



YOUR BENEFITS

TWO THOUSAND TWENTYSIX

EMPOWER YOUR FUTURE



miamidade.gov/OpenEnrollment

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

**OPEN
ENROLLMENT**

**OCTOBER 20 -
NOVEMBER 3**

Open Enrollment Is Here

The annual Open Enrollment period for County employees will run from Monday, October 20, 2025 through Monday, November 3, 2025. 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, 2026.

New Medical Coverage through Aetna!

Effective January 1, 2026, Aetna will be the County's new medical insurance carrier. Under the new medical plans, you will have access to the same covered services as you have today, and medical premiums will remain the same. Take time to review the Aetna plan information beginning on page 13. **Employees who do not make changes to their Group Medical Plan during Open Enrollment will be automatically enrolled in the Aetna Advantage plan that corresponds with your current coverage, effective January 1, 2026.** Review the mapping chart here on page 2.

Additional Plan Enhancements for 2026

We are pleased to announce additional plan enhancements for 2026 under the Vision, Legal Insurance and Optional Life Insurance plans. Review the various plan enhancements on page 12 of this Guide as well as on the Open Enrollment website <https://www.miamidade.gov/global/humanresources/benefits/open-enrollment.page>.

Premium Changes for 2026

Effective January 1, 2026, premiums for Delta Dental and Humana Enriched Vision plans will increase slightly, while premiums for ARAG Legal Insurance, Basic Life and Optional Life Insurance plans will decrease. Review the new premium information on page 5.

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.

| MEDICAL PLAN MAPPING to AETNA MEDICAL PLANS | | | |
|--|-----------------------|---|----------------------------------|
| Employees enrolled in AvMed Medical Plans ending December 31, 2025 | will be enrolled in → | Aetna Advantage Medical Plans effective January 1, 2026 | Change in 2026 BIWeekly Premium? |
| AvMed POS Advantage | will be enrolled in → | Aetna Advantage POS | No |
| AvMed HMO Advantage | will be enrolled in → | Aetna Advantage HMO | No |
| AvMed Select Advantage HMO | will be enrolled in → | Aetna Select Advantage HMO | No |
| AvMed First Choice Advantage HMO | will be enrolled in → | Aetna First Choice Advantage HMO | No |



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 <https://aetna.com>.

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 <https://aetna.com>.

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 | |
|----------------------|---|---|
| | Aetna First Choice Advantage & Aetna Select Advantage | Aetna Advantage HMO & Aetna Advantage POS |
| 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 | |
|----------------------|---|---|
| | Aetna First Choice Advantage & Aetna Select Advantage | Aetna Advantage HMO & Aetna Advantage POS |
| 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 | Aetna First Choice Advantage HMO | Aetna Select Advantage HMO | Aetna Advantage HMO | Aetna Advantage POS |
|-----------------------|----------------------------------|----------------------------|---------------------|---------------------|
| 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 |

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

** Aetna Advantage HMO and Aetna Advantage POS 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 | \$0.61 | \$3.15 | \$4.17 | \$7.39 | \$9.47 |
| DELTA DENTAL DPPO | \$0.00 | \$5.45 | \$13.08 | \$23.84 | \$29.26 | \$46.63 |

Other Plan Rates – New Rates for **Enriched Vision** and **ARAG** Legal Insurance

| HUMANA VISION | | |
|-------------------|---------|---------|
| | STD | ENR |
| EMPLOYEE ONLY | \$3.40 | \$6.18 |
| EMPLOYEE + 1 | \$6.79 | \$12.35 |
| EMPLOYEE + FAMILY | \$12.20 | \$22.71 |

| ARAG LEGAL INSURANCE | |
|----------------------|--------|
| EMPLOYEE ONLY | \$7.21 |
| EMPLOYEE + 1 | \$9.24 |
| EMPLOYEE + FAMILY | \$9.50 |

Other Plan Rates (continued)

| FLEXIBLE SPENDING ACCOUNTS (FSA) | | |
|----------------------------------|--------------------|------------------------------------|
| | Contribution Limit | Administrative Fees Per Pay Period |
| Healthcare FSA Only | \$3,400 | \$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: \$130.76 per pay period, or \$3,400 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/openrollment.

Are You Adding a New Dependent?

If you are adding a dependent during Open Enrollment for the next 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 the next plan year.

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. Failure to provide the documentation will result in cancellation of your child's coverage and unpaid claims effectively as of January 1 of the next plan year. To enroll a new over-age dependent in your 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.

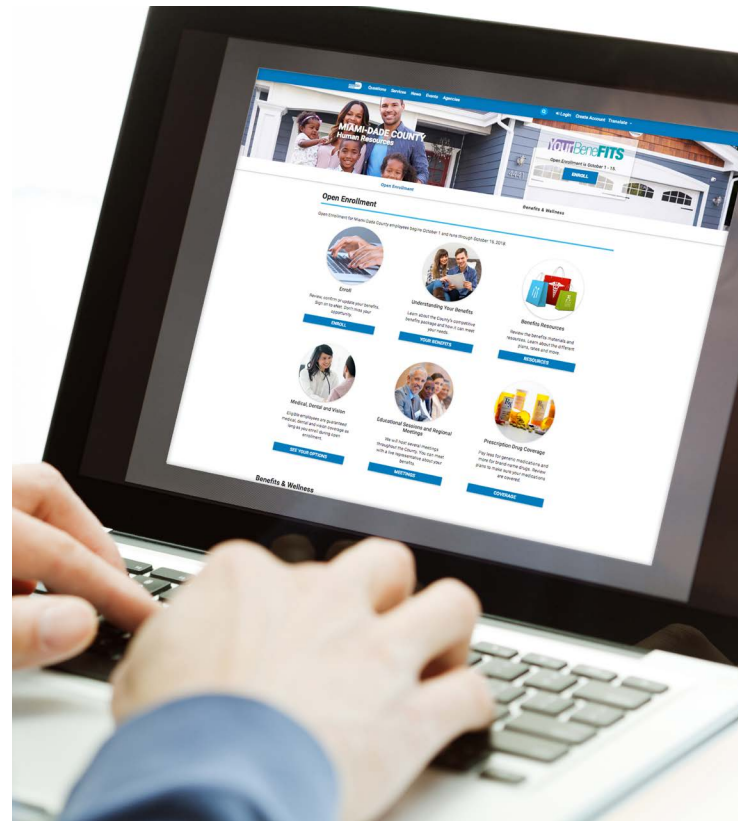
Please note: It is your responsibility to remove ineligible or overage dependents from your coverage for the upcoming benefit year. Failure to do so will result in you paying the premium for the existing level of coverage through the end of the plan year, unless you have a qualifying event. To download the form, go to <https://www.miamidade.gov/resources/human-resources/documents/benefits/aetna-affidavit-of-overage-dependent-eligibility.pdf>. Submit your completed affidavit AND supporting documentation (copy of child's Florida driver's license, Florida voter registration, or proof of student registration) to VerifyMyMDCDependent@aetna.com.

Online Enrollment Overview

Open Enrollment participation is very important. **Employees who do not make changes to their Group Medical Plan during Open Enrollment will be automatically enrolled in in the Aetna Advantage plan that corresponds with your current coverage, effective January 1, 2026.** Please take this opportunity to review your current plan elections and decide if they still meet your needs. Review the medical mapping chart on page 2. 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. 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 3, 2025. 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:

- Review your medical plan election. If you do not wish to enroll in medical coverage, elect "Waive Coverage".**
- 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

For 2026 Only:

- Enroll in the LOW OPTION for STD or LTD with NO Statement of Health (SOH) required.
- Employees with 1x, 2x or 3x salary Optional Life may elect 4x salary with NO Evidence of Insurability required.

2026 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 3, 2025, 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 2026 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 2026.

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 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. **Employees who do not make changes to their Group Medical Plan during Open Enrollment will be automatically enrolled in the corresponding Aetna Advantage plan, effective January 1, 2026.** Review the medical plan mapping chart on page 2.
2. Print and retain the online Enrollment Preview Statement after you make your elections for the 2026 plan year. The Enrollment Preview Statement will be proof of your 2026 benefit elections. Once the Open Enrollment deadline passes, plan election changes will only be permitted in the event of a processing error, which is defined as the unlikely event of a computer system malfunction that failed to process the employee's elections as shown on the final confirmation notice.
3. Review your benefit plan options carefully, because once you submit your final selections online you are locked into these plan choices until December 31, 2026. Employees are not permitted to switch plans during the year.

Remember These Dates

| | |
|--------------------------------------|--|
| October 20 – November 3, 2025 | Virtual Benefit Information Meetings - Visit www.miamidade.gov/openenrollment for schedule |
| October 20 – November 3, 2025 | Online Enrollment Period (24 hour website closes at 11:59 p.m. on Nov. 3) |
| November 3, 2025 | Deadline to Submit Dependent Documentation |
| January 1, 2026 | New Plan Year - Open Enrollment changes effective |
| January 5, 2026 | Deadline for Reporting System Errors in the Processing of Online Benefit Elections |

4. All Open Enrollment 2026 plan year benefit elections are in effect January 1, 2026 through December 31, 2026.
5. If you are hired in October or November 2025, you will complete your new hire benefit elections using utilizing the INFORMS Self-Service Portal, and these elections will automatically roll over into 2026 (except the Flexible Spending Account, which ends 12/31/2025). If you enroll in the Flexible Spending Account (FSA) for 2025 and you wish to enroll in the FSA for 2026, 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.
6. Remove any ineligible or overage dependents from your coverage for the upcoming benefit year through the INFORMS Self-Service Portal by the November 3, 2025 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, 2026.

2026 Benefit Plan Enhancements

GROUP MEDICAL (AETNA) – NEW INSURANCE CARRIER

- Coverage remains the same: Coverage under the County's self-funded plan will not change. You will still have access to the same covered services as you have today.
- Transition of Care: With a 99% provider network match, most individuals will find their current providers already participating in the network. In rare cases where Transition of Care (TOC) coverage is needed, Aetna will ensure the transition with no gaps in coverage.
- Pharmacy Access: Employees will still be able to use Walgreens, Publix, CVS, Costco and other local pharmacies, just as they today for non-specialty medications. Aetna's pharmacy network includes 66,000 pharmacies nationwide, inclusive of all chains and most independent pharmacies.
- Formulary Coverage: Current medications will continue to be covered by Aetna.
- SmartShopper Continues: The SmartShopper program, which helps employees save money on healthcare services, will remain available.
- Pilot programs under the Advantage HMO and Advantage POS plans*
 1. JetFuel meals - healthy food delivery service.
 2. Acupuncture benefit to the HMO plan (already on the POS plan); subject to specialist copay
 3. MinuteClinic/Virtual Care benefit at \$0 copay
 4. Gym benefit/gym reimbursement

*For more details, contact Aetna at (833) 704-0009

GROUP VISION (HUMANA)

Standard Plan

- Premiums will not change
- **New:** \$10 Vision exam copay

Enriched Plan

- Premiums will increase slightly
- **New:** \$10 Vision exam copay
- **New:** Premium copays for progressive lenses

GROUP LIFE (SECURIAN/MINNESOTA LIFE)

- Basic Life Insurance rates (Employer-paid) will decrease
- Optional Life Insurance rates will decrease

Plan Enhancements:

- Increasing guaranteed issue to 4x/\$750,000 (New hires)
- Increasing spouse benefit to \$20,000 (Previously \$10,000) while maintaining flat premium. If currently enrolled, coverage will increase automatically.
- Increasing child benefit to \$20,000 (Previously \$10,000) while maintaining flat premium. If currently enrolled, coverage will increase automatically.
- Allowing annual one-level increase opportunity to guaranteed issue (4x/\$750,000) for current participants.

GROUP LEGAL (ARAG)

- Premiums will decrease
- Plan Enhancements:

1. Enhanced Services for Parents and Grandparents
 - A. Document Review and Preparation, Wills
 - B. Durable Power of Attorney
 - C. Miscellaneous Legal Services (replacing Annual Legal Check-Up) of up to 4 hours per year
2. Reproductive Assistance Endorsements
 - A. Pre-Birth/Post-Birth Parentage Order
 - B. Egg/Sperm/Embryo Donation Agreement
 - C. Surrogacy Agreement

Medical Plan Comparison Chart

| SCHEDULE OF BENEFITS | Aetna First Choice Advantage HMO In-Network Only | Aetna Select Advantage HMO In-Network Only | Aetna Advantage HMO In-Network Only | Aetna Advantage POS In-Network Only |
|---|--|---|--|--|
| | COST TO MEMBER | COST TO MEMBER | COST TO MEMBER | COST TO MEMBER |
| Lifetime Maximum | Unlimited | Unlimited | Unlimited | Unlimited |
| Co-Insurance Levels | Not Applicable | Not Applicable | Not Applicable | Not Applicable |
| Calendar Year Deductible | Not Applicable | Not Applicable | Not Applicable | Not Applicable |
| Out-Of-Pocket Maximum (Per Calendar Year)** Individual/Dependent Maximum | \$2,500/\$5,000 | \$2,500/\$5,000 | \$3,000/\$6,000 | \$3,000/\$6,000 |
| Physician Office Visits | \$10 per visit | \$15 per visit | \$15 per visit | \$15 per visit |
| Specialists Office Visits | \$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 |
| Inpatient Hospital Services | \$100 copay per admission | \$100 copay per admission | \$200 copay per admission | \$200 copay per admission |
| Outpatient Facility Services | | | | |
| Diagnostic tests: Labs/blood work | No charge for labs | No charge for labs | No charge for labs | No charge for labs |
| Diagnostic tests: X-rays | \$50 copay/visit | \$50 copay/visit | \$100 copay/visit | \$100 copay/visit |
| Imaging: CT/PET scans, MRIs, etc. | \$50 copay/visit | Imag. Facil: \$50 copay/visit Hospitals: \$750 copay/visit | Imag. Facil: \$100 copay/visit Hospitals: \$750 copay/visit | Imag. Facil: \$100 copay/visit Hospitals: \$750 copay/visit |
| Emergency Room (copay waived if admitted) | \$100 copay | \$100 copay | \$150 copay | \$200 copay |
| Urgent Care Facility or Outpatient Facility*** | \$25 copay/\$15 copay | \$25 copay/\$15 copay | \$25 copay/\$15 copay | \$50 copay/\$25 copay |
| Maternity Care Services | | | | |
| Initial Visit/Subsequent Visits | \$30 copay/No charge | \$30 copay/No charge | \$50 copay/No charge | \$50 copay/No charge |
| Prescription Medication Benefit - Retail, 30 Day Supply (Includes Contraceptives) | | | | |
| Generic/Preferred Brand/Non-Preferred Brand | \$15/\$25/\$35 | \$15/\$25/\$35 | \$15/\$40/\$55 | \$15/\$40/\$55 |
| Specialty (30-Day Supply Through Specialty Pharmacy) | \$50 | \$50 | \$150 | \$200 |
| Prescription Medications - Mail-Order, 90 Day Supply (Includes Contraceptives) | | | | |
| Generic/Preferred Brand/Non-Preferred Brand | \$45/\$75/\$105 | \$45/\$75/\$105 | \$45/\$120/\$165 | \$45/\$120/\$165 |

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

*** Urgent Care facility/visit at retail facility.

Dental Plan Comparison Chart

| 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 |
| Choice Of Dentist | 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. | |
| Maximum Benefit / Deductible | \$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 | | |
| Type I | | | General/Specialist | |
| 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 |
| X-Rays | | | | |
| 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 |
| Type II Filings | | | General/Specialist | |
| 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 |
| Root Canals | | | | |
| 3310 - Anterior | 75% | 75% | \$90/\$110 | \$45 |
| 3330 - Molar | 75% | 75% | \$200/\$245 | \$145 |
| Extractions | | | | |
| 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 |
|---|--|--|---|---|
| TYPE III CROWN & BRIDGE | | | General/Specialist | |
| 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% |
| PROSTHODONTICS | | | | |
| 5110 - Complete Upper | 50% | 50% | \$230/\$510 | \$205 |
| 5120 - Complete Lower | 50% | 50% | \$230/\$510 | \$205 |
| ORTHODONTIA | | | | |
| 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 Plan Comparison Chart

| Out-of-Pocket Costs with Humana Vision | | |
|---|---|---|
| | Standard (in-network) | Enriched (in-network) |
| Eye Exam | \$10 copayment – every plan year | \$10 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 | Premium copays - review the Vision Plan Comparison Chart |
| 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 | | www.miamidade.gov/openenrollment |
| Benefits Administration Unit (BAU) | (305) 375-4288 or 5633 | www.miamidade.gov/humanresources/benefits.asp |
| Wellness Works | | www.miamidade.gov/wellnessworks |

MEDICAL PLANS

| | | |
|--------------------|----------------|--|
| Aetna Health Plans | (833) 704-0009 | www.aetna.com |
|--------------------|----------------|--|

DENTAL & VISION PLANS

| | | |
|---------------|----------------|--|
| Delta Dental | (800) 471-1334 | www.deltadentalins.com/mdc/ |
| Humana Vision | (877) 398-2980 | https://account.humana.com |

OTHER

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

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)