GROUP MEDICAL, DENTAL, VISION, AND LIFE INSURANCE

SUMMARY

All regular full-time and part-time (working a minimum of 60 hours bi-weekly on a consistent basis) employees are eligible to participate in group benefits. Coverage becomes effective the first day of the month following or coincident with 60 days of employment (public holidays included.) Healthcare benefits eligibility for temporary and part-time employees (working less than 60 hours bi-weekly) will be consistent with the criteria established under the Affordable Care Act for "variable hour" employees.

Group Medical

Eligible employees may select medical coverage for themselves and their eligible dependents. The County offers one (1) Point of Service Plan (POS) and two (2) Health Maintenance Organization (HMO) Plans.

Group Dental

Eligible employees may select coverage for themselves and their eligible dependents.

<u>Vision</u>

A group vision product is available for employees and eligible dependents.

Group Life

The County provides eligible employees with free life insurance valued at 1x their annual base salary. Accidental Death and Dismemberment coverage equal to 1x the annual base salary is included.

Optional Life

Employees may elect to purchase additional life insurance coverage for 1x to 5x their base salary, at their own expense. Newly eligible employees may enroll automatically for up to 3x without medical approval. Coverage in excess of 3x is subject to evidence of insurability. Late enrollees may sign up during the annual Optional Life Open Enrollment, subject to approval.

PROCEDURES

- 1. Review the insurance benefits and costs to determine what best suits your needs. This information is available online at <u>www.miamidade.gov/benefits</u>, or from your Department Personnel Representative.
- 2. Attend a new hire orientation meeting, scheduled by your Department Personnel Representative (DPR), prior to your eligibility date. Complete your enrollment on eNet, prior to your eligibility date. A completed online beneficiary form must be submitted to designate your beneficiaries for basic life insurance coverage and optional life coverage, if enrolled.
- 3. Check your pay stub to verify the correct deductions were taken, the first payday you are eligible for insurance.

4. Dependents may be added during the year only if you have a Qualifying Event (QE), in accordance with Internal Revenue Code (IRC) Section 125 rules and the County's plan document. To add a dependent during the plan year, the completed Change in Status Form and Benefit Election Change Form must be received by the Benefits Administration Unit, Human Resources Department, within 45 days of a Qualifying Event (60 days for addition of newborns, adoption or placement for adoption). Some examples of QEs are marriage, birth, adoption, placement for adoption, legal guardianship, termination of spouse's employment, etc., as specified by IRC Section 125 or the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The eligibility criteria that apply to covering opposite-sex spouses also apply to same-sex spouses. Employees entering into a new domestic partnership may cover their domestic partner (same-sex or opposite-sex). A Domestic Partnership registration issued by the Office of Consumer Protection will be required.

Additions become effective the first day of the month following receipt of the forms. However, a newborn child's coverage is effective from the date of birth. In the case of a dependent's adoption or placement for adoption, coverage is effective the earlier of 1) date of such adoption or 2) placement for adoption.

- 5. Dependents may be deleted during the plan year only if you have a qualifying event, in accordance with Internal Revenue Code (IRC) Section 125 rules. To delete a dependent during the plan year, the completed Change in Status Form and Benefit Election Change Form must be received within 45 days of a Qualifying Event. The change is effective the first day of the pay period following receipt of the forms by Benefits Administration, Human Resources Department. Termination of a domestic partnership is also considered an event to delete the coverage of the former domestic partner and their covered dependent children. The employee must provide a Dissolution of Domestic Partnership from the Office of Consumer Protection.
- 6. The annual open enrollment period (usually in the Fall) is your opportunity to evaluate your current insurance selections and make changes necessary to suit your needs to be effective the following plan year.
- 7. Employees placed on a leave of absence and in a no pay status are responsible for submitting the necessary payments to maintain their medical, dental, vision, life insurance and disability coverage, if enrolled. In addition, if the unpaid leave is due to personal reasons or suspension, the employee is responsible for the full premium, including the County's portion. Contact your DPR for instructions.

Exceptions

Members of IAFF Local 1403 may choose either the Union's medical, dental and life insurance plan, or one of the County's medical, dental, life and/or vision plan. If enrolled for the union's insurance plan, the employee will not be eligible to participate in the County's group medical, dental, or basic life insurance program.

CONTACT(S): Department/Division

Human Resources Department Benefits website: <u>www.miamidade.gov/benefits</u>