic Low Back Pain Lasting 12 Weeks Or Longer. No More Than 20 Acupuncture Treatments Annually <i>Subject To Additional Details Outlined at <a href="http://www.Medicare.Gov">www.Medicare.Gov</a>.</i>	Remainder 20% of Medicare Approved Amount	Remainder 20% of Medicare Approved Amount
<b>Ambulatory Surgery Centers</b> <i>Covered by Medicare Part B</i>  *Facility where surgical procedures are performed, and you're expected to be released within 24 hours.	Remainder 20% of Medicare Approved Amount	Remainder 20% of Medicare Approved Amount
<b>Medicare Telehealth, E- Visits, And Virtual Check-Ins</b> <i>Covered by Medicare Part B</i>	Remainder 20% of Medicare Approved Amount	Remainder 20% of Medicare Approved Amount
<b>Allergy Injections</b> <i>Covered by Medicare Part B</i>	Remainder 20% of Medicare approved amount	Remainder 20% of Medicare approved amount

# Benefit Summary



## MEDICARE ELIGIBLE RETIREES/DEPENDENTS: COMPARISON OF RETIREE HIGH OPTION PLANS FOR MIAMI-DADE COUNTY (continued)

BENEFIT HIGHLIGHTS	HIGH WITH RX	HIGH W/O RX
<b>Durable Medical Equipment</b> <i>Covered by Medicare Part B</i>	Remainder 20% of Medicare approved amount	Remainder 20% of Medicare approved amount
<b>Immunizations</b> <i>Covered by Medicare Part B</i>	Remainder 20% of Medicare approved amount	Remainder 20% of Medicare approved amount
<b>X-Rays</b> <i>Covered by Medicare Part B</i>	Remainder 20% of Medicare approved amount	Remainder 20% of Medicare approved amount
<b>Advanced Radiological Imaging (ie MRIs, MRAs, CAT Scans, and PET Scans)</b> <i>Covered by Medicare Part B</i>	Remainder 20% of Medicare approved amount	Remainder 20% of Medicare approved amount
<b>Physical Therapy Services</b> <i>Covered by Medicare Part B</i>	Remainder 20% of Medicare approved amount	Remainder 20% of Medicare approved amount
<b>TMJ</b> <i>Covered by Medicare Part B</i> Surgical and Non-Surgical	Remainder 20% of Medicare approved amount	Remainder 20% of Medicare approved amount
<b>Other Lab/Radiology Services</b> <i>Covered by Medicare Part B</i>	Remainder 20% of Medicare approved amount	Remainder 20% of Medicare approved amount
<b>Short-Term Rehabilitation</b> <i>Covered by Medicare Part B</i> Includes: Cardiac Rehab Speech Therapy Occupational Therapy Pulmonary Rehab Cognitive Therapy Chiropractic Therapy (includes Chiropractors)	Remainder 20% of Medicare approved amount	Remainder 20% of Medicare approved amount
<b>Ambulance</b> <i>Covered by Medicare Part B</i>	Remainder 20% of Medicare approved amount	Remainder 20% of Medicare approved amount
<b>Home Health Care</b> When covered by Medicare  When not covered by Medicare	No Charge  Plan will pay up to \$40 per visit limited to \$1,600 per calendar year	No Charge  Plan will pay up to \$40 per visit limited to \$1,600 per calendar year
<b>Foreign Travel/Emergency Care</b> Not covered by Medicare	80% of covered expenses after \$250 calendar year deductible, up to a lifetime maximum of \$50,000	80% of covered expenses after \$250 calendar year deductible, up to a lifetime maximum of \$50,000
<b>Private Duty Nursing</b> <i>Covered by Medicare Part B</i> (While Inpatient in a Hospital or Other Health Care Facility only)	80% of Reasonable & Customary charges after \$240 calendar year deductible	80% of Reasonable & Customary charges after \$240 calendar year deductible
<b>Maternity Services</b> <i>Covered By Medicare Part B</i> Initial Visit To Confirm Pregnancy  All Subsequent Prenatal Visits, Postnatal Visits And Physician's Delivery Charges (I.E. Global Maternity Fee)  <i>Covered By Medicare Part A</i> Delivery - Facility (Inpatient Hospital, Birthing Center)	Remainder 20% Of Medicare approved amount  Remainder 20% Of Medicare approved amount  Days 1 To 60: 100% Up To \$1,632 Days 61 To 90: 100% Up To \$408 per day Days 91 -150: 100% Up To \$800 per day	Remainder 20% Of Medicare approved amount  Remainder 20% Of Medicare approved amount  Days 1 To 60: 100% Up To \$1,632 Days 61 To 90: 100% Up To \$408 per day Days 91 -150: 100% Up To \$800 per day
<b>Abortion-Non-Elective</b> <i>Covered by Medicare Part A</i> Inpatient	Payable as Inpatient	Payable as Inpatient
<b>Outpatient Surgical Facility</b> <i>Covered by Medicare Part B</i> Surgical sterilization procedures for Vasectomy/Tubal Ligations	Remainder 20% of Medicare approved amount	Remainder 20% of Medicare approved amount
<b>Blood</b> <i>First Three Pints of Blood Not Covered by Medicare</i>	First three pints of blood covered at 100% of Reasonable & Customary charges	First three pints of blood covered at 100% of Reasonable & Customary charges
<b>Outpatient Facility</b> <i>Covered by Medicare Part B</i> Services in Operating and Recovery Room, Procedures Room and Treatment	Remainder 20% of Medicare approved amount	Remainder 20% of Medicare approved amount



BENEFIT HIGHLIGHTS	HIGH WITH RX	HIGH W/O RX
<b>Hospice</b> Inpatient Services Outpatient Services (same coinsurance level as Home Health Care)	Plan pays 100% of amount approved but not paid by Medicare, when Medicare certification and election requirements are met	Plan pays 100% of amount approved but not paid by Medicare, when Medicare certification and election requirements are met
<b>Infertility - Office Visit for Diagnosis</b> <i>Covered by Medicare Part B</i>	Remainder 20% of Medicare approved amount	Remainder 20% of Medicare approved amount
<b>Organ Transplant</b> <i>Covered by Medicare Part A</i>	Payable as Inpatient Hospital	Payable as Inpatient Hospital
<b>External Prosthesis</b> <i>Covered by Medicare Part B</i>	Remainder 20% of Medicare approved amount	Remainder 20% of Medicare approved amount
<b>Mental Health /Substance Abuse Inpatient</b> <i>Covered by Medicare Part A</i>  <b>Mental Health</b> <b>Acute:</b> based on ratio of 1:1 Partial: based on a ratio of 2:1  <b>Substance Abuse</b> Acute detoxification: requires 24 hour nursing; based on a ratio of 1:1 Acute Inpatient Rehab: requires 24 hour nursing; based on a ratio of 1:1 Partial: based on a ratio of 2:1 Residential: based on a ratio of 2:1	Plan pays 100% of amount approved but not paid by Medicare; if charges not approved by Medicare, there is no coverage	Plan pays 100% of amount approved but not paid by Medicare; if charges not approved by Medicare, there is no coverage
<b>Mental Health /Substance Abuse Outpatient Hospital/Facility</b> <i>Covered by Medicare Part B</i>	Coverage assumes enrollment in Medicare Part B; Plan pays remainder of charges approved but not paid by Medicare Part B and member has \$0 responsibility. \$0 for yearly depression screening	Coverage assumes enrollment in Medicare Part B; Plan pays remainder of charges approved but not paid by Medicare Part B and member has \$0 responsibility. \$0 for yearly depression screening
<b>Partial Hospitalization – Mental Health Care</b> <i>Covered by Medicare Part B</i>	Remainder 20% of Medicare Approved Amount	Remainder 20% of Medicare Approved Amount
<b>Eyeglasses</b> <i>Covered By Medicare Part B</i>	Not Covered	Not Covered
<b>Prescription Drug Coverage</b>  Retail (30-Day Supply)  Specialty (30-Day Supply at Participating Specialty Pharmacy)  Mail Order (90-Day Supply at Participating Pharmacy)  Mail Order at Non-Participating Pharmacy	80% after \$200 Calendar Year Deductible  \$100 copayment per prescription for Specialty drugs  100% after \$10 Copayment for Generic; 100% after \$20 Copayment for Preferred Brand; 100% after \$30 Copayment for Non-Preferred Brand  Not Covered	Not Covered  Not Covered  Not Covered  Not Covered

**FOR ADDITIONAL INFORMATION, PLEASE CALL: 1-800-68-AVMED (1-800-682-8633)**

*For specific information on benefits, exclusions and limitations please see your Summary Plan Description (SPD).*

# 2024 Medical Plan Comparison Chart

## FOR RETIREES UNDER AGE 65

SCHEDULE OF BENEFITS	AvMed MDC Jackson First HMO In-Network Only	AvMed MDC Select HMO In-Network Only	AvMed High Option HMO <sup>1</sup> In-Network Only	AVMED POS Plsn In-Network
	<b>COST TO MEMBER</b>	<b>COST TO MEMBER</b>	<b>COST TO MEMBER</b>	<b>COST TO MEMBER</b>
<b>Lifetime Maximum</b>	Unlimited	Unlimited	Unlimited	Unlimited
<b>Co-Insurance Levels</b>	Not Applicable	Not Applicable	Not Applicable	Not Applicable in Network
<b>Calendar Year Deductible</b>	Not Applicable	Not Applicable	Not Applicable	Not Applicable in Network
<b>Out-Of-Pocket Maximum (Per Calendar Year)** Individual/Dependent Maximum</b>	\$2,500/\$5,000	\$2,500/\$5,000	\$3,000/\$6,000	\$3,000/\$6,000
<b>Primary Care Office Visits</b>	\$15 per visit	\$15 per visit	\$15 per visit	\$15 per visit
<b>Specialists Office Visits</b>	\$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
<b>Inpatient Hospital Services*</b>	No Charge	\$100 copay per admission	\$200 copay per admission	\$200 copay per admission
<b>Outpatient Facility Services*</b> includes diagnostic tests, blood work & imaging (x-rays, CTs, MRIs, etc.)	No Charge	No Charge	\$100 copay	\$100 copay
<b>Emergency Room</b> (copay waived if admitted)	\$50 copay	\$50 copay	\$100 copay	\$100 copay
<b>Urgent Care Facility or Retail Clinic</b>	\$25 copay/\$15 copay	\$25 copay/\$15 copay	\$25 copay/\$15 copay	\$50 copay/\$15 copay
<b>Maternity Care Services</b>				
<b>Initial Visit</b>	\$30 copay	\$30 copay	\$30 copay	\$30 copay
<b>Subsequent Visit</b>	No charge	No charge	No charge	No charge
<b>Prescription Medication Benefit — Retail, 30 Day Supply (Includes Contraceptives)</b>				
<b>Generic</b>	\$15	\$15	\$15	\$15
<b>Preferred Brand</b>	\$25	\$25	\$40	\$40
<b>Non-Preferred Brand</b>	\$35	\$35	\$55	\$55
<b>Specialty</b> (30-Day Supply through Specialty Pharmacy)	\$15/\$25/\$35	\$15/\$25/\$35	\$100	\$100
<b>Prescription Medications - Mail-Order, 90 Day Supply (Includes Contraceptives)</b>				
<b>Generic</b>	\$30	\$30	\$30	\$30
<b>Preferred Brand</b>	\$50	\$50	\$80	\$80
<b>Non-Preferred Brand</b>	\$70	\$70	\$110	\$110

*For more detailed information, please refer to the Summary of Benefits and Coverage (SBC) at [AvMed.org/mdc](https://www.avmed.org/mdc)*

\* Copay waived at Jackson Health System Facility.

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

<sup>1</sup> High Option HMO & POS Plans: Diagnostic Tests & Imaging (x-ray, blood work, CT, MRI, etc) will be subject to \$100 copay, if test is performed at a hospital affiliated facility. No charge if test performed at Jackson or non-hospital independent facility.

Copay not applicable to the Select Network HMO.

The material contained in this handbook 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)

# Dental Plan Comparison

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
<b>Choice Of Dentist</b>	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.	
<b>Maximum Benefit / Deductible</b>	\$1,000 per year per person	\$2,250 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		
<b>Type I</b>			<b>General/Specialist</b>	
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
<b>X-Rays</b>				
1110/20 Prophylaxis	100% (3X calendar year)	100% (3X 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
<b>Type II Filings</b>			<b>General/Specialist</b>	
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
<b>Root Canals</b>				
3310 - Anterior	75%	75%	\$90/\$110	\$45
3330 - Molar	75%	75%	\$200/\$245	\$145
<b>Extractions</b>				
7111 - Single Tooth	75%	75%	No charge/\$45	No charge
4210 - Gingivectomy / Gingivoplasty-Per Quadrant	75%	75%	\$120/\$165	\$90
<b>Type III Crown &amp; Bridge</b>			<b>General/Specialist</b>	
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
<b>Prosthodontics</b>				
5110 - Complete Upper	50%	50%	\$230/\$510	\$205
5120 - Complete Lower	50%	50%	\$230/\$510	\$205
<b>Orthodontia</b>				
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
<p>*All Type II and III charges subject to annual deductible. The above reimbursements are exclusive of gold.</p> <p>All services must be performed by a DeltaCare USA network provider. A referral is required to see a specialist.</p>				

# Humana Vision Plan Design Chart

		Humana Standard Plan		Humana Enriched Plan	
		In-Network	Out of Network Reimbursement	In-Network	Out of Network Reimbursement
Plan Frequencies	Exam	Once every Plan Year	12	Once every Plan Year	12
	Lenses	Once every Plan Year	12	Once every Plan Year	12
	Frames	Once every OTHER Plan Year	24	Once every Plan Year	12
(Co-payments)	Exam	\$0	Up to \$45 allowance	\$0	Up to \$45 allowance
	Retinal Imaging	Covered Person's Co-payment will never exceed \$39.	Applied to the allowance for the eye examination	Covered Person's Co-payment will never exceed \$39.	Applied to the allowance for the eye examination
	Lenses and/or Frames	\$10	See Below	\$10	See Below
Covered Lens Options	Transition/Photochromic	Paid in full	Paid in Full, up to \$38	Paid in full	Paid in Full, up to \$75
	Polycarbonate	Paid in full- children up to age 26/ \$40 charge for adults	Applied to the allowance for the applicable corrective lens	Paid in full	Applied to the allowance for the applicable corrective lens
	Progressive Standard/Premium Progressive	Paid in full	\$50	Paid in full	\$50
	Ultra Violet Coating	Paid in full	Applied to the allowance for the applicable corrective lens	Paid in full	Applied to the allowance for the applicable corrective lens
	Scratch Resistant Coating	\$15 copay	N/A	\$15 copay	N/A
Eye Exam		Paid in full	\$45	Paid in full	\$45
Lenses (per pair)	Single	Paid in full	\$40	Paid in full	\$40
	Bifocal	Paid in full	\$60	Paid in full	\$60
	Trifocal	Paid in full	\$80	Paid in full	\$80
	Lenticular	Paid in full	\$100	Paid in full	\$100
Contact Lenses (1)	Medically necessary	Paid in full	up to \$175	Paid in full	up to \$175
	Elective	up to \$120 (2)	up to \$120	up to \$120 (2)	up to \$120
	Contact lens Fitting Fee	Standard up to \$40 copay; Premium 10% off	Applied to allowance for contact lenses	Standard and premium covered in full after material copayment (2)	Applied to allowance for contact lenses
	Mail Order Contact	Online, in network provides an additional \$20 to the allowances at Contactsdirect.com	Allowed up to the allowances	Online, in network provides an additional \$20 to the allowances at contactsdirect.com	Allowed up to the allowances

		Humana Standard Plan		Humana Enriched Plan	
		In-Network	Out of Network Reimbursement	In-Network	Out of Network Reimbursement
<b>Frame</b>		\$160 allowance/ 20% off balance over \$160	\$50 allowance	\$160 allowance/ 20% off balance over \$160	\$50 allowance
<b>Lasik Surgery</b>		Discounts averaging 15-20% off the regular price or 5% off a promotional offer for laser surgery including PRK, LASIK, and Custom LASIK. Discounts only available from Humana participating facilities.	N/A	Discounts averaging 15-20% off the regular price or 5% off a promotional offer for laser surgery including PRK, LASIK, and Custom LASIK. Discounts only available from Humana participating facilities.	NA
<b>ADDITIONAL DISCOUNTS ON NON-PRESCRIPTION GLASSES AND NON-PRESCRIPTION SUNGLASSES (9)</b>		20% Discount off additional complete pairs of non-prescription glasses and non-prescription sunglasses Including lens options.		20% Discount off additional complete pairs of non-prescription glasses and non-prescription sunglasses Including lens options.	
<b>ADDITIONAL DISCOUNTS ON PRESCRIPTION GLASSES AND PRESCRIPTION SUNGLASSES (8)</b>		40% Discount off additional complete pairs of prescription glasses and prescription sunglasses Including lens options.		40% Discount off additional complete pairs of prescription glasses and prescription sunglasses Including lens options.	
<b>Calendar Year Deductible</b>		None, after plan co-payments		None, after plan co-payments	
<b>Calendar Year Maximum Benefit</b>		Up to plan limits		Up to plan limits	
<b>Lifetime Maximum Benefit</b>		Unlimited		Unlimited	
<b>Waiting Periods</b>		None		None	

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# 2024 New Retiree Insurance Benefits Election Form

## For Retirees Under Age 65

This form must be received by the Benefits Administration Unit no later than **thirty (30) days** following your retirement date, otherwise you forfeit Retiree Group coverage.

Name: \_\_\_\_\_ Emp. ID: \_\_\_\_\_ Date of Retirement: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, & Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

### MEDICAL COVERAGE

☐ SELECT

☐ DECLINE

If yes, please select (✓) one of the following options:

Monthly Rates	AvMed POS	AvMed High Opt HMO	AvMed MDC Select Network HMO*	AvMed MDC Jackson First HMO*
Retiree Under 65	<input type="checkbox"/> \$1,710.94	<input type="checkbox"/> \$ 761.35	<input type="checkbox"/> \$ 692.29	<input type="checkbox"/> \$ 554.72
Retiree Under 65 & Spouse/Domestic Partner Under 65	<input type="checkbox"/> \$3,296.65	<input type="checkbox"/> \$1,673.32	<input type="checkbox"/> \$1,528.48	<input type="checkbox"/> \$1,239.74
Retiree Under 65 & Child(ren)	<input type="checkbox"/> \$3,133.74	<input type="checkbox"/> \$1,543.69	<input type="checkbox"/> \$1,409.46	<input type="checkbox"/> \$1,142.03
Retiree Under 65 & Spouse/Domestic Partner Under 65, plus Child(ren)	<input type="checkbox"/> \$4,144.29	<input type="checkbox"/> \$2,063.92	<input type="checkbox"/> \$1,887.24	<input type="checkbox"/> \$1,535.11
Retiree Under 65 & Spouse/Domestic Partner Over 65 and/or Medicare Eligible on AvMed High With RX**		<input type="checkbox"/> \$1,521.90	<input type="checkbox"/> \$1,452.84	
Retiree Under 65 & Spouse/Domestic Partner Over 65 and/or Medicare Eligible on AvMed High W/O RX **		<input type="checkbox"/> \$1,091.94		
Retiree Under 65 & Children, Spouse/Domestic Partner Over 65 and/or Medicare Eligible on AvMed High With RX**	<input type="checkbox"/> \$3,193.90	<input type="checkbox"/> \$2,063.12	<input type="checkbox"/> \$1,955.50	
Retiree Under 65 & Children, Spouse/Domestic Partner Over 65 and/or Medicare Eligible on AvMed High W/O RX**				

\*AvMed Plans not available outside Miami-Dade, Broward & Palm Beach Counties - \*\*Must be enrolled in Medicare Parts A and B to be eligible for any of the AvMed over 65 plans

### DENTAL COVERAGE

☐ SELECT

☐ DECLINE

If yes, please select (✓) one of the following options:

Monthly Rates	Delta Dental PPO <sup>SM</sup>		DeltaCare <sup>®</sup> DHMO	
	Standard	Enriched	Standard	Enriched
Retiree Only	<input type="checkbox"/> \$ 27.53	<input type="checkbox"/> \$ 38.78	<input type="checkbox"/> \$ 9.93	<input type="checkbox"/> \$ 11.18
Retiree & one dependent	<input type="checkbox"/> \$ 54.52	<input type="checkbox"/> \$ 76.71	<input type="checkbox"/> \$ 16.43	<input type="checkbox"/> \$ 18.53
Retiree & dependents	<input type="checkbox"/> \$ 87.90	<input type="checkbox"/> \$ 123.74	<input type="checkbox"/> \$ 25.18	<input type="checkbox"/> \$ 29.47

### VISION COVERAGE

☐ SELECT

☐ DECLINE

If yes, please select (✓) one of the following options:

Monthly Rates for:	Humana Vision Program	
	Standard	Enriched
Retiree Only	<input type="checkbox"/> \$7.36	<input type="checkbox"/> \$9.08
Retiree & one dependent	<input type="checkbox"/> \$14.72	<input type="checkbox"/> \$18.15
Retiree & dependents	<input type="checkbox"/> \$26.44	<input type="checkbox"/> \$33.38

If medical, dental and/or vision coverage for dependent(s) is selected, please provide the information below.

Name	Relationship**	SSN	DOB	M/F	Indicate Coverage Selected		
					<input type="checkbox"/> Medical	<input type="checkbox"/> Dental	<input type="checkbox"/> Vision
					<input type="checkbox"/> Medical	<input type="checkbox"/> Dental	<input type="checkbox"/> Vision
					<input type="checkbox"/> Medical	<input type="checkbox"/> Dental	<input type="checkbox"/> Vision

\*\*SP- Spouse, CH-Child, DP-Domestic Partner, DPCH- Child of Domestic Partner

### LIFE INSURANCE COVERAGE

☐ SELECT ☐ DECLINE

The value of the Miami-Dade County Retiree Group Life Insurance Policy is **one-time your base annual salary** at the time of retirement. The 2024 rate is **17.6 cents per thousand** dollars per month. To update your life insurance beneficiary designation, visit [LifeBenefits.com](https://www.miamidade.gov/global/humanresources/benefits/retiree-insurance-faq.page).

I am aware that it is my responsibility to read and understand the contents of the Retiree Insurance Benefits Handbook available at <https://www.miamidade.gov/global/humanresources/benefits/retiree-insurance-faq.page>.

Signature \_\_\_\_\_

Date \_\_\_\_\_

FOR OFFICE USE ONLY

Status:

Ret. Kind:

Ret. Type:

Longevity: FRS \_\_\_\_\_ County \_\_\_\_\_

Other Remarks: \_\_\_\_\_

Please sign, date, and mail or fax this form to:  
Miami-Dade County - Human Resources  
Benefits Administration Division  
111 NW 1st Street, Suite 2324  
Miami, FL 33128-1979  
Fax: 305-375-1633 or 305-375-1368

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# 2024 New Retiree Insurance Benefits Election Form

## For Retirees Over Age 65 and/or Medicare Eligible

This form must be received by the Benefits Administration Unit no later than thirty (30) days following your retirement date, otherwise you forfeit Retiree Group coverage.

Name: \_\_\_\_\_ Emp. ID: \_\_\_\_\_ Date of Retirement: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State & Zip Code: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

### MEDICAL COVERAGE

☐ SELECT

☐ DECLINE

If yes, please select (✓) one of the following options:

#### Monthly Rates

(Must be enrolled in Medicare Parts A and B to be eligible for any of the AvMed over 65 plans)

	AvMed High With RX	AvMed High W/O RX	AvMed Medicare National Choice	AvMed Medicare Advantage Plan
Retiree Over 65 Only	<input type="checkbox"/> \$ 760.55	<input type="checkbox"/> \$ 330.59	<input type="checkbox"/> \$ 377.08	<input type="checkbox"/> \$ 0.00
Retiree Over 65 & Spouse/Domestic Partner Over 65	<input type="checkbox"/> \$1,442.96	<input type="checkbox"/> \$ 627.23	<input type="checkbox"/> \$ 754.16	<input type="checkbox"/> \$ 0.00
Retiree over 65 & Spouse/Domestic Partner Under 65 on Avmed High Opt HMO	<input type="checkbox"/> \$1,521.90	<input type="checkbox"/> \$1,091.94	<input type="checkbox"/> \$1,138.43	<input type="checkbox"/> \$ 761.35
Retiree over 65 & Children on AvMed High Opt HMO	<input type="checkbox"/> \$1,542.89	<input type="checkbox"/> \$1,112.93	<input type="checkbox"/> \$1,159.42	<input type="checkbox"/> \$ 782.34
Retiree Over 65 & Spouse/Domestic Partner Over 65, Child(ren) on AvMed POS Plan	<input type="checkbox"/> \$2,865.75		<input type="checkbox"/> \$2,176.96	
Retiree Over 65 & Spouse/Domestic Partner Under 65, Child(ren) on AvMed High Opt. HMO	<input type="checkbox"/> \$2,063.12		<input type="checkbox"/> \$1,679.65	<input type="checkbox"/> \$1,543.96
Retiree Over 65 & Spouse/Domestic Partner Under 65 on AvMed Select Network HMO*	<input type="checkbox"/> \$1,452.84	<input type="checkbox"/> \$1,022.87	<input type="checkbox"/> \$1,069.37	<input type="checkbox"/> \$ 692.29
Retiree Over 65 & Spouse/Domestic Partner Under 65, Child(ren) on AvMed Select Network HMO*	<input type="checkbox"/> \$1,955.50	<input type="checkbox"/> \$1,525.54	<input type="checkbox"/> \$1,572.03	<input type="checkbox"/> \$1,409.46
Retiree Over 65 & Spouse/Domestic Partner Over 65, Child(ren) over 26 on AvMed High Opt. HMO	<input type="checkbox"/> \$2,225.30	<input type="checkbox"/> \$1,409.57	<input type="checkbox"/> \$1,536.50	<input type="checkbox"/> \$ 782.34
Retiree Over 65 & Spouse/Domestic Partner Under 65, Child(ren) on AvMed POS Plan	<input type="checkbox"/> \$3,193.89		<input type="checkbox"/> \$2,810.43	<input type="checkbox"/> \$3,133.73

\*AvMed Plans not available outside Miami-Dade, Broward & Palm Beach Counties - \*\*Medicare Advantage options include dental and vision coverage.

### DENTAL COVERAGE

☐ SELECT

☐ DECLINE

If yes, please select (✓) one of the following options:

#### Monthly Rates

	Delta Dental PPO <sup>SM</sup>		DeltaCare <sup>®</sup> DHMO	
	Standard	Enriched	Standard	Enriched
Retiree Only	<input type="checkbox"/> \$ 27.53	<input type="checkbox"/> \$ 38.78	<input type="checkbox"/> \$ 9.93	<input type="checkbox"/> \$ 11.18
Retiree & one dependent	<input type="checkbox"/> \$ 54.52	<input type="checkbox"/> \$ 76.71	<input type="checkbox"/> \$ 16.43	<input type="checkbox"/> \$ 18.53
Retiree & dependents	<input type="checkbox"/> \$ 87.90	<input type="checkbox"/> \$123.74	<input type="checkbox"/> \$ 25.18	<input type="checkbox"/> \$ 29.47

### VISION COVERAGE

☐ SELECT

☐ DECLINE

If yes, please select (✓) one of the following options:

#### Monthly Rates for:

	Humana Vision Program	
	Standard	Enriched
Retiree Only	<input type="checkbox"/> \$ 7.36	<input type="checkbox"/> \$ 9.08
Retiree & one dependent	<input type="checkbox"/> \$ 14.72	<input type="checkbox"/> \$18.15
Retiree & dependents	<input type="checkbox"/> \$ 26.44	<input type="checkbox"/> \$33.38

If medical, dental and/or vision coverage for dependent(s) is selected, please provide the information below.

Name	Relationship**	SSN	DOB	M/F	Indicate Coverage Selected		
					<input type="checkbox"/> Medical	<input type="checkbox"/> Dental	<input type="checkbox"/> Vision
					<input type="checkbox"/> Medical	<input type="checkbox"/> Dental	<input type="checkbox"/> Vision
					<input type="checkbox"/> Medical	<input type="checkbox"/> Dental	<input type="checkbox"/> Vision

\*\*SP- Spouse, CH-Child, DP-Domestic Partner, DPCH- Child of Domestic Partner

### LIFE INSURANCE COVERAGE

☐ SELECT

☐ DECLINE

If yes, please select (✓) one of the following options:

#### Life Insurance Benefit

	Monthly Rates		
	Age 65-69	Age 70-74	Age 75+
\$15,000	<input type="checkbox"/> \$ 11.03	<input type="checkbox"/> \$ 18.20	<input type="checkbox"/> \$ 25.16
\$20,000	<input type="checkbox"/> \$ 14.70	<input type="checkbox"/> \$ 24.26	<input type="checkbox"/> \$ 33.54

To update your life insurance beneficiary designation, visit [LifeBenefits.com](https://www.miamidade.com/global/humanresources/benefits/retiree-insurance-faqs.page)

I am aware that it is my responsibility to read and understand the contents of the Retiree Insurance Benefits Handbook available at <https://www.miamidade.com/global/humanresources/benefits/retiree-insurance-faqs.page>

Initials \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

FOR OFFICE USE ONLY

Status: \_\_\_\_\_

Ret. Kind: \_\_\_\_\_

Ret. Type: \_\_\_\_\_

Longevity: FRS \_\_\_\_\_

County \_\_\_\_\_

Other Remarks: \_\_\_\_\_

Please sign, date, and mail or fax this form to:  
Miami-Dade County – Human Resources  
Benefits Administration Unit  
111 NW 1st Street, Suite 2324  
Miami, FL 33128-1979  
Fax: 305-375-1633 or 305-375-1368

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**HUMAN RESOURCES**  
**BENEFITS DIVISION**  
111 N.W. 1ST STREET, SUITE 2324  
MIAMI, FL 33128 - 1926  
T 305-375-5633 F 305-375-1368

## MIAMI DADE COUNTY - RETIREE GROUP ADDRESS CHANGE REQUEST

Name:	Retiree Identification Number:
Old Mailing Address:       	Current (or new) Mailing Address:       
Current (or new) Telephone Number(s):       	Current (or new) e-mail address:       

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE FAX OR MAIL THIS FORM TO THE BENEFITS ADMINISTRATION UNIT ADDRESS LISTED ABOVE.**

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## Retiree Group Insurance Benefits Change In Status (CIS) Form

Retiree Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_ ID: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### INDICATE THE TYPE OF MID YEAR PLAN QUALIFYING EVENT (QE) INCURRED:

ADDITIONS	Documentation Required
<input type="checkbox"/> Marriage/Domestic Partnership (DP)	Marriage Certificate / DP Certificate
<input type="checkbox"/> Birth of a child (60 days for newborns)	Birth Certificate (when it becomes available)
<input type="checkbox"/> Adoption of or placement for adoption of child	Finalized adoption agreement or letter from placement agency
<input type="checkbox"/> End of employment of spouse/dependent	Letter of explanation from employer with cancellation date of coverage
<b>CANCELLATIONS: All Cancellations are Irrevocable (Once cancelled, coverage will not be reinstated, even if a qualifying event occurs in the future). The earliest indicated coverage can be cancelled is at the end of the month in which this request is received in our office. Premiums must be paid through the cancellation date.</b>	
<input type="checkbox"/> Divorce	Divorce Decree
<input type="checkbox"/> Termination of Domestic Partnership	Letter Certifying the Termination of Domestic Partnership
<input type="checkbox"/> Death (dependent) child or spouse/DP	Death Certificate
<input type="checkbox"/> Ineligibility of dependent child: <input type="checkbox"/> Age <input type="checkbox"/> Marriage	Marriage Certificate
<input type="checkbox"/> Medicare	Copy of Medicare card showing effective date
<input type="checkbox"/> Other/Voluntary	
<b>CHANGES</b>	
<input type="checkbox"/> Change in Residence. New address: _____	Utility Bill, change in address form, lease, mortgage agreement

### INDICATE THE CHANGE(S) YOU WISH TO MAKE DUE TO THE MID YEAR PLAN QUALIFYING EVENT INDICATED ABOVE. PERMITTED ELECTION CHANGES MUST BE CONSISTENT WITH THE QUALIFYING EVENT.

Retiree Group Medical Insurance	Retiree Group Dental Insurance	Retiree Group Life Insurance
<input type="checkbox"/> Add Medical coverage for spouse/DP <input type="checkbox"/> Add Medical coverage for child(ren)	<input type="checkbox"/> Add Dental coverage for spouse/DP <input type="checkbox"/> Add Dental coverage for child(ren)	
<input type="checkbox"/> Cancel Medical coverage <input type="checkbox"/> Cancel Medical coverage for spouse/DP <input type="checkbox"/> Cancel Medical coverage for child(ren)	<input type="checkbox"/> Cancel Dental coverage <input type="checkbox"/> Cancel Dental Coverage of spouse/DP <input type="checkbox"/> Cancel Dental Coverage of Child(ren)	<input type="checkbox"/> Cancel Life Insurance Coverage (Self)
<input type="checkbox"/> Change Medical Coverage from: _____ _____ to _____ (Midyear upgrade is only permitted if new address is out the Tri-County area)	<input type="checkbox"/> Change Dental Coverage from DHMO to DPPO (Midyear upgrade is only permitted if new address is out the Tri-County area)	

### IF ADDING OR CANCELING MEDICAL AND/OR DENTAL COVERAGE FOR DEPENDENT(S) PLEASE PROVIDE THE INFORMATION BELOW.

Name	Relationship*	SSN	DOB	M/F	Indicate Coverage to be Added/cancelled	
					<input type="checkbox"/> Medical	<input type="checkbox"/> Dental
					<input type="checkbox"/> Medical	<input type="checkbox"/> Dental
					<input type="checkbox"/> Medical	<input type="checkbox"/> Dental

\*SP- Spouse, CH-Child, DP-Domestic Partner, DPCH- Child of Domestic Partner

This is to certify that on \_\_\_\_\_, 20\_\_\_\_ I incurred the events indicated above and therefore wish to modify my retiree benefits effective \_\_\_\_\_. I understand that the change(s) requested must be consistent with the qualifying event and that I must submit this form with supporting documentation within 45 days (60 days for newborns) of the qualifying event.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please sign, date, and mail or fax this form to:  
Miami-Dade County - Human Resources  
Benefits Administration Division  
111 NW 1st Street, Suite 2324  
Miami, FL 33128-1979  
Fax: 305-375-1633 or 305-375-1368

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<https://www.miamidade.gov/global/humanresources/benefits/retirees.page>

Miami-Dade County • Benefits Division  
111 NW 1st Street • Suite 2324  
Miami, FL 33128-1979