



# YOUR BENEFITS

TWO THOUSAND TWENTY FIVE



**OPEN ENROLLMENT • OCT 21-NOV 4, 2024**

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

[www.miamidade.gov/OpenEnrollment](http://www.miamidade.gov/OpenEnrollment)

# Open Enrollment Is Here

The annual Open Enrollment period for County employees will run from Monday, October 21, 2024 through Monday, November 4, 2024. During this period, benefits-eligible employees may elect or make changes to benefit plans and/or levels of coverage, and add or remove dependents. All changes made become effective on January 1, 2025.

The County will continue to offer three self-insured HMO plans and one POS plan managed by AvMed. Please refer to the Medical Plans section on Page 4 to determine what plans you may be eligible to elect. As a reminder, medical plan eligibility is based on several factors including, but not limited to, your date of hire and your current bargaining unit.

The information provided in this guide is designed to help you make the best selection of Healthcare Plans for you and your family. Please take time to fully read the information provided, watch the online benefit videos and attend the virtual benefit information sessions. Contact the vendors or the benefits staff with any questions or clarifications you need to make the right choice to meet your needs and budget. You can also visit [www.miamidade.gov/openenrollment](http://www.miamidade.gov/openenrollment).



## 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.

### Assess your needs:

- Are you single with no dependents or do you need coverage for yourself and your family?
- Are you relatively healthy, maintain a healthy lifestyle?
- Do you have a chronic medical condition that you are able to manage with annual exams and medication?
- Are your physicians and facilities all in-network or do you access a number of out-of-network providers?
- What medical services have you accessed in the past 12 months?
- Review your claims history by logging into your account on [www.AvMed.org/mdc](http://www.AvMed.org/mdc).

Lastly, look at the cost of the plans. When reviewing cost, you need to consider:

- The biweekly premium that will be deducted.
- The co-pays and associated co-insurance (out-of-pocket) costs.

All plans offered include annual out-of-pocket maximums to protect your financial security in the event of unexpected medical expenses. If you utilize out-of-network providers under the POS plan, you are responsible for the difference between the charges and plan-allowed amount, which is not considered in the out-of-pocket maximum.

After you have determined your needs, you should review the plans to look for the coverage and benefits that will best meet your needs. For more detailed information visit [www.AvMed.org/mdc](http://www.AvMed.org/mdc).

### Update Your Beneficiary Designations!

- **Review and/or update** your beneficiary designations today by visiting the Minnesota Life LifeBenefits portal at <https://LifeBenefits.com>. User ID and Password are required.
- **Paper Beneficiary** designation forms are no longer being accepted.
- To update or make changes to your beneficiaries for your retirement plans, visit the websites below:  
FRS: <https://myfrs.com/>  
MissionSquare: <https://www.icmarc.org/miami-dadecounty.html>  
Nationwide Retirement: <https://www.miamidade457.com>
- **Update your beneficiaries now** - do not leave this important decision for later or the Florida Statute 112.19 will apply!

### Submit Your Dependent Documentation Before Open Enrollment Closes!

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

Medical Plan Eligibility By Date of Hire & Bargaining Unit

Date of Hire	ADVANTAGE PLANS	
	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	

Date of Hire	ADVANTAGE PLANS	
	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

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

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

\*\*HMO Advantage and POS Advantage are not available to employees hired on or after the date shown for their respective bargaining unit (see blue section above).

# Dental Plans

## Delta Dental PPO/DeltaCare DHMO

### Biweekly Dental Rates

PLAN	EMPLOYEE ONLY		EMPLOYEE + 1		EMPLOYEE + FAMILY	
	STD	ENR	STD	ENR	STD	ENR
DELTACARE USA	\$0.00	\$0.56	\$3.00	\$3.97	\$7.04	\$9.02
DELTA DENTAL DPPO	\$0.00	\$5.19	\$12.46	\$22.70	\$27.86	\$44.40

### Other Plan Rates

HUMANA VISION		
	STD	ENR
EMPLOYEE ONLY	\$3.40	\$4.19
EMPLOYEE + 1	\$6.79	\$8.38
EMPLOYEE + FAMILY	\$12.20	\$15.41

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

Other Plan Rates (continued)

FLEXIBLE SPENDING ACCOUNTS (FSA)		
	Contribution Limit	Administrative Fees Per Pay Period
Healthcare FSA Only	\$3,200	\$0.00
Dependent Care FSA Only	\$5,000*	\$0.00
Both Health & Dependent Care		\$0.00

FSA Contribution Limits:

Healthcare FSA:

Minimum Deposit: \$10 per pay period, or \$260 per year

Maximum Deposit: \$123.07 per pay period, or \$3,200 per year

Dependent Care FSA:

Minimum Deposit: \$10 per pay period, or \$260 per year

Maximum Deposit: \$192.31 per pay period, or \$5,000 per year

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

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

METLIFE Short Term Disability (STD)	Premium Per \$100 Weekly Benefit
Low Opt (\$500 max weekly benefit)	\$1.45
High Opt (\$1,000 max weekly benefit)	\$1.45

METLIFE Long Term Disability (LTD)	Premium Per \$100 of Covered Monthly Payroll
Low Opt (\$2,000 max monthly benefit)	\$1.75
High Opt (\$4,000 max monthly benefit)	\$2.10
Premier (\$7,000 max monthly benefit)	\$2.92

## Dependents Eligible for Coverage are:

Spouse, domestic partner (DP), child, child with a disability, stepchild, foster child, legal guardianship, grandchild and over-age dependent. For a full list of limitations please refer to the Miami-Dade County Employee Benefit website online at [www.miamidade.gov/openenrollment](https://www.miamidade.gov/openenrollment).

## Are You Adding a New Dependent?

If you are adding a dependent for the 2024 plan year, you must provide supporting documentation that the dependent meets the eligibility requirement for coverage under the Miami-Dade County insurance plans by the end of Open Enrollment. This is a mandatory requirement that applies to any dependent added now and in the future. Please be aware that failure to provide acceptable documentation will result in no coverage for the newly added dependent for plan year 2024.

### Acceptable Documents

#### Children

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

#### Spouse

- Marriage Certificate (issued by government entity)
- Domestic Partnership Certificate

### Over-Age Dependent Children – New and Currently Enrolled

Once your dependent child reaches age 26, you are required to submit an Affidavit of Eligibility every year, no exceptions, to continue medical coverage. To download the form, go to <https://www.miamidade.gov/humanresources/library/avmed-affidavit-of-extended-dependent-eligibility.pdf>. Failure to provide the documentation will result in cancellation of coverage and unpaid claims effectively as of January 1, 2025. To enroll a new over-age dependent in your 2025 medical coverage, you must also provide proof the adult child was continuously covered by other creditable insurance, without a gap in coverage of more than 63 days.

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

## Online Enrollment Overview

Open Enrollment participation is very important. Please take this opportunity to review your current plan elections and decide if they still meet your needs. You may change your existing elections, add coverage or simply confirm that you wish to remain with the same plan. To use the online web enrollment, go to [www.miamidade.gov/openenrollment](http://www.miamidade.gov/openenrollment). Contact your Department Personnel Representative (DPR) for assistance, if you do not have access to a computer.

Enrolling online is easy! No forms to fill out. No need to worry about paperwork getting misplaced. All you need is 10-15 minutes of uninterrupted time to make your elections. Then print your confirmation page for your records and you are finished! If you need to go back online and change your elections, no problem, the website is secure and available 24/7 during the Open Enrollment period.

Ensure that your dependents still qualify for coverage. Use this guide and look on the Open Enrollment website. Once you have the answers you need, begin the enrollment process. The deadline to change your plan elections is November 4, 2024. Once the deadline expires, you are locked into the plan elections you make until the next open enrollment period, unless you have a qualifying event.

Don't wait until the last minute! If you have questions regarding plan benefits, attend an Open Enrollment virtual benefit meeting, watch



the online benefit videos, review the online benefits information or contact the plan directly during business hours for specific plan benefits and limitations. The Help Desk (305-596-Help) will assist only with technical issues (web access, password reset, etc.) and is available Monday - Friday, 8 a.m. to 5 p.m.

## Checklist For Online Enrollment

### *Obtain this information before you begin:*

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

### *While enrolling in your benefits, please remember:*

- ☐ You must re-enroll every year to continue the Flexible Spending Account (FSA)
- ☐ The Dependent Care FSA is for child day care expenses only; not for your child's health care expenses
- ☐ Statement of Health required if enrolling in or increasing STD or LTD coverage
- ☐ Evidence of Insurability required if enrolling in or increasing Optional Life coverage

## 2025 OPEN ENROLLMENT

## ENROLLMENT AIDS HOW-TO GUIDES



**Scan above to view a full library of  
step-by-step guides on how to enroll.**

## After Open Enrollment

If you do not submit your enrollment/changes online by the deadline of November 4, 2024, you will have to wait until the next Open Enrollment period. Employees are not permitted to switch plans during the year once Open Enrollment closes. If you do not make changes, your selection for 2025 will be defaulted to your current selection, except for your Flexible Spending Account (FSA). If you do not make a FSA election, you will not have this coverage in 2025.

## Declining Medical Coverage

You may opt-out of County-provided medical coverage during Open Enrollment. If you decline coverage, you cannot reapply until the next Open Enrollment, unless you experience a family status or HIPAA qualifying event. Should you decide to decline coverage during Open Enrollment, make sure you do so through the Open Enrollment website; otherwise, you will be required to complete and submit a paper Coverage Waiver Form.

The decision to waive coverage has consequences. Declining County medical coverage without enrolling in another group/marketplace health plan may result in a tax penalty. Go to [www.Healthcare.gov](http://www.Healthcare.gov) for additional information regarding the Affordable Care Act's individual mandate.

## Cancelling Plan Participation After Open Enrollment

After Open Enrollment, you may cancel any post tax benefit plan (Group Legal, Short-Term, or Long-Term Disability Plans) without a penalty. If you cancel a pre-tax benefit plan subject to the Internal Revenue Code Section 125 salary reduction provisions, such as medical, dental and vision, you will still be required to pay the employee premium (if any) for the remainder of the year.

All plan cancellation requests must be submitted to your Department Personnel Representative (DPR) in writing and will be processed prospectively (next pay period from date request is received).



# Important Enrollment Reminders

1. Print and retain the online benefits confirmation notice after you make your elections for the 2025 plan year. The online benefits confirmation notice will be the required proof of your 2025 benefit elections, in the event there are any discrepancies. Once the Open Enrollment deadline passes, the only plan election changes permitted will be those resulting from a processing error. A processing error is defined as the unlikely event of a computer system malfunction that failed to process the employee's elections, as recorded on the final confirmation notice submission.

2. Review your benefit plan options carefully, because once you submit your final selections online you are locked into these plan choices until December 31, 2025. Employees are not permitted to switch plans during the year.

3. All Open Enrollment 2025 plan year benefit elections are in effect January 1, 2025 through December 31, 2025.
4. If you are hired in October or November 2024, you will complete your new hire benefit elections using utilizing the INFORMS Self-Service Portal, and these elections will automatically roll over into 2024 (except the Flexible Spending Account, which ends 12/31/2024). If you enroll in the Flexible Spending Account (FSA) for 2024 and you wish to enroll in the FSA for 2024, you must complete a paper election form. You may obtain the form from your Departmental Personnel Representative (DPR), your department's HR team, or email the Benefits Administration Unit at [Benefits@miamidade.gov](mailto:Benefits@miamidade.gov).

5. Remove any ineligible or overage dependents from your coverage for the upcoming benefit year through the INFORMS Self-Service Portal by the November 4, 2024 deadline. Failure to remove ineligible dependents will result in your paying the premium for the existing level of coverage through the end of the plan year, unless you have a qualifying event. Failure to provide the appropriate documentation to verify your overage dependent as eligible will result in your overage dependent being removed from coverage effective January 1, 2025.

## Remember These Dates

October 21 – November 1, 2024	Virtual Benefit Information Meetings - Visit <a href="http://www.miamidade.gov/openenrollment">www.miamidade.gov/openenrollment</a> for schedule
October 21 – November 4, 2024	Online Enrollment Period (24 hour website closes at 11:59 p.m. on Nov. 4)
November 4, 2024	Deadline to Submit Dependent Documentation
January 1, 2025	New Plan Year - Open Enrollment changes effective
January 6, 2025	Deadline for Reporting System Errors in the Processing of Online Benefit Elections

# Miami-Dade County Employee Benefits



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

**COMPARISONCHART**

## Medical

SCHEDULE OF BENEFITS	First Choice Advantage HMO In-Network Only	Select Advantage HMO In-Network Only	HMO Advantage In-Network Only	POS Advantage 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
<b>Calendar Year Deductible</b>	Not Applicable	Not Applicable	Not Applicable	Not Applicable
<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>Physician Office Visits</b>	\$10 per visit	\$15 per visit	\$15 per visit	\$15 per visit
<b>Specialists Office Visits</b>	\$30 per visit	\$30 per visit	\$40 per visit	\$40 per visit
Pediatrician	\$10 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>	\$100 copay per admission	\$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.)	\$50 copay per admission	\$50 copay per admission	\$100 copay per admission	\$100 copay per admission
<b>Emergency Room</b> (copay waived if admitted)	\$100 copay	\$100 copay	\$150 copay	\$200 copay
<b>Urgent Care Facility or Outpatient Facility***</b>	\$25 copay/\$15 copay	\$25 copay/\$15 copay	\$25 copay/\$15 copay	\$50 copay/\$25 copay
<b>Maternity Care Services</b>				
<b>Initial Visit</b>	\$30 copay	\$30 copay	\$50 copay	\$50 copay
<b>Subsequent Visits</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 (30-Day Supply Through Specialty Pharmacy)</b>	\$50	\$50	\$150	\$200
<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
** Pharmacy copays will count towards the Out-of-Pocket maximum.				
*** Urgent Care facility/visit at retail facility.				

## Dental

SCHEDULE OF BENEFITS	Delta Dental PPO - Standard	Delta Dental PPO - Enriched	DeltaCare DHMO - Standard	DeltaCare DHMO - Enriched
	Plan Pays	Plan Pays	*You Pay	*You Pay
<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
0210 - Intraoral, Complete Series	100% (1 every 3 yrs.)	100% (1 every 3 yrs.)	100% (1 every 3 yrs.)	100% (1 every 3 yrs.)
0364-68/0380-86 Cone Beam X-rays	75%	75%	75%	75%
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
9230 - Inhalation of Nitrous Oxide	75%	75%	75%	75%

## Dental (continued)

SCHEDULE OF BENEFITS	Delta Dental PPO - Standard	Delta Dental PPO - Enriched	DeltaCare DHMO - Standard	DeltaCare DHMO - Enriched
<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
6060/6061 – Implant Related Services	60%	60%	50%	50%
6103/6104 – Bone Replacement Grafts	50%	50%	50%	50%
<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 Class II	Not Covered			
8090 Comp. Treat. Adult - Normal Class II	Not Covered			
8680 Retention	Not Covered			
		\$1,300 Lifetime Maximum.	Retention - \$300	Retention - \$275
*All Type II and III charges subject to annual deductible. The above reimbursements are exclusive of gold. All services must be performed by a DeltaCare USA network provider. A referral is required to see a specialist.				

## Vision

Out-of-Pocket Costs with Humana Vision		
	Standard (in-network)	Enriched (in-network)
Eye Exam	No copayment - every plan year	No copayment - every plan year
Glasses	\$10 copayment - every other plan year	\$10 copayment - every plan year
Frame	\$160 Retail Allowance + 20% off balance, every other plan year	\$160 Retail Allowance + 20% off balance, every plan year
Lenses (Single, bifocals, trifocals)	\$10 copayment - every plan year	\$10 copayment - every plan year
Polycarbonate	Paid in full - children up to age 26 / \$40 charge for adults	Covered in full
Transition	\$0	\$0
Progressive	\$0	\$0
Ultraviolet Coating	\$0	\$0
Scratch-Resistant Coating	\$15 copayment	\$15 copayment
Contact Lens Fitting	Standard up to \$40 copay; Premium 10% off	Standard and premium covered in full after material copayment
Elective Contacts (in lieu of frame & lenses)	\$120 Retail Allowance every plan year	\$120 Retail Allowance every plan year

## Contact Information

Open Enrollment website		<a href="http://www.miamidade.gov/openenrollment">www.miamidade.gov/openenrollment</a>
Benefits Administration Unit (BAU)	(305) 375-4288 or 5633	<a href="http://www.miamidade.gov/humanresources/benefits.asp">www.miamidade.gov/humanresources/benefits.asp</a>
Wellness Works		<a href="http://www.miamidade.gov/wellnessworks">www.miamidade.gov/wellnessworks</a>

### MEDICAL PLANS

AvMed Health Plans	(800) 682-8633	<a href="http://www.avmed.org/mdc">www.avmed.org/mdc</a>
AvMed On site Representatives	(305) 375-5306	SPCC 23rd Floor Mon-Fri 8:30 a.m. - 5:00 p.m.

### DENTAL & VISION PLANS

Delta Dental	(800) 471-1334	<a href="http://www.deltadentalins.com/mdc/">www.deltadentalins.com/mdc/</a>
Humana Vision	(877) 398-2980	<a href="https://account.humana.com">https://account.humana.com</a>

### OTHER

ARAG Legal Plan	(800) 667-4300	<a href="http://www.ARAGLegalCenter.com">www.ARAGLegalCenter.com</a> code: <b>10277mdc</b>
Flexible Spending Accounts	(844) 774-0469	<a href="https://portal.myaxisplus.com">https://portal.myaxisplus.com</a>
MetLife Disability Plans	(888) 463-2023	<a href="http://www.metlife.com/mybenefits">www.metlife.com/mybenefits</a>
MissionSquare - Deferred Comp.	(800) 669-7400	<a href="https://www.icmarc.org/miami-dadecounty.html">https://www.icmarc.org/miami-dadecounty.html</a>
Nationwide - Deferred Comp.	(866) 986-4264	<a href="http://www.miamidade457.com">www.miamidade457.com</a>
Minnesota Life	(866) 293-6047	<a href="http://www.lifebenefits.com">www.lifebenefits.com</a>

The material contained in this newsletter does not constitute an insurance certificate or policy. It is intended only to assist in the selection of benefits. Final determination of benefits, exact terms and exclusions of coverage for each benefit plan are contained in certificates of insurance issued by the participating insurance companies to enrollees.

Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree. (Section 817.234 (1) (b) Florida Statutes)