

RETIREE ENROLLMENT TWO THOUSAND TWENTY ONE YOUR BENEFITS

Miami-Dade County Retiree Group Insurance Enrollment Newsletter



Retiree Enrollment is Here

The retiree enrollment period is your annual opportunity to make permitted changes to your health insurance coverage through the Miami-Dade County Retiree Group Insurance Program for the upcoming year. The enrollment period will be from October 26, 2020 to November 9, 2020. The County will offer three self-insured HMO plans, one POS plan and two Medicare eligible plans managed by AvMed. Additionally, the County provides retirees dental and basic life insurance benefits. For your convenience, your 2021 personalized Billing Statement is on page 2 of this newsletter and reflects the premiums for 2021 based on your current enrollment.

Enrollment Overview

If you are satisfied with your current medical, dental and/or life insurance coverage, you DO NOT need to take any action and your enrollment will remain the same. If you decide to switch medical plans for the 2021 plan year, consider other factors besides cost alone by reviewing the plan benefits, co-payments and participating physicians. To make a change, e.g., change between HMO or POS plan or cancel your coverage, complete the 2021 Retiree Group Insurance Annual Enrollment Change Form (page 3) and submit it to the Benefits Administration Unit (BAU) no later than November 9, 2020. Please note, in order to cover an eligible dependent, retirees are required to maintain coverage with the County's retiree group.

New! Humana Vision Insurance Program

Great news for retirees who currently participate in the Retiree Group Medical plan. As a result of the implementation of the new Vision program with Humana, MDC is able to extend vision benefits to retirees who currently maintain medical coverage. During this enrollment period, MDC is providing eligible retirees with a **one-time opportunity** to enroll yourself and other eligible dependents in the MDC Humana Group Vision Program. Benefits will be effective January 1, 2021.

If you do not enroll now for 2021, then you will not be provided with another opportunity to enroll in the Group Vision Plan in the future. To enroll, complete the enrollment form on page 3 of this newsletter and submit it to the Benefits Administration Unit (BAU) **no later than November 9, 2020**. For more detailed information on the different plans available you can access the retiree website at www.miamidade.gov/humanresources/retirees.asp

The Importance of Updating your Beneficiary Designation

Maintaining current beneficiary information is extremely important. The County's life insurance benefit for retirees is provided by Minnesota Life (MN Life) and their secure website provides retirees easy access

to their policy information. Miami-Dade County (MDC) retirees may access their policy value and beneficiary information at any time by logging into their account on the MN Life website. Retirees who have not logged into their account on the MN Life website and updated their beneficiary information are strongly encouraged to do so. As we approach the start of the third year with MN Life as the County's life insurance provider and record keeper, they have notified us that as of now, only 27% of MDC retirees have accessed their information online. As a reminder, below are the instructions for you to create an online account on the MN Life website. If you have any questions or problems accessing your record, contact MN Life directly at (866) 293-6047.

Visit **LifeBenefits.com** and enter:

User ID:

MDC followed by your Retiree ID, including any leading zeros (i.e. if your Retiree ID number is 12, enter MDC00000012 as your User ID).

Initial password:

Your eight-digit date of birth (MMDDYYYY) followed by the last four digits of your Social Security number. (i.e. 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).

Coverage Limiting Age for Dependent Children

Dental – Age 26 (ends December 31) - There is no extension beyond 26 unless the dependent is incapable of sustaining employment because of mental or physical disability.

Medical – Age 26 (ends December 31) - **Medical coverage** may be continued beyond December 31, of the year the adult child turns 26, until the **end of the calendar year the child turns 30** (December 31) unless otherwise noted. **Only medical coverage is available to this group.**

Adult children age 26 to 30 are no longer eligible for coverage if any of the following events occur:

- Marriage/Domestic Partnership
- Relocating outside of FL (unless FT/PT student)
- Acquiring dependent children
- Entering Military Service
- Becoming eligible for group medical coverage

In August 2020, AvMed notified retirees with overage dependents that they are required to certify their dependent's eligibility. If you have a dependent child that is age 26 or older going into plan year 2021

2021 Account Summary

Below is your 2021 account summary based on your current enrollment. If you request to cancel or change coverage for the 2021 plan year, a revised billing notice will be mailed to your home address by mid-December. FRS deducted premiums will be adjusted accordingly.

Name:

ID:

	Plan	Coverage Description	Monthly Premium
Medical Insurance			
Dental Insurance			
Term Life Insurance			
SS Tax			
Total Monthly Premium			

you should have received correspondence along with the Affidavit of Extended Dependent Eligibility to submit to AvMed. This affidavit is required for each coverage dependent on a yearly basis. Failure to submit the required affidavit and all applicable documents will result in the cancellation of your coverage dependent's medical coverage as of December 31, 2020.

Medicare Approval for Retirees Under Age 65

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

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

When this Plan is secondary to Medicare, the amount payable under this Plan shall be reduced by the amount payable under Medicare if any, regardless of whether the Participant has enrolled in Medicare. A Participant who is eligible to be covered under Medicare, must enroll in Medicare Parts A and B on the date eligible, this includes disabled retirees. Regardless of whether or not the participant enrolls in Medicare this Plan will assume that the Participant has both Parts A and B. The 2021 Medicare Open Enrollment period will be from October 15, 2020 to December 7, 2020.

Mail Order Prescriptions

Another way to save money is to use mail order for your maintenance prescriptions. Get a 3-month supply for only two co-payments and it's conveniently delivered to your home, so you save on gas too! Go to www.avmed.org/mdc to download the mail order form.

The Wellness Works Program

Retirees enrolled in the County's POS plan or any of the HMO Plans are eligible to participate in The Wellness Works Program. This program is focused on improving retiree health and well-being, while serving to curb rising healthcare costs. The Wellness Works Program provides wellness education, events and activities. Each quarter MDC retirees have the opportunity to participate in health fairs, quarterly challenges, free onsite coaching, free nutritional counseling, online education, lunch and learns, and the ability to track claims and Personal Health Assessment (PHA) online. The program also provides discounts on gym memberships and the Weight Watchers Program. For more information visit www.miamidade.gov/wellnessworks.

Florida Retirement System (FRS) Payroll Deductions

With FRS Payroll Deductions you can save time and avoid having your benefits cancelled by having your health insurance premiums automatically deducted from your FRS pension check (this may also apply to Investment Plan members if the premiums do not exceed the value of the Health Insurance Subsidy). To set up this option, simply download the FRS Insurance Payroll Deduction Authorization Form from our website, complete, and fax it to 305-375-1368. If you choose not to be enrolled in this convenient option, payment coupons will be mailed to you by mid-December.

2021 Monthly Premium Rates - Change/Cancellation Form

Name _____ ID _____ Ph _____

Please read before you continue

If you **do not wish** to make changes to your current benefits, **no action** is required on your part (do not submit this form). If you wish to make changes to your current benefits, you **MUST** return this form to our office no later than November 9, 2020.

Change Medical Coverage to:

If changing plan, select (v) one of the following options:

Retirees Under Age 65	AvMed POS	AvMed High Opt HMO	AvMed MDC Select Network HMO	AvMed MDC Jackson First HMO
Retiree or Spouse/Domestic Partner Under 65	<input type="checkbox"/> \$1,555.40	<input type="checkbox"/> \$692.14	<input type="checkbox"/> \$629.35	<input type="checkbox"/> \$587.69
Retiree Under 65 & Spouse/Domestic Partner Under 65	<input type="checkbox"/> \$2,996.95	<input type="checkbox"/> \$1,521.20	<input type="checkbox"/> \$1,389.53	<input type="checkbox"/> \$1,302.04
Retiree Under 65 & Child(ren)	<input type="checkbox"/> \$2,848.85	<input type="checkbox"/> \$1,403.35	<input type="checkbox"/> \$1,281.33	<input type="checkbox"/> \$1,200.29
Retiree Under 65 & Spouse/Domestic Partner Under 65, plus Child(ren)	<input type="checkbox"/> \$3,767.54	<input type="checkbox"/> \$1,876.29	<input type="checkbox"/> \$1,715.67	<input type="checkbox"/> \$1,608.94

Retirees Over Age 65 or Medicare Eligible

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

	AvMed High Opt Plan	AvMed High Opt No RX Plan
Retiree over 65 Only	<input type="checkbox"/> \$812.87	<input type="checkbox"/> \$353.33
Retiree over 65 & Spouse/Domestic Partner Over 65	<input type="checkbox"/> \$1,532.60	<input type="checkbox"/> \$666.19
Retiree over 65 & Spouse/Domestic Partner Under 65 on AvMed High Opt. HMO	<input type="checkbox"/> \$1,505.01	<input type="checkbox"/> \$1,045.47
Retiree over 65 & Child(ren) on AvMed High Opt. HMO	<input type="checkbox"/> \$1,524.08	<input type="checkbox"/> \$1,064.54

For additional rates/options visit our website at <http://www.miamidade.gov/humanresources/retirees.asp> or contact our office at 305-375-5633.

Change Dental Coverage to:

If changing plan, select (v) one of the following options:

Monthly Rates for:	Delta Dental PPO SM		DeltaCare [®] DHMO	
	Standard	Enriched	Standard	Enriched
Retiree Only	<input type="checkbox"/> \$29.03	<input type="checkbox"/> \$40.87	<input type="checkbox"/> \$10.08	<input type="checkbox"/> \$11.29
Retiree & one dependent	<input type="checkbox"/> \$57.44	<input type="checkbox"/> \$80.80	<input type="checkbox"/> \$16.65	<input type="checkbox"/> \$18.72
Retiree & dependents	<input type="checkbox"/> \$92.58	<input type="checkbox"/> \$130.30	<input type="checkbox"/> \$25.48	<input type="checkbox"/> \$29.77

Vision Coverage Select Decline

If adding plan, please select (v) one of the following options:

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

Cancellations:

List individual(s) and select (v) coverage(s) you want to cancel effective January 1, 2021. Please note all cancellations are irrevocable.

Name	Relationship	Medical	Dental	Life

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

Please sign, date, and mail or fax this page by **November 9, 2020** to:
 Miami-Dade County Human Resources • Benefits Administration Unit
 111 NW 1st Street, Suite 2324 - Miami, FL 33128-1979
 Fax: 305-375-1633 or 305-375-1368

Signature _____

Date _____



Human Resources
 Benefits and Employee Support Services Division
 Benefits Administration Unit
 111 NW 1st Street Suite 2324
 Miami Florida 33128
 005-1718-50623 9-2018

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 First-Class Mail
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RETIREE ENROLLMENT
10.26 - 11.09
 TWOTHOUSANDTWENTYONE



Contact Information

Miami-Dade County retirees website www.miamidade.gov/humanresources/retirees.asp

Medical Plans

AvMed Health Plans	(800) 682-8633	www.avmed.org/mdc
AvMed Onsite Representatives	(305) 375-5306	SPCC 23rd Floor; M-F 8:30am-4:30pm

Dental Plans

Delta Dental PPO SM	(800) 521-2651	www.deltadentalins.com/mdc
DeltaCare [®]	(800) 422-4234	www.deltadentalins.com/mdc

Vision Plan

Humana Vision	(877) 398-2980	www.humana.com
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Life Insurance Plan

Minnesota Life	(866) 293-6047	www.LifeBenefits.com
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Benefits Administration Unit

(305) 375-4288 or 5633 www.miamidade.gov/benefits
(305) 375-1368 (FAX)

Senior Employee Benefits Specialists

Mike Ellis	Retiree's last name starting with letters: A, B, C	mellis@miamidade.gov
Sharon Subadan	E, F, G, H	shy@miamidade.gov
Lourdes Pupo	I, J, K, L, M	lpupo@miamidade.gov
Rina Gomez	D, N, O, P, Q, R	rinag@miamidade.gov
Ashley Jitta	S, T, U, V, W, X, Y, Z	ashley.jitta@miamidade.gov

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)