



YOUR BENEFITS

TWOTHOUSANDTWENTYFOUR

BENEFITHIGHLIGHTS

Miami-Dade County Employee Benefits

To obtain this information in accessible format, please call 305-375-4585.

www.miamidade.gov/OpenEnrollment



Benefit Highlights

Miami-Dade County provides a comprehensive and competitive benefits package that supports you and your family. This Benefit Highlights Guide provides an overview of your benefits, guidance for new hires and existing employees on enrolling and making benefit changes, and information on additional employee services and how to access them.

Eligibility

Employee Eligibility

Eligible employees include:

- Full-time employees
- Part-time employees who are scheduled to work 60 hours per pay period
- Variable Hour Employees (VHE) who average 60 or more hours worked per pay period measured over 26 pay periods, per ACA regulations

Dependent Eligibility

Eligible Dependents include:

- Spouse or Domestic Partner
- Disabled child*
- Legal Guardianship
- Adult dependent child*
- Child
- Stepchild
- Grandchild*

* Special conditions apply. For additional information on eligible dependents including documentation required for enrollment, please refer to the Benefits website at www.miamidade.gov/humanresources/benefits.asp

You may cover your spouse/domestic partner and dependent children under your medical, dental, and vision plans. Refer to the Benefits website for additional information regarding dependent eligibility document requirements and domestic partner benefits. Premiums for over-age children, domestic partners and children of a domestic partner will be deducted post-tax and subject to imputed income tax.

Coverage for a spouse/domestic partner ends on the effective date of the divorce/dissolution of domestic partnership.

The limiting age for dependent children is the end of the calendar year that the child reaches age 26 for medical, dental and vision. Medical coverage may be extended to age 30, under the conditions listed below.



Adult Dependent Children Age 26 to 30
Florida Statute (FSS 627.6562)

Medical coverage may be continued for adult children age 26 through the end of the calendar year the child turns 30, if all criteria below are met:

- Is not married and has no dependents (i.e. children, spouse/domestic partner), and
- Is not provided other major medical health insurance, and
- Is either a resident of Florida or is a student in another state.

To enroll a new dependent age 26 to 29 (not currently enrolled in a County medical plan) proof of other continuous creditable coverage (without a gap of more than 63 days), must be submitted to the health plan.

Dependent children who are incapable of sustaining employment because of mental or physical disability, and are dependent upon the employee for support, may continue to be covered beyond the limiting age, if enrolled prior to age 26. Proof of disability must be submitted to the plan within 31 days of the end of the calendar year of the child's 26th birthday and subsequently as may be required.

Dependents who become County employees must enroll in their own County benefits.

Submission of Dependent Documents upon Enrollment

When adding dependents to your coverage at new hire enrollment or during Open Enrollment, it is your responsibility to submit proof of eligibility, such as birth or marriage certificates, for any dependents you wish to enroll for healthcare benefits. Your dependents will not be covered unless your documentation is provided by the new hire enrollment deadline or Open Enrollment deadline. Following a change in status event, it is your responsibility to submit proof of eligibility for your dependents by the change in status deadline. Failure to submit the required documents in a timely way will result in:

1. Cancellation of your dependent's coverage
2. Continuation of the existing coverage level premium through the end of the plan year, with no premium refunds issued.





EXPLORE **WELLNESS**

Join us in a year of self-care and well-being as we navigate the path to a healthier, happier you through our Emotional Wellness and WellnessWorks programs.



DISCOVER **FINANCIAL CONFIDENCE**

Empower yourself with the tools and knowledge to secure your financial future and find confidence in your financial decisions this Open Enrollment season.



JOURNEY **TOGETHER**

Create a supportive environment for growth and celebrate our wins and milestones with Employee Appreciation and Awards program.

I THRIVE @

MIAMI-DADE COUNTY

Human Resources are our most valuable Resources

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

email: ITHRIVE@miamidade.gov

Our goal is to help engage and recognize employees who are enthusiastic about their work and take positive actions to further the organization's reputation and interests. We believe engaged employees have a positive attitude towards the organization and its values and can achieve their fullest potential when provided with the right tools. To that effort, we are pleased to offer our employees the ITHRIVE @ Miami-Dade County hub for access to information and resources while creating a sense of unity through shared stories of our organization's outstanding work.

STORIES ABOUT HOW WE IMPACT THE COMMUNITY

Contributing to the Community



Kathryn McMillan-White is an advocate for excellent customer service and goes above and beyond to help County residents.

SERVING WITH PRIDE



Maria Areuda stays busy ensuring sloth bears are hydrated, comfortable and safe. Sometimes, she has to be creative to find ways that work best.

KEEPING IT COOL



Maurice Jenkins is energized by daily challenges and welcomes everyone he encounters as he walks through Miami International Airport.

SOARING COUNTY LEADERSHIP

TOGETHER WE THRIVE

Recognizing Our Employees



MAYOR'S INITIATIVES



I THRIVE IDEA BOARD



MILESTONES & AWARDS

Timely Notification of Ineligible Dependents

It is your responsibility to contact your Benefits Specialist or Human Resources office when one of your enrolled dependents becomes ineligible for benefits coverage. Enrollment or continuation of an ineligible dependent may result in loss of benefits, disciplinary action, and repayment of claims. In addition, failure to notify your Benefits Specialist or Human Resources office of your ineligible dependent within the 45-day change in status period will result in:

1. cancellation of the ineligible dependent’s coverage as of the date the dependent became ineligible
2. continuation of the existing coverage level premium through the end of the plan year, with no premium refunds issued.

Dependents may be eligible to continue their medical, dental and vision coverage through COBRA (continuation coverage) if you notify your Benefits Specialist or Human Resources office within 60 days of a qualifying event.

Dependent Eligibility Audit

Miami-Dade County is committed to offering a comprehensive benefit package to you and your family, but also realizes many dependents may no longer be eligible for coverage due to life status changes. Miami-Dade County will continue to conduct a Dependent Eligibility Audit to verify the eligibility of covered family members. Employees will be required to provide documentation, such as birth or marriage certificates (birth cards not acceptable), for any dependents enrolled for healthcare benefits. Failure to submit the required documents will result in:

1. cancellation of your dependent’s coverage as of the date the coverage began
2. continuation of the existing coverage level premium through the end of the plan year, with no premium refunds issued.

Medical Plan Eligibility By Date of Hire & Bargaining Unit

	ADVANTAGE PLANS	
Date of Hire	First Choice Advantage & Select Advantage	HMO Advantage & POS Advantage
Prior to 1-1-2019	Non-bargaining, GSAF, IAFF	
On or After 1-1-2019	Non-bargaining, GSAF, IAFF	
Prior to 1-1-2020	AFSCME: Aviation, General & Solid Waste	
On or After 1-1-2020	AFSCME: Aviation, General & Solid Waste	
Prior to 1-1-2021	Transit Workers Union	

	ADVANTAGE PLANS	
Date of Hire	First Choice Advantage & Select Advantage	HMO Advantage & POS Advantage
On or After 1-1-2021	Transit Workers Union	
Prior to 7-1-2021	AFSCME Water & Sewer	
On or After 7-1-2021	AFSCME Water & Sewer	
Prior to 1-1-2022	PBA Rank/File and PBA Supervisory Employees**	
On or After 1-1-2022	PBA Rank/File and PBA Supervisory Employees	

** POS Advantage Plan is available only to those PBA Rank/File & Supervisory Employees hired prior to January 1, 2019

New Hire Enrollment

You may use the Benefits Enrollment link at <https://informs.miamidade.gov> to enroll in benefits. Medical coverage for new hires is effective as of the employee's date of hire. All other benefits are effective the 1st of the month following (or coincident to) 60 days of employment.

Be sure to review the reference materials and online enrollment steps available before you begin the online enrollment process. Once you have the answers you need, begin the enrollment process. Don't wait until the last minute! If you have questions regarding plan benefits contact the plan directly during business hours for specific plan benefits and limitations. The Help Desk (305-596-Help) will assist you only with technical issues (web access, password reset, etc.).

The online enrollment must be completed by no later than 60 days after your hire date. The enrollment window is from the date you are added to the payroll system to the day before the benefits eligibility date. The Benefits Enrollment website is accessible from any computer 24/7.

When adding dependents to your coverage at new hire enrollment, it is your responsibility to submit proof of eligibility, such as birth or marriage certificates, for any dependents whom you wish to enroll or healthcare benefits. Your dependents will not be covered unless your documentation is provided by the new hire enrollment deadline. Once the new hire enrollment deadline passes, you will not be permitted to add your family members onto your coverage until the next Open Enrollment period, unless you have qualifying event.

If you do not submit your benefit elections during your initial eligibility period, you will not have another opportunity until the next Open Enrollment. At that time, life insurance and disability coverage will be subject to evidence of insurability and approval is not guaranteed.

Qualifying Change In Status (CIS)

Once the Open Enrollment period closes, you may add or delete dependents to your health plan only under limited circumstances such as a Qualifying Event (QE). Changes must be reported within 45 days of a QE (60 days to add newborns/ adoption, or placement for adoption). Submit your Life Event benefits change request on the Employee Self-Service portal at <https://informs.miamidade.gov>. Election changes must be consistent with the event and result in the loss or gain of insurance coverage. Mid-year changes from one health plan to another are not permitted.

For additional information and Internal Revenue Code (IRC) Section 125 QEs, visit the Benefits website at www.miamidade.gov/humanresources/benefits.asp. You may also download the CIS and Benefit Election Change forms from this website.

Your change request must include documentation supporting the loss or gain of insurance coverage. Ensure that you complete your life event benefits change submission, including uploading your supporting documentation, on the Employee Self-Service portal (<https://informs.miamidade.gov>) before the deadline. Simply upload supporting documentation via INFORMS. Your existing elections will be stopped or modified (as appropriate) upon approval of your election change request. Generally, mid-year pre-tax election

changes are made prospectively. That is, no earlier than the beginning of the pay period following receipt by the Benefits Administration Unit, unless otherwise provided by law. Qualifying changes to add dependents become effective the first pay period following receipt of a timely request, except as indicated below:

- Newly Acquired Spouse/Domestic Partner/Dependent Child – Coverage is effective first of the month following date of event
- Spouse's or dependent's end of employment/loss of other health coverage– Coverage is effective as of date of event
- Newborn Child(ren) – Coverage is effective as of the date of birth*. (*Premium waived for first 31 days if documentation submitted within 31 days after birth)
- Adopted Child or Legal Guardianship – Coverage is effective on the date of adoption or the date child is placed in the home, whichever is earlier.

CIS Premium Changes

The Benefits Administration Unit (BAU) will process a change in premium effective as of the beginning of the pay period in which the coverage effective date falls. The full premium is charged for the affected pay period, regardless of the number of days you (or dependent) had coverage. The payroll deduction will not be prorated based on the number of days coverage was active in the affected pay period. Refer to the Benefits website for additional information. If a request to delete an ineligible dependent is received after the 45-day deadline, the dependent's coverage will be cancelled, but the dependent premium payroll deduction will continue through the end of the plan year with no premium refunds issued.

For additional information on eligibility and enrollment, please refer to the Benefits website at www.miamidade.gov/humanresources/

benefits.asp.

Medical and Prescription Drugs

As an eligible Miami-Dade County employee, the medical plans available to you are based on your bargaining unit's collective bargaining agreement. As such, not all medical plans may be available to you. Below is an overview of each of the medical plans offered by Miami-Dade County. Visit <https://www.avmed.org/web/mdc> to view the detailed Summary of Benefits and Coverage for each plan.

The available medical plans are:

POS Advantage

In-Network: Plan pays 100% for covered charges, after applicable copayments.

Out-of-Network: Plan pays 70% of Maximum Allowable Payment (MAP); you pay 30% co-insurance after deductible. You will be responsible for all Out-of-Network charges in excess of the Maximum Allowable Payment. AvMed encourages but does not require the selection of a primary care physician (PCP). No referrals are required to receive covered medical services from participating specialists.

HMO Advantage

Plan pays 100% for covered charges, after applicable co-payments. AvMed encourages but does not require the selection of a primary care physician (PCP). No referrals are required to receive covered medical services from participating specialists.

Select Advantage HMO

Plan pays 100% of covered charges, after applicable co-payments.

First Choice Advantage HMO

This plan offers more affordable healthcare option with a network limited to only Jackson Health System (JHS)/University of Miami Health System (UMHS) facilities. AvMed contracted providers with privileges at the JHS and UMHS facilities are included. One exclusive feature is a Healthcare Concierge Service ("Fast Track"). The Concierge team will have the ability to assist you with finding a network provider, scheduling appointments and coordinating specialty and/or hospital care.

Detailed coverage information on each plan may be found at

<https://www.avmed.org/mdc>.

Making the Most of Your Medical Coverage

SmartShopper™

AvMed offers SmartShopper™, giving you a chance to earn cash back while saving on healthcare costs. Medical procedures or diagnostic tests can qualify you or your dependents for CASH BACK when you choose a cost-effective location. This service is available to members in the MDC Select HMO, High HMO, and POS plans. SmartShopper™ is not offered to AvMed Jackson First HMO members.

Here's how SmartShopper™ works:

Your doctor recommends a qualifying procedure. You then call SmartShopper™ and a Health Cost Adviser will provide information on cost-effective locations in your area for the service your doctor has recommended. You will need to have your Member ID for verification. You can also shop online at <https://www.avmed.org/web/mdc/smartshopper/>. Then, contact your doctor to schedule the service.

Please note: In order to qualify for incentives, you must contact AvMed SmartShopper™ AT LEAST 24 hours before the procedure. If you choose to use a cost-effective location, as identified by AvMed SmartShopper™, you will receive an incentive check in the mail no later than 60 days after your claim has been paid.

To access SmartShopper™, go to <https://www.avmed.org/web/mdc/smartshopper/> or call 1-855-869-2133, Monday-Thursday from 8:30 a.m.- 8 p.m., Friday from 8:30 a.m.- 5 p.m., and easily shop healthcare services in your area.

Virtual Physical Therapy Provided by SWORD Health!

Miami-Dade County's health insurance coverage features Virtual Physical Therapy provided by SWORD Health!

This virtual physical care program is provided for employees of Miami-Dade County who are enrolled in one of the County's AvMed health plans and their covered family members. The program will help eligible participants overcome back, joint or muscle pain, and it is offered at no cost! That means a \$0 copay!

SWORD pairs the patient with a physical therapist in a totally virtual environment, who'll create a tailor-made exercise program, adjust the exercises as needed, provide coaching and advice, and communicate via chat anytime. In addition, the SWORD Health app is available to access a library of relevant information with insights, advice, and helpful tips.

Register for SWORD today at join.swordhealth.com/avmedmdc/register.

Bloom: Virtual Pelvic Health Care

Bloom pelvic-health care is now available to Miami-Dade County enrolled employees and their spouses and dependents age 18+ with vaginal anatomy, at no additional cost as part of your health plan.

Meet virtually with a Pelvic Health Specialist who will develop a program catered to your specific needs, addressing pelvic disorders such as urinary leakage, bowel issues, bloating, pressure, pelvic pain and more.

Complete pelvic-care sessions at home at your convenience. Enroll now at <https://join.hibloom.com/avmedmdc>.



Urgent Care

At UHealth Jackson Urgent Care we provide the highest standard of care to patients of all ages. With our board-certified physicians on site 365 days a year*, you'll get the treatment you need—so you can get back to being you again.

Walk-ins welcome. Qualified Miami-Dade County employee medical plans accepted with a low \$15 copay.

Visit [JacksonUrgentCare.com](https://www.jacksonurgentcare.com) for a full list of the conditions we treat.

*Our charges for medical services are less than the charges for comparable medical services at Jackson Memorial Hospital. *North Dade Urgent Care is closed on Sundays.*

Coral Gables

3737 S.W. 8th St.
Coral Gables, FL 33134
305-575-1600
8 a.m. – 8 p.m.

Cutler Bay

18910 South Dixie Hwy.
Cutler Bay, FL 33157
305-585-9230
8 a.m. – 8 p.m.

Keystone Point

13120 Biscayne Blvd.
North Miami, FL 33181
305-585-9210
8 a.m. – 8 p.m.

Country Walk

13707 S.W. 152nd St.
Miami, FL 33177
305-585-9200
8 a.m. – 8 p.m.

Doral

7400 N.W. 104th Ave.
Doral, FL 33178
305-585-9250
8 a.m. – 8 p.m.

North Dade

16555 N.W. 25th Ave.
Miami Gardens, FL 33054
786-466-1900
Monday – Saturday:
8 a.m. – 8 p.m.
Sunday: Closed.

\$15 COPAY FOR MIAMI-DADE COUNTY EMPLOYEES

How Bloom Works:

4 EASY STEPS



Scan to enroll through Miami-Dade County



Meet virtually with a Pelvic Health Specialist who will develop a program catered to your specific needs.

Receive the Bloom kit including the intravaginal pod and connect to the mobile app.

Complete pelvic-care sessions at home at your convenience. See real-time results. Your Specialist will track progress and provide 1-1 support.

join.hibloom.com/avmedmdc

Bloom pelvic-health care is now available to Miami-Dade County enrolled employees and their spouses and dependents age 18+ with vaginal anatomy —at no additional cost as part of your health plan.



Relieve pain from the comfort of home

Tired of chronic, post surgical pain, or loss of mobility?
We have you covered! **Meet Sword, the new virtual
physical care program designed to help you
overcome your back, joint or muscle pain – at home.**

Combining licensed physical therapists with
easy-to-use technology, Sword is far more than
just convenient.

•
•
•



**Get
started
today.**

join.swordhealth.com/avmedmdc/register

Available to Miami-Dade County enrolled employees and their dependents 18 and older
at **no additional cost** as part of your health plan.

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MDLIVE[®]

On-demand care for illness and injuries is part of your health plan.

MDLIVE. Anytime. Anywhere.



Getting sick is always a hassle. When you need care fast, talk to a board-certified MDLIVE doctor in minutes. Get reliable care from the comfort of home instead of an urgent care clinic or crowded ER. MDLIVE is open nights, weekends, and holidays. No surprise costs.

MDLIVE cares for more than 80 common, non-emergency conditions, including:

- Allergies
- Pink Eye

Convenient and reliable care.

MDLIVE doctors have an average of 15 years of experience and can be reached 24/7 by phone or video.

Affordable alternative to urgent care clinics and the ER.

MDLIVE treats 80+ common conditions like flu, sinus infections, pink eye, ear pain, and UTIs (Females, 18+). By talking to a doctor at home, you can avoid long waits and exposure to other sick people.

Prescriptions.

Your MDLIVE doctor can order prescriptions¹ to the pharmacy of your choice. MDLIVE can also share notes with your local doctor upon request.

- Cold & Flu
- Sinus Problems
- Cough
- Sore Throat
- Ear Pain
- UTI (Females, 18+)
- Headache
- Yeast Infections
- Prescriptions
- And more

***Check plan benefits for applicable copayments.**



Get the app



Meet Sophie, your personal assistant.
Text AVMED to 635483 to create an account.

Create your account today.

MDLIVE.com/AvMed | 800-400-MDLIVE

¹Prescriptions are available at the physician's discretion when medically necessary. A renewal of an existing prescription can also be provided when your regular physician is unavailable, depending on the type of medication.

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Virtual Visits

AvMed Virtual Visits, powered by MDLIVE, provides anytime remote access to board-certified doctors from your home, your office, or on the go. Just 15 minutes after a simple sign-up, members can speak with a doctor about non-emergency medical issues by phone or by secure video using a computer, tablet, or smartphone, for the cost of a PCP visit. It’s healthcare that works for AvMed Members, wherever and whenever you need it. Enrolling all of your covered family members in advance will save you time when you need the service. Below are just some of the medical issues a doctor can assist you with:

- | | | | |
|---------------------|---------------------|---------------------|------------------------------|
| <i>Acne</i> | <i>Fever</i> | <i>Diarrhea</i> | <i>Respiratory problems</i> |
| <i>Allergies</i> | <i>Headache</i> | <i>Sore throats</i> | <i>Ear Problems</i> |
| <i>Constipation</i> | <i>Insect Bites</i> | <i>Rash</i> | <i>Urinary problems/ UTI</i> |
| <i>Cold/Flu</i> | <i>Nausea</i> | <i>Vaginitis</i> | <i>Pink eye</i> |
| <i>Vomiting</i> | | | |

To sign up for Virtual Visits, register online at www.mdlive.com/AvMed, by phone at 1-888-632-2738, or by downloading the “MDLIVE” app.

Optum – AvMed’s Behavioral Health Partner

Optum offers a broad Provider network of experienced Florida-licensed clinicians to support AvMed Members, including psychiatrists, psychologists and masters-level social workers and other mental health counselors. In addition, Optum’s national network addresses the needs of Members who have benefits that cover out of service area care.

Please review the Optum provider directory tool to search for participating providers, located at www.AvMed.org/MDC, or call Optum at 1-866-292-2689 anytime for confidential help.

Urgent Care or the ER?

If you or a family member has a non-emergency illness or injury like a sprain, earache, flu-like symptoms or a sore throat, Urgent Care Centers can provide you with the medical attention you need—while saving you time and money. To find the Urgent Care Center nearest you, go to www.avmed.org/mdc. On the left hand side, under **Quick Links**, click on **Find a Provider**. Then, click on your network and then click on **Urgent Care Search** on the left hand side.

If you are not sure whether it’s an emergency, AvMed’s Nurse On Call is ready to help 24 hours a day, 7 days a week. Just dial the toll-free number: 1-888-866-5432 (TTY 711). Their experts are always available to answer your questions or help with triage conditions.

Disease Management

Receive support managing your condition with the Disease Management Program. This service is free with your AvMed plans. You will learn how to manage your condition, lower your risks for new conditions, work better with your doctor, take your medicine safely and also receive education and resources specific to your condition. If

HOW AND WHEN TO USE CARE CENTERS		
Urgent Care Center	Emergency Room	Ambulance
Know where they are	Know How to get there fast	Call 9-1-1
Ear Infections	Sudden, Sharp Abdominal Pain	Chest Pain
Bronchitis\Pharyngitis	Uncontrolled Bleeding	Difficulty Breathing
Fever		Unconsciousness

you have a condition and or think you're at risk contact AvMed/Optum (855) 81-AVMED (28633) for more information about the program.

Lifestyle Coaching

Eligible employees who meet certain criteria may be referred to Lifestyle Coaching by an AvMed Health Coach who can help employees manage a lifestyle change or condition.

Generic Medications Cost Less

If you take medications on a regular basis, you know how expensive medicines can be. One of the easiest ways to keep prescription drug expenses down is to choose generic medications over brand name drugs whenever possible. Typically sold at substantial discounts, generic manufacturers can offer lower prices for their drugs because they don't have to factor in the huge costs for research and development, marketing and advertising. What's more, when a generic drug product is approved and placed on the market, it has met the rigorous standards established by the FDA with respect to identity, strength, quality, purity and potency.

Prescription for Healthy Living

For employees or covered family members selected by AvMed to participate in this program, the co-pays for your diabetes, cholesterol and high blood pressure medications will be reduced to zero for any generic medication and \$5 for any second and third tier medication. Program participants who are enrolled in one of the Advantage medical plans and are taking maintenance medications for one of the above named conditions may receive a 3-month supply of your maintenance medications for only two co-payments, at this reduced co-payment rate! Additional requirements apply.

Imputed Income

The Internal Revenue Service (IRS) allows "tax free" health insurance subsidies for you and your eligible dependents, but excludes amounts attributable to coverage of adult children above age 26, a domestic partner (DP), and dependents of a domestic partner. The County must include the fair market value of this coverage in your income, referred to as "imputed income" and this imputed income will be taxed accordingly. Go to www.miamidade.gov/humanresources/benefits.asp for additional information regarding imputed income tax. Please consult with a financial planner or tax consultant to see how that impacts your particular situation.

IRS 1095-C Form Employer-Provided Health Insurance

When filing taxes of each year, you will need to show whether you had minimum essential coverage, as defined and required by the Affordable Care Act (ACA). To provide the information needed for tax filing, employers who sponsor self-funded health plans generally must provide a Form 1095-C by January 31 of each year. The 1095-C demonstrates that you were given the opportunity to enroll in ACA-compliant coverage and, if applicable, you enrolled in it.

For more information, go to:

www.miamidade.gov/humanresources/library/benefit-change-advisory-health-care-information.pdf

or contact:

Benefits Administration Unit: (305) 375-5632



Stop overpaying for medical care

Did you know that the same MRI can range from \$200 to \$2,000? It's possible that you're overpaying for care, even at in-network locations. SmartShopper is part of your benefits plan and has already done all the legwork so you'll know what your costs will be upfront.

Meet SmartShopper!

By providing the information you need, SmartShopper has helped over 1 million members save money without compromising quality. You can even earn a reward up to **\$2,250!** So don't wait, start saving with SmartShopper today!

It's Simple to Use



Compare providers at **AvMed.org/SmartShopper-MDC** or call the Personal Assistant Team at **866-285-7453**.



Schedule your appointment or let the Personal Assistant Team do it for you.



Earn a reward by having your appointment within the year.

To get started:

1. Log into your Member Portal by visiting **AvMed.org/SmartShopper-MDC** or call the SmartShopper Personal Assistant Team at **866-285-7453**.
2. Select "Shopping & Saving Tools" drop down.
3. Click on "SmartShopper."



The Personal Assistant Team is ready to support you. From selecting to scheduling to prior authorizations, they make next steps = no sweat. Call today!

Go Green by going paperless! Contact us to register your email today.

The Personal Assistant Team is available Monday through Thursday from 8 a.m. to 8 p.m. and Friday from 8 a.m. to 6 p.m. ET.*

AvMed | SmartShopper[®]



*Summer hours: The Personal Assistant Team closes at 3 p.m. ET on Fridays from Memorial Day to Labor Day.

The SmartShopper program is offered by MDX Medical, LLC dba Sapphire Digital, a Zelis company. Reward-eligible options and reward amounts are subject to change. Rewards are available for select procedures only. Rewards may be a taxable form of income. Sapphire Digital does not provide tax advice. Rewards may be delivered by check or an alternative form of payment. Members with primary coverage under Medicaid or Medicare are not eligible to receive incentive rewards under the SmartShopper program.

AvMed complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, sex, sexual orientation, gender, gender identity, disability, or age, in its programs and activities, including in admission or access to, or treatment or employment in, its programs and activities. The following person has been designated to handle inquiries regarding AvMed's nondiscrimination policies: AvMed's Regulatory Correspondence Coordinator, P.O. Box 569008, Miami, FL 33256, by phone 1-800-882-8633 (TTY 711), or by email RegulatoryCorrespondence@AvMed.org.

Humana Vision plan makes good eye health easy and budget friendly

Quality routine eye health care from independent eye care professionals and national retail locations.

Services and materials provided on a prepaid basis, and the plan pays in-network providers directly.

You also have the freedom to use out-of-network providers if you prefer.

Life without claim forms! With Humana Vision, you pay your eye care professional directly for copayments and any extra cosmetic options selected at the time of service.

Choosing Humana Vision is good for your health



- Get an annual eye exam for \$0
- Vision plan benefits includes coverage with copays for Lenses, Frames, Contacts and much more
- Choose from more than 108,000 access points including independent optometrists, ophthalmologists and national retail eye exam locations including Lens Crafters, Pearl Vision and Target Optical.



Shop and save more with online providers

Shop glasses, contacts and prescription sunglasses just like you would in the store — but from your computer, smartphone or tablet. It's fast, it's easy and it's seamless with your benefits. Choose from hundreds of brand-name frames and contacts. Instantly apply your in-network benefits at checkout and enjoy free shipping and returns.



You Can't Predict the Future, But You Can Plan For It



Legal Insurance



Play a free “Flip Your Fortune” game to see what legal needs could be in your future



Learn more about legal coverages offered through your employer



Watch humorous glimpses of employees' legal needs in the future





TAKE HOME A LITTLE
EXTRA EACH PAYDAY

**Medical and Dependent Care
Flexible Spending Accounts**

An FSA through AxisPlus Benefits™ helps you lower your taxable income by setting aside pre-tax dollars to pay for qualified Medical and Dependent Care expenses.

ENJOY THE
SWEETER
THINGS IN LIFE



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Your partner in wellness

Scan here for benefit information:



Our Delta Dental enterprise includes these companies in these states: Delta Dental of California — CA, Delta Dental of the District of Columbia — DC, Delta Dental of Pennsylvania — PA & MD, Delta Dental of West Virginia, Inc. — WV, Delta Dental of Delaware, Inc. — DE, Delta Dental of New York, Inc. — NY, Delta Dental Insurance Company — AL, DC, FL, GA, LA, MS, MT, NV, TX and UT.

These companies are members, or affiliates of members, of the Delta Dental Plans Association, a network of 39 Delta Dental companies that together provide dental coverage to 85 million people around the country. Operations in: Alabama, California, Delaware, District of Columbia, Florida, Georgia, Louisiana, Maryland, Mississippi, Montana, Nevada, New York, Pennsylvania, Puerto Rico, Texas, U.S. Virgin Islands, Utah and West Virginia.

Protect your family's financial future

Guaranteed life insurance during annual enrollment October 23 - November 6, 2023

Group term life insurance available without health questions

Life insurance helps provide you with an opportunity to care financially for loved ones when you're gone. Make sure you have the right coverage now. During open enrollment, you may increase your existing employee optional life insurance without answering health questions.

Special one-time opportunity



Increase your existing coverage by one times your salary, not to exceed three times your salary or \$500,000, whichever is less.

To apply for coverage other than what's outlined here, you'll answer three questions about your health history - along with height and weight.

This offer is related to the insurance policy issued by Minnesota Life Insurance Company to Miami-Dade County. All elections or increases are subject to the actively-at-work requirement of the policy. Products are offered under policy form series MHC-96-13180.9 and 14-31618. Minnesota Life Insurance Company is a subsidiary of Securian Financial Group, Inc.

lifebenefits.com

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Enrollment instructions

To enroll go to: [LifeBenefits.com](https://lifebenefits.com)

User ID

MDC followed by your eight-digit employee ID, including any leading zeros. Example: If your employee ID number is 12, enter MDC00000012 as your user ID.

Password

Your eight-digit date of birth (MMDDYYYY) followed by the last four digits of your Social Security number. Example: If your date of birth is August 2, 1960, and the last four digits of your Social Security number are 1234, enter 080219601234 as your password. If you've previously logged in to LifeBenefits, use the password you created.



Questions

Contact 1-866-293-6047
with any questions.



Learn more

Visit our education microsite to view your plan summary and access Benefit Scout, an online benefits-decision tool to help you determine the coverage that meets your needs and budget.

Visit Securian.com/mdc-life.

Access your Medical benefits and coverage information online!

If you are currently enrolled, you may view information on your enrollment, benefits claims and find participating providers at <https://www.avmed.org/web/mdc>.

For additional information on the County's Medical plans, please refer to the Benefits website at www.miamidade.gov/humanresources/benefits.asp.

Dental

You may enroll yourself and your eligible dependents for dental coverage even if you decline the medical coverage. There are two dental plans available, each with a Standard and Enriched option:

Delta Dental PPO Standard or Enriched

Select the dentist of your choice. Benefits are payable at various co-insurance levels. A deductible is applied for services other than preventive and diagnostic. Annual maximum reimbursements apply. The Enriched plan also includes orthodontia.

DeltaCare USA DHMO Standard or Enriched

Choose a dentist from a list of participating dentists and receive coverage for a variety of services. Participating dentists are primarily in the South Florida Tri-County area. Most preventive, diagnostic and many other services are provided at no additional cost to members. Some services have fixed co-payments. There are no claim forms, no deductibles and no annual dollar maximum

under the DHMO dental programs. The Enriched DHMO Dental plan provides additional benefits and specialty coverage not covered under the Standard program. Services must be received by a participating provider within the plan's service area.

Detailed coverage information on each plan may be found at www.miamidade.gov/humanresources/benefits.asp.

Planning for major dental work? Consider a Pre-treatment Estimate!

If you know you'll need major dental work, Delta Dental can tell you exactly what your share of the cost will be before you receive treatment.

Minimize your out-of-pocket expense for dental care by asking your dentist for a pre-treatment estimate from Delta Dental before you agree to receive any prescribed or major treatment. This lets you know up front what the plan will pay and the difference you will be responsible for. Your dentist may be able to present alternative treatment options that will lower your share of the bill, while still meeting your basic dental care needs. (This service is not available to DeltaCare® USA enrollees.)

A pre-treatment estimate is particularly useful for more costly procedures such as crowns, wisdom tooth extractions, bridges, dentures or periodontal surgery. When your dentist submits a pre-treatment estimate to Delta Dental, Delta Dental will send an estimate of your share of the cost and how much Delta Dental will pay.

For more information, contact a Delta Dental representative at 1-800-471-1334.

Dental Emergencies

Here is what you need to know if you or a family member needs after-hours or urgent care:

- Before an emergency arises, find out how to contact your dentist if you need urgent care treatment or treatment after normal office hours. Typically, dentists have a plan for how they can be reached in case of emergency, or will make prior arrangements with other dentists if they are unavailable to provide care to you in case you need treatment immediately or urgently.
- You may also call the local dental society (listed in your telephone directory) if your dentist is not available to refer you to another dentist for urgent, emergency or after-hours care.
- All plans have provisions for after-hours or urgent care. Check your Contract or Evidence of Coverage to learn more about your after-hours and urgent care coverage.
- If you or a family member has special needs, you should ask your dentist about accessibility to their office or clinic at the time you call for an appointment. Your dentist will be able to tell you if their office is accessible, taking into consideration your specific needs.

For Delta Dental PPO enrollees

- You can obtain routine or urgent care from any licensed dentist during normal office hours.
- You may seek treatment for urgent or emergency care after normal office hours from any licensed dentist without pre-authorization.

- Your out-of-pocket costs are likely to be lower if you get emergency care from a dentist who is in your network.

For DeltaCare USA enrollees

- Always try to contact your assigned network dentist first for urgent or emergency care.
- Your network dentist may treat you or provide an authorized referral to another dentist.
- If your assigned network dentist is not available, DeltaCare USA's Customer Service staff can provide an authorized referral for immediate treatment. Call (800) 422-4234.
- If you cannot reach your network dentist or DeltaCare USA for a referral, you may use your out-of-area emergency benefit (typically limited to \$100 per emergency, subject to standard plan limitations and exclusions; copayments may apply).

Access your Dental benefits and coverage information online!

If you are currently enrolled, you may view information on your enrollment, benefits claims, and find participating providers at <https://www.deltadentalins.com/mdc>.

For additional information on the County's Dental plan, please refer to the Benefits website at www.miamidade.gov/humanresources/benefits.asp.

Vision

Humana is Miami-Dade County's Vision plan provider, offering a Standard and Enriched option for you to choose from.

The Humana Vision plan is available to all employees eligible for medical and dental coverage, regardless of union affiliation. You pay the full cost of the coverage. Under either plan option, you and your enrolled dependents receive an annual comprehensive eye exam at no charge with a participating optometrist or ophthalmologist. Members may also receive a pair of glasses for a small \$10 copay from a special selection available at participating providers. Additional lens features, such as transition, progressive and ultra-violet coating, are also fully covered. Under the Enriched option, lenses and frames are available every plan year. Under the Standard option, lenses are available every year and frames are available every **other** year. Contact lenses or other frames are available as alternative benefits.

Both options allow you to use non-participating providers and be reimbursed according to the non-participating benefit schedule. However, use one of the plan's in-network providers to receive the greatest savings.

Detailed coverage information on the Vision Plan may be found at www.miamidade.gov/humanresources/benefits.asp.

For additional information on the County's Vision Plan, please refer to the Benefits website at www.miamidade.gov/humanresources/benefits.asp or call Humana Vision at (877) 398-2980.

Legal Insurance

Have you ever stopped to think about how many events in your life have legal aspects to them? There are the joys — like having a baby or buying the house of your dreams — and the challenges — like when true love doesn't work out or your kid gets in trouble with the law. With legal insurance from ARAG®, network attorney fees are 100% paid in full for a wide variety of covered legal matters such as creating a will or trust, real estate matters, divorce, rental property disputes and more! To locate a network attorney, call the ARAG Customer Care Center at (800) 667-4300 or visit <https://www.ARAGLegal.com/myinfo> and enter Access Code: 10277mdc.

For additional information on the County's Legal plan, please refer to the Benefits website at www.miamidade.gov/humanresources/benefits.asp.

Flexible Spending Account (FSA)

FSAs are IRS tax-favored accounts that can be used to pay eligible expenses. These funds are deducted from your salary before taxes are withheld, allowing you to pay your eligible expenses tax-free. A Healthcare FSA (HFSA) allows you to pay for eligible medical, dental or vision care expenses not covered by your insurance or any other plan. Dependent Care FSA funds can be used to pay eligible dependent care expenses to ensure your dependents (children through age 12 or elder) are taken care of while you and your spouse (if married) are working. **Dependent Care FSA is not for your dependent children's medical expenses.**

FSA Limits

Health care FSA Maximum Annual Deposit: \$3,050

Dependent Care FSA Maximum Annual deposit: \$5,000

Don't forfeit your FSA Funds! IMPORTANT INFORMATION BELOW!

For the 2023 FSA Plan Year:

Employees who participated in the 2023 HealthCare FSA may use your 2023 FSA dollars through March 15, 2024, and you have until April 30, 2024, to submit your claims for reimbursement.

For the 2024 FSA Plan Year:

Employees who participate in the 2024 HealthCare FSA may use your 2024 FSA dollars through March 15, 2025, and you have until April 30, 2025 to submit your claims for reimbursement.

Certain FSA Card Purchases Require Documentation

The Benefits Administration Unit provides to the FSA Administrator, on an annual basis, the co-payment amounts under the County's medical, prescription, dental and vision plans. As such, the co-payments that you pay using your FSA card will generally not be subject to verification. However, certain eligible expenses that you pay for with your FSA card will require documentation so that the FSA Administrator can verify that you are not using your FSA card to pay for an expense that is covered under your insurance. Examples of services that would require documentation include:

- Co-payments under a spouse's Medical Plan or Prescription Drug Plan
- Medical & Dental deductible and co-insurance payments
- Some prescriptions & certain over the counter* items

- Durable medical equipment
- Eyeglasses, contacts lenses or Lasik surgery
- Other eligible expenses that are not covered under your insurance

*Over-the-Counter (OTC) drugs and medicines require a prescription to qualify for FSA reimbursement and your FSA card use.

For expenses requiring documentation, the Explanation of Benefits (EOB) provided by the insurance carrier (if applicable) and the merchant's receipt or provider's statement is acceptable. EOBs for claims under the County's medical and dental plans can be obtained through the vendor's website.

If you fail to send in the requested documentation for an FSA Card expense, you will be subject to:

- Withholding of payment for an eligible paper claim to offset any outstanding FSA Card transaction
- Suspension of your FSA Card privileges
- The reporting of any outstanding FSA card transaction amounts as taxable income, and applicable taxes will be withheld.

Access your FSA balance and claim information online!

Need to check how much money you have left in your FSA Health Care or Dependent Care account? Visit the FSA provider's website, at <https://www.portal.myaxisplus.com>.

For additional information on the County's FSA plan, please refer to the Benefits website at www.miamidade.gov/humanresources/benefits.asp.

Life Insurance

Basic Life

Basic Life insurance is provided at your annual adjusted base salary. Premiums for this coverage are paid by Miami-Dade County, meaning no cost to you. During the initial benefits eligibility period, new employees will be automatically enrolled in the County-paid basic life insurance coverage, upon enrolling for health or optional benefits using the online New Hire Benefits Enrollment website. You must be actively at work for coverage to start. Life insurance amounts in excess of \$50,000 may be taxable and may be included as taxable income on your W-2 form.

Optional Life

Employee Optional Life insurance is available in increments of 1x to 8x employee's annual adjusted base salary, to a maximum of \$2 million. Premiums are age-based and depend on the amount of coverage purchased. You pay the full cost of this coverage. A Statement of Health may be required. Newly hired employees may elect coverage from 1x to 3x annual salary without completing a Statement of Health form. During Open Enrollment, all first-time elections or increases in coverage will be subject to Evidence of Insurability.

Spouse/Domestic Partner Optional Life insurance is available in the amount of \$10,000. You pay one flat premium for this coverage. Evidence of Insurability (EOI) is never required.

Child Optional Life insurance is available in the amount of \$10,000 for each covered child. You pay one flat premium for this coverage. Evidence of Insurability (EOI) is never required.

You must be enrolled in Employee Optional Life coverage in order to elect Spouse/Domestic Partner or Child Optional Life coverage.

County Death Benefits

Miami-Dade County Death Benefit Resolution No. 81-02 provides for the following death benefit: When a permanent status and career exempt employee dies and it has been determined that his/her survivors are not entitled to County provided job-related (in-line of duty) death benefits, the County will pay to the employee's beneficiary(ies) a death benefit amount determined by the employee's years of continuous County service. In addition, the beneficiary(ies) is/are eligible to continue the medical and dental coverage for either one or two pay periods based on the employee's longevity.

IMPORTANT! Update Your Beneficiary Designations Today!

Making provisions for your family in case of an unexpected loss is a critical component of planning your financial future. That's why it is so important that you take time to review and update your beneficiary designations today.

You may select, update or change your beneficiary designations by logging into the Minnesota Life LifeBenefits Portal at <https://LifeBenefits.com>, then selecting Beneficiary Designation. You may update your beneficiaries for the following benefits: Basic and

Optional Life Insurance, County Death Benefit, County Accidental Death (AD&D), Last Wages & Other Earnings and PBA Survivor Benefit.

You must designate a beneficiary for these benefits on the Life Benefits portal; otherwise benefits will be paid in accordance with the Florida Statutes. The process is easy, secure and will only take a few minutes. Do not leave this important decision for later!

Access the portal immediately and update all of your beneficiary designations, to ensure that your selections are current and up-to-date. Once you submit your beneficiary designation online, it will revoke any previous primary or contingent beneficiary designation.

It is your responsibility to update your beneficiary designation on time. You do not need the beneficiary's consent to make a change to your beneficiary designation.

The beneficiary designations you select on this portal do not apply to your FRS, Nationwide or MissionSquare retirement plans. The links to make changes to your beneficiary designations for each of these plans are also available on the beneficiary designation portal.

For additional information on the County's Life Insurance benefits, please refer to the Benefits website at www.miamidade.gov/humanresources/benefits.asp.

Disability

Short Term Disability

Short Term Disability (STD) insurance is a voluntary benefit which helps you replace a portion of your income should you be absent from work due to your own medical condition for a period greater than 14 consecutive calendar days. **Employees going out on STD should apply for STD to begin as of the first day of medical absence, regardless of how much sick leave they have accrued.** There is a 14 calendar day elimination period before STD benefits can be paid. During this elimination period, you must exhaust all accrued sick leave. Any accrued sick leave remaining after the elimination period must also be exhausted before STD benefits are paid (annual leave will be exhausted as well, unless the employee actively requests that it not be used). STD benefits are paid at 60% of the employee's base annual salary to a maximum amount based on the plan option elected. Employees may elect the STD Low Option plan (maximum weekly benefit of \$500 per week) or the STD High Option plan (maximum weekly benefit of \$1,000 per week). You pay the full cost of STD coverage, through post-tax payroll deductions.

Long Term Disability

Long Term Disability (LTD) insurance is a voluntary benefit which helps you replace a portion of your income should you be absent from work due to your own medical condition for a period greater than 180 consecutive calendar days. LTD benefits are paid at 60% of your base annual salary to a maximum amount based on the plan option elected. You may elect the LTD Low Option plan (maximum

monthly benefit of \$2,000 per month) or the LTD High Option plan (maximum monthly benefit of \$4,000 per month).

You may also elect the LTD Premier plan, which provides income replacement at 66 2/3% of your base salary to a maximum of \$7,000, should you be absent from work due to your own medical condition for a period greater than 90 consecutive calendar days. An employee electing either of the STD plans may not elect the LTD Premier plan, because the 90-day elimination period under the LTD Premier plan overlaps the STD period of 180 days. You pay the full cost of LTD coverage, through post-tax payroll deductions.

Payment of disability benefits under all plan options are subject to medical review and approval by the disability insurance carrier.

For more information on the County's Disability plans, please refer to the Benefits website at www.miamidade.gov/humanresources/benefits.asp.

Leave Benefits

Leave Time

Accrued Annual leave, Sick leave, Birthday Holiday, Floating Holiday(s) and thirteen (13) paid County observed holidays.

- You accrue 80 hours Annual Leave (10 days) for one (1) year of continuous full-time service.
- You accrue 96 hours Sick Leave (12 days) for one (1) year of continuous full-time service.

Any unused portion of the first 48 hours of Sick Leave accrued during the year is converted to Annual Leave on the employee's Leave Anniversary Date.

Longevity Annual Leave

After six (6) years of service, you are granted an additional eight (8) hours of Annual Leave on your Leave Anniversary date to a maximum of 80 hours/96 hours depending on your regular work schedule.

Longevity Bonus Award

The Miami-Dade County Pay Plan provides for Longevity Bonuses for employees who complete a minimum of 15 years of continuous service. These Bonuses are calculated on a sliding scale of 1.5% to 3.5% depending on years of continuous service.

For details on the longevity bonus award calculation and eligibility, visit <http://www.miamidade.gov/humanresources/library/personnel-payroll-reference.pdf>.

Annual and Sick Leave Payments at Time of Separation

Maximum accumulation and payout for annual leave for 40/48 hour workweek employees is 750 hours, based on your Bargaining Unit's Collective Bargaining Agreement.

Sick leave accumulations vary, based on your Bargaining Unit's Collective Bargaining Agreement. Consult your Collective Bargaining Agreement or Leave Manual to determine your eligibility for sick leave payments.

Leave of Absence

A Leave of Absence (LOA) is an approved absence without pay for a maximum period of one year. Your department manages your requests for LOA and approvals must be in accordance with the Leave Manual.

For Family & Medical Leave (FMLA) requests, you must submit the FMLA request form and the completed certification by the health care provider in advance of the date of leave.

You are responsible for paying the premiums for your group benefits. HR\Benefits Administration oversees the premium collection during unpaid LOA. The premium you are responsible for depends on the type of leave. If you are out on approved FMLA Leave, you are responsible for only the employee's portion of the premium. All other leave types require both the employee cost/county's portion of the premium:

A LOA Package, explaining benefit costs and where to send payment, will be provided to you by your department.

LOA premiums are due the 1st day of each pay period. A warning notice is sent to you after the 2nd pay period of non-payment. Coverage

will be cancelled at the 3rd pay period of non-payment, and a notice of cancellation will be sent to you. If coverage is cancelled for non-payment, you must wait until the next Open Enrollment to re-apply for insurance coverage. A Statement of Health will be required if you re-enroll in Optional Life, Short Term Disability, and Long Term Disability.

For more information about Leave of Absence and maintaining your benefits while on LOA, please refer to the Benefits website. For additional information on leave eligibility, leave accrual and usage, or leave payout benefits, refer to the Leave Manual at <http://www.miamidade.gov/humanresources/library/compensation-leave.pdf>.

Paid Parental Leave

Paid Parental Leave provides you leave with pay for the purpose of caring for your newborn, newly-adopted child or newly-placed foster child or children. You are eligible for Paid Parental Leave if you are an exempt/non-bargaining employee or any other employee covered by Collective Bargaining Agreements whose Agreement explicitly provides for this benefit. You may be granted Paid Parental Leave if you have worked for Miami-Dade County for a minimum of one year.

Paid Parental Leave shall be up to six weeks long (prorated amounts) and may be taken by day or week during the first year after the birth, adoption or foster care intake of the child or children. The Leave period is fixed regardless of the number of children born, adopted or permanently placed in your home through foster care.

During the Leave period, you shall be paid 100 percent of your base wages for the first two weeks, 75 percent of your base wages for the following two weeks and 50 percent of your base wages for the remaining two weeks. You may be eligible to use any accrued leave in

order to receive compensation up to 100 percent of base pay during the weeks reimbursed at the rates of 75 percent and 50 percent.

For additional information on Paid Parental Leave, refer to the Leave Manual at <http://www.miamidade.gov/humanresources/library/compensation-leave.pdf>.

COBRA

If you are a separated employee losing coverage, you may continue Medical, Dental and Vision coverage for yourself and/or covered family members. You are eligible for up to 18 months of COBRA coverage. Dependents are eligible for up to 18 months of COBRA coverage, or 36 months if loss of coverage is due to your divorce, death or child reaching the age limit. You may also continue the Flexible Spending Account (FSA) under COBRA through the end of year in which employment ends. Benefits end the last day of the pay period in which termination date falls and premiums were payroll deducted or direct payments made. This includes Life, Medical, Dental, Vision, FSA, LTD, STD, Legal, and Optional Life.

COBRA Election forms will be mailed to you by the COBRA administrator, 7 - 10 business days after the termination pay period. You have 60 days to make an election. If elected, coverage is effective retroactive to the first day after active coverage ended. You have 45 days from the date of making a COBRA election to submit the initial premium payment.

Saving for Your Retirement

Florida Retirement System (FRS)

Miami-Dade County provides retirement benefits for eligible employees through the Florida Retirement System (FRS). Enrollment is automatic for full-time and part-time employees.

The FRS is qualified under Section 401(a) of the Internal Revenue Code and provides a defined benefit (FRS Pension Plan) and a defined contribution plan (FRS Investment Plan) option. Under the defined benefit plan, for every month you receive a paycheck, you receive one month of service credit, if you participate in the defined contribution plan, a contribution is made to your account and you are responsible for managing your investments. You must make your Florida Retirement System (FRS) plan election within the first eight (8) months of your employment by visiting <https://www.myfrs.com/> or you will be defaulted to the Investment Plan (except special risk employees).

Plan Features

In order to qualify for the pension benefit, you must be vested. Under the defined benefit plan, you must have at least 6 years of creditable service if enrolled in the FRS prior to July 1, 2011 and 8 years of creditable service if enrolled in the FRS on or after July 1, 2011.

Under the defined contribution plan, you need only have one year of creditable service to be vested.

As an FRS member, you must contribute 3% of your salary towards your retirement benefit, on a pre-tax basis (contributions are

taken from your gross salary before Federal Withholding taxes are calculated). The remainder is paid by the Employer.

Members participating in the Deferred Retirement Option Program (DROP) and re-employed retirees who do not qualify for renewed membership are not required to make the 3% contribution.

For more information on the FRS, visit <https://www.myfrs.com>.

FRS Reemployment After Retirement

If a retiree returns to employment with an FRS employer during the first 12 months after retirement in any position, the following provisions will apply:

- If the reemployment occurs during the first 6 calendar months after the retirement, the employee will not be considered to have retired. The member's retirement will be cancelled and they will be required to repay all retirement benefits received. Additionally, the department is responsible for repaying any retroactive contributions due on the service.
- If the reemployment occurs during the 7th through the 12th month after the date of retirement, payments of retirement benefits will be suspended for any months the retiree is employed during this 6 month period. Benefits that would otherwise have been paid during the period of suspension are forfeited. The retiree must repay any benefits received while working during the 7th through the 12th month after retirement.

- Effective July 1, 2017, reemployed retirees from the Investment Plan are eligible for renewed membership in FRS and will be required to make the 3% employee contribution.

Deferred Compensation – 457 Retirement Plans

When you retire, you'll want to maintain the lifestyle you currently have. The Deferred Compensation Plan is a tax deferred savings plan governed by Section 457 Internal Revenue Code, and can be used at retirement to supplement your Florida Retirement System and Social Security benefits.

All Miami-Dade County employees are eligible to participate in this plan. There is no waiting period or minimum number of hours you must work bi-weekly.

Plan Features

Contributions are taken from your gross salary before Federal Withholding taxes are calculated.

You don't pay Federal Withholding Income taxes on your investment contributions or earnings until you receive the money. Social Security taxes on contribution amounts continue to be deducted from your gross salary.

The minimum Contribution is \$10 per pay period and the maximum Contribution is 100% of your gross taxable salary or the maximum annual contribution as determined by the IRS, whichever is less. Visit the Benefits website at <https://www.miamidade.gov/global/humanresources/benefits/deferred-compensation.page> to find the annual contribution limit.

Your contributions may be invested with MissionSquare or Nationwide Retirement Solutions. Each provider offers a number of investment options, including fixed funds, stock funds, bond funds, mutual funds and others. See Mission Square and Nationwide flyers on pages 40-41 of this Guide for additional information.

Roth IRA – 457 Plan Funding Option

The Roth Funding Option allows employees to contribute to the deferred compensation program on a post-tax basis. One of the major benefits of the Roth Funding Option is that if certain conditions are met, the earnings and contributions when paid to you will be tax-free. Contact your local deferred compensation representative to determine if this feature can benefit you.

For more information on the Deferred Compensation plan, please visit <http://www.miamidade.gov/humanresources/deferred-compensation.asp>.

Emotional Wellness Program

Employee Assistance Program (EAP)

What is the role of the Miami-Dade’s Employee Assistance Program?

The Miami-Dade Employee Assistance Program is a confidential service which focuses on assisting those who are struggling with personal problems that may be affecting their ability to function at home, work or in the community. EAP counselors focus on supporting employees with internal and external resources that assist in setting the foundation for restoration or enhancement of emotional and mental wellness.

Who can use the EAP?

The Employee Assistance Program is available to all Miami-Dade employees and their eligible family members and dependents.

What kind of problems does the EAP help with?

Some of the needs and concerns employees have brought to the EAP are:

- Family/Marital Problems
- Anxiety/Emotional Problems
- Stress Management needs
- Substance Abuse/Alcohol Abuse
- Financial Problems
- Death of a loved one
- Anger Management
- Community Resources such as Childcare

Does the EAP tell anyone about me contacting them?

The EAP is designed to be a confidential resource and support for employees. The program is designed to ensure confidentiality. Employees that come to the EAP on a voluntary basis will have information released only to individuals authorized by the employee.

How does the EAP process work?

The employee can refer themselves to the program for consultation. Managers and Directors can also make mandatory referrals to the program in circumstances such as substance use. Additionally, a manager can call the EAP for consultation in regards to concerns about employees that may have personal struggles that are affecting their performance and assist employees in making an appointment directly.

An initial consultation is typically scheduled that day or the next business day. After the initial consultation, the employee and their EAP counselor will identify the best avenue to support the employee in their goals and/or provide referrals to resources such as legal aid, therapy, a health care facility or rehabilitation center.

Job security or promotional opportunities will not be affected or jeopardized by requesting assistance or involvement in EAP.

What does it cost?

The internal EAP session is FREE to the employee. Referrals can be given to a provider covered by your health plan. However you may be required to pay co-payments for the services provided based on coverage levels, as you would for a doctor's visit.

How can I get in touch with the EAP and where are they located?

You can call **305-375-3293** to set up a virtual or on-site appointment with an EAP counselor.

Our address is: 601 NW 1st Court, Suite 15-050, Miami, FL 33136

The hours of operation are Monday through Friday from 8:00 a.m. to 5:00 p.m. The Miami-Dade County Employee Assistance Program is located on the 15th Floor of the OTV South Building.

THE FOUR GOALS OF WELLNESS



PHYSICAL WELLNESS: WellnessWorks

- Flu shots and biometric screenings
- Quarterly nutrition, step and well-being challenges
- On-site health coaches and nutritionist
- Gym discounts and incentives
- Worksite educational seminars
- Annual events and activities for the entire family
- Participant drawings every quarter for great incentives
- Online resources 24/7 on the WellnessWorks Stream Channel

OCCUPATIONAL WELLNESS: Employee Recognition Programs

- I THRIVE employee engagement portal shares stories about our County family and welcomes your stories
- Service Awards celebrate longevity milestones with pins, plaques and bonuses
- Department Employee Award Program (DERA) acknowledges employee achievements
- IDEA Machine/ IDEA Rewards Program captures employee innovations online and awards cash for implemented suggestions
- Croquetas with Cava and other Mayor initiatives
- Employee Discount Program offers deals on essentials and services, including learning opportunities

EMOTIONAL WELLNESS: Employee Assistance Program (EAP)

- Free confidential on-site and virtual assessment and/or supportive counseling session
- By appointment at OTV South, walk-ins welcome
- In-network referrals as needed
- Employee and supervisory educational training available
- Weekly WellTalks and WellPanels to support employee emotional health and resilience
- Online resources 24/7 on Emotional Wellness Stream Channel

FINANCIAL WELLNESS: FRS and Deferred Compensation Program

- Online investment advice and financial planning
- Dedicated Retirement Plans Specialists to help guide you on your financial journey
- Financial educational workshops, empowering you to take action in planning your financial future
- Interactive online tools to help you understand your financial savings picture.
- Defined Benefit and Defined Contribution plan options through the Florida Retirement System (FRS)
- A voluntary, 457 Deferred Compensation Plan that supplements your FRS and Social Security benefits
- A 457 Roth Funding Option, where post-tax contributions may yield tax-free benefit payments to you.

It's Open Enrollment Time!

The County offers retirement savings beyond your pension through the 457 Deferred Compensation Plan. Your plan offers a diverse array of investment options, easy online contributions, penalty-free withdrawals,* and more.

You're in control of your future

You decide how much to contribute and how to invest. MissionSquare Retirement is here to help, with services including online investment advice, financial planning, and dedicated Retirement Plans Specialists.

Enroll online – join the plan now!
Log in at www.missionsq.org/mdc.



Scan the QR code to set up an appointment with your MissionSquare Retirement Representative.

*Non-457 assets rolled into a 457 account maintain the same account characteristics and are subject to 10% penalty if withdrawn before 59½.



Saving for retirement made easier

The 457(b) deferred comp plan



When you join your employer's 457(b) deferred compensation (comp) plan, you get a wealth of online resources to help you set your goals, research investment options and decide how much to save for retirement.

But you also get attentive service from Nationwide® Retirement Specialists. We'll take time to understand your situation so we can provide personalized guidance as you:

 **Identify your retirement goals**

 **Enroll in your employer's retirement plan**

 **Determine your contribution level**

 **Develop a personalized long-term investment strategy**

 **Keep track of your plan over time**

What matters is where you want to go and how you're going to get there. Let us help.

This material is not a recommendation to buy or sell a financial product or to adopt an investment strategy. Investors should discuss their specific situation with their financial professional.



Have questions? Your Nationwide Retirement Specialists are here to help.



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To schedule an individual appointment, scan this code.

Wellness (in Partnership with AvMed)

The WellnessWorks program provides a suite of personalized tools and support to encourage healthier living. Miami Dade County employees, dependents and retirees covered by the AvMed insurance plan have access to the following **FREE SERVICES**:

WELLNESS

- Health coaching
- Nutritional consultations
- Health education courses
- Bi-annual Health Fairs

CHALLENGES

- Wellness challenges
- Annual 5k Family Fun Event
- Other events to promote physical activity, weight loss, general health, and prevention

SUPPORT TOOLS

- Gym discounts
- Smoking cessation
- Wellness Watch Newsletter
- Weight Watchers

ONLINE SERVICES

- Personal Health Assessments
- Wellness Portal

Active County employees can also earn **Wellness Rewards** by participating in the WellnessWorks program and earning points.

Earn 75 points in a quarter and you will be entered into a drawing for up to \$250!

Participate throughout the year and earn 300 points and you will be entered into the annual drawing for \$500!

Earn \$40 every year by completing the online personal health assessment and the biometric screening at the health fair!

With AvMed, you get the tools you need to get started with ONE program. Get on the road to **YOU**, improved.

On-site Health & Wellness Coaches can:

- **LISTEN** and clarify what YOU want to do in order to get – and stay – healthy;
- **WORK WITH YOU** to design an individualized action plan based on your Personal Health Assessment (PHA);
- **CO-CREATE** realistic goals and then break them down into smaller, achievable action steps;
- **ASSIST** in getting you the necessary screenings, biometrics, fitness options, immunizations, resources and follow-up care from your health providers;
- **ENCOURAGE, MOTIVATE AND SUPPORT** you toward reaching your goals; and...
- **CELEBRATE** your victories with you!

Call **1-888-245-6676** or **305-375-1511** or email wellnessworks@miamidade.gov to find out how to engage with the WellnessWorks on-site coaches to help on your journey to YOU, improved. All County employees on the AvMed health plan are eligible. Visit www.AvMed.org / **MDC/WellnessWorks** for more details.

Are you ready to take the next step towards wellness? Register for the WellnessWorks program at www.healthyroads.com. To reach a member of the wellness team or schedule an appointment email: wellnessworks@miamidade.gov.

All reward money is subject to applicable payroll taxes. Reward amounts are subject to change.



WELLNESSWORKS
MIAMI-DADE COUNTY



Embrace better health.®

Employee Recognition

Miami-Dade County's Employee Recognition Programs are designed to recognize employees who demonstrate exceptional service and achievements in their public duties.

Employee Recognition Program

Miami-Dade County appreciates its workforce and has several programs in place to recognize employees in service to the community. The Benefits and Employee Support Services Division in Human Resources is available to assist employees and County departments to maximize involvement. Contact the Employee Engagement Coordinator at 305.375.1389.

THRIVE @ Miami-Dade County!

I THRIVE is our newest employee initiative. The I THRIVE portal creates a hub for sharing employee stories and our organizational successes. Visit the website at <https://www.miamidade.gov/global/humanresources/ithrive.page>, to submit your own experience or to recognize the great work of your coworkers and peers. You can also email ITHRIVE@miamidade.gov for questions and assistance.

Service Awards

Service Awards Program recognizes longevity milestones at five year intervals. Employees are presented with unique pins by their Department. Beginning at 30 years of service, employees are recognized with plaques and milestone bonuses by the Mayor and the Board of County Commissioners at committee presentations.

DERA Program

Department Employee Recognition Award (DERA) Program provides County departments with the ability to recognize great employees. Refer to Administrative Order 7-30 for more details.

IDEA Machine/ IDEA Rewards Program

IDEA Machine/IDEA Rewards Program captures employee ideas and routes them for review in County departments. Successfully implemented eligible ideas are recognized with cash awards. Awards can be up to \$5,000. Refer to Administrative Order 7-8 for more details. Log in to vote and comment on ideas too.

<https://miamidadeinnovation.ideascaleapp.com/c/landing>.

Employee Discount Program

Employee Discount Program provides access to discounts on various products and services from the business community here: <https://secure.miamidade.gov/employee/discounts.page>. Mascot Discount Ninja also will host contests and appreciation events during the year at employee locations.

Disclosure Notices

Please refer to the Benefits website at www.miamidade.gov/humanresources/benefits.asp for the following important notices:

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

Additional Benefits

On-Site Child Care

Child care is available in the Downtown area at the Government Center. Services are fee based.

Tuition Reimbursement

If you are enrolled in an accredited educational institution, you may be reimbursed for 50% of tuition costs, for approved coursework which will enable you to improve your performance in your current positions and prepare you for increased responsibilities.

For additional information, including information on employee and course eligibility, visit <http://www.miamidade.gov/humanresources/training-tuition-refund.asp>.

Public Transportation Benefits

It's easy and affordable for County employees to use public transportation. The Monthly Pass Payroll Deduction program lets you take advantage of discounted monthly transit and pre-tax savings. Your monthly transit expenses will be deducted from your paycheck before taxes and your EASY Card will be automatically reloaded every month as long as you remain in the program. If you pay for Metrorail parking as part of your monthly deduction, your parking decal will be mailed to you every month.

For additional information on the County Employee Discount EASY Card, visit www.miamidade.gov/transit/county-employee-discount.asp.

Discounts are also available for Miami-Dade County employees looking to ride on the Brightline: https://www.miamidade.gov/enet_discount/library/brightline.pdf.

Benefit Reminders

- Use your enrollment period to preview your benefit choices before enrollment deadlines by logging in. Visit www.miamidade.gov/openrollment for all benefits eligibility deadlines.
- New hires and newly benefit eligible employees must enroll/decline benefits coverage before the completion of the 60th day of eligible employment.
- After completing your enrollment, print, review and save your confirmation statement to ensure your elections are accurate.
- Add/Remove dependents and submit required dependent eligibility proof documents for enrolled dependents to avoid cancellation of dependent coverage.
- **The Dependent Care FSA** is for child or adult day care expenses only; elect the **Healthcare FSA** for you and your eligible dependent's healthcare expenses.
- Submit documentation supporting your FSA Debit Card purchases to AxisPlus as requested. Purchases not verified will be deemed taxable and added as taxable income in your paycheck and reported on your W-2 for the year in which the purchase was made.
- Submit Affidavit of Eligibility every year for coverage dependent children who have reached age 26 through age 30.
- Verify SSN or ITIN for all covered dependents on **INFORMS**.
- Verify personal information (address, email address, telephone number) on Blue Book with your DPR to ensure you receive applicable benefits notices.
- **Designate and or/update beneficiaries (e.g. County Death Benefit, Basic Life, Supplemental Life, and Retirement Plans, if applicable). See pages 31-32 of this Guide for important information about your beneficiary designations.**
- Enroll for your Florida Retirement System (FRS) plan election within the first 8 months of your employment by visiting <https://www.myfrs.com> or you will be defaulted to the Investment Plan (except Special Risk).
- Enroll in and submit an annual contribution for your Flexible Spending Account (FSA) Spending Account (FSA).