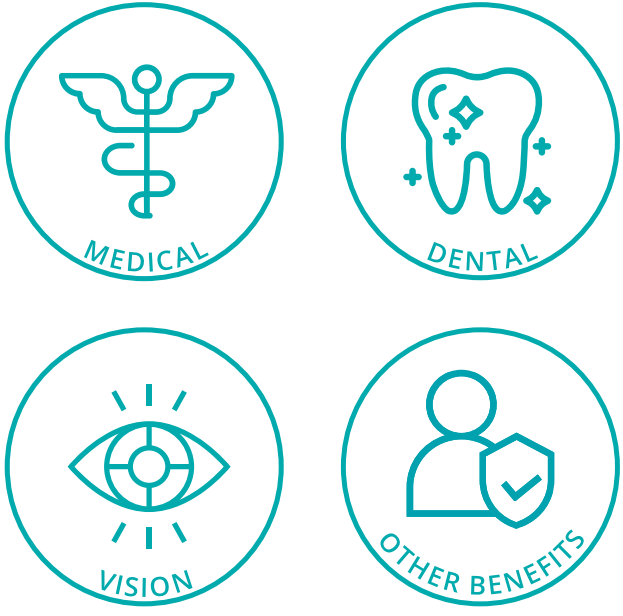


YOUR BENEFITS

TWO THOUSAND TWENTY SIX

BENEFIT HIGHLIGHTS

Miami-Dade County Employee Benefits

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

www.miamidade.gov/OpenEnrollment

MIAMI-DADE COUNTY

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.

Visit the Miami-Dade County Wellness Works page at **https://secure.miamidade.gov/employee/wellness-works/home.page**

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 Arreola 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	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	

	ADVANTAGE PLANS	
Date of Hire	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

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 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. 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

NEW MEDICAL INSURANCE PROVIDER EFFECTIVE 1/1/2026 – AETNA!

Effective January 1, 2026, your medical insurance will be administered by Aetna. Under the Aetna medical plans, you will have access to the same covered services as you currently have under AvMed. Eligibility for the medical plans will remain the same in 2026 - 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://aetna.com** to view the detailed Summary of Benefits and Coverage for each plan.

The available medical plans are:

Aetna Advantage POS

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. Aetna 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.

Aetna Advantage HMO

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

Aetna Select Advantage HMO

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

Aetna First Choice Advantage

This plan offers more affordable healthcare option with a network limited to only Jackson Health System (JHS)/University of Miami Health System (UMHS) facilities. Aetna 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://aetna.com**.

Making the Most of Your Medical Coverage

SmartShopper™

Aetna 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 Aetna Select Advantage HMO, Aetna Advantage HMO, and Aetna Advantage 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. Then, contact your doctor to schedule the service.

Aetna Concierge Program

The Aetna Concierge program is an additional service that provides personalized support to employees and your covered members regarding your health care benefits and resources. Concierges assist members in navigating your health care options, helping you understand their benefits, estimate costs, and find the right care providers. They are available to answer questions, provide information on in-network and out-of-network services, and help you make informed decisions about your health care. Access your Aetna concierge service by calling 1-833-704-0009, Monday through Friday from 8 am to 6 pm.

CVS Minute Clinics

Employees and family members enrolled in Aetna have access to utilize CVS Pharmacy's MinuteClinics. These walk-in medical clinics, located inside select CVS Pharmacy and Target stores, provide convenient and affordable care for minor illnesses, injuries, and wellness services like vaccinations, physicals, and health screenings. Staffed by nurse practitioners and physician assistants, they offer services for common conditions such as colds, infections, and skin issues, as well as preventive care, with both in-person and virtual visit options available. You may schedule an appointment online at **https://www.cvs.com/minuteclinic/primary-care** or through the kiosks located in CVS stores.

MetLife | Disability Insurance

Special Enrollment Opportunity!

Don't let disability stop your income – or your life

As a Miami-Dade County employee, you have a limited-time opportunity during Open Enrollment to either enroll for the first time in one of the Disability plans or move to a High Option plan.

Not enrolled in a Disability plan?

You can enroll in the STD and/or LTD Low Option plan(s) with **no health questions**.[1]

Currently enrolled in a Low Option Disability plan?

You can move to the STD and/or LTD High Option plan(s) with **a few health questions**.[2]

Learn more and enroll by visiting https://miamidade.gov/openenrollment.

Questions? Call MetLife at 1-800-438-6388.

Special considerations for short-term disability (STD) insurance: If you work in a state with state-mandated disability or paid medical leave benefits ("State Benefits")[3], you should carefully consider whether to enroll for this coverage. If you are eligible for State Benefits, you must apply if required by state law. If permitted, your STD benefit will be reduced by State Benefits or other government benefits that apply. Depending on your compensation, the amount of the State Benefit, and other factors, you may only receive the minimum weekly benefit. You should consider, based on your individual circumstances, whether you need additional coverage beyond the State Benefit.

1. If you wait to apply after this enrollment period, you will be required to complete a full Statement of Health.
2. MetLife will review your information and evaluate your request for coverage based upon your answers to the health questions, MetLife's underwriting rules, and other information you authorize us to review. In certain cases, MetLife may request additional information to evaluate your request for coverage.
3. These jurisdictions include, but may not be limited to: California, Colorado, Connecticut, District of Columbia, Hawaii, Massachusetts, New Jersey, New York, Oregon, Puerto Rico, Rhode Island, Washington (and Delaware and Minnesota as of 1/1/26, Maine as of 5/1/26, and Maryland as of 7/1/26).

Like most group benefit programs, benefit programs offered by MetLife contain certain exclusions, exceptions, waiting periods, reductions, limitations, and terms for keeping them in force. Ask your MetLife group representative for costs and complete details. These policies provide disability income insurance only. For policies issued in New York, they do NOT provide basic hospital, basic medical, or major medical insurance as defined by the New York State Insurance Department. The expected benefit ratio for these policies is at least 50%. This ratio is the portion of future premiums that MetLife expects to return as benefits when averaged over all people with the applicable policy.

MetLife Group Disability Income Insurance is issued by Metropolitan Life Insurance Company, 200 Park Avenue, New York, NY 10166, under Policy Form GPNP23-2T DI.

Metropolitan Life Insurance Company | 200 Park Avenue | New York, NY 10166

MIAMI-DADE COUNTY

Insurance products issued by:
Minnesota Life Insurance Company

2026 Minnesota Life Insurance changes and special enrollment opportunity

Group term life insurance benefits through Miami-Dade County provide a budget-friendly way to help protect your family's financial future.

Don't miss this chance to protect your family!

Open enrollment is
October 20 - November 3, 2025

What's changing January 1, 2026

- Optional employee life insurance rates decrease by 7.5%
- Existing optional spouse life and optional child life coverage automatically increases from $10,000 to $20,000
- Voluntary accidental death and dismemberment plan (including Police Survivor Benefits) will be discontinued

Special opportunity: Add or increase coverage without health questions*

- Optional employee life: Enroll for the first time or increase your existing coverage up to a new total of four times your salary or $750,000, whichever is less

To apply for coverage other than what's outlined here, you'll need to complete an evidence of insurability questionnaire and answer a few questions about your health history, along with height and weight.

*Class 8 Active commissioners are not eligible for this special opportunity

In certain circumstances the coverage you elect may require us to approve Evidence of Insurability (EOI) before coverage takes effect; If EOI is required, you should receive correspondence from us indicating we have approved your EOI before your employer deducts or submits premiums for the portion of coverage requiring EOI; and If you have questions about whether EOI is required for coverage or has been approved, contact us at 866-889-6221.

lifebenefits.com

400 Robert Street North, St. Paul, MN 55101-2098

F93206-64 Rev 9-2025 DOFU 9-2025
4814584

Learn more

Visit **securian.com/mdc-life** to view your plan summary and additional resources.

Visit resources

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.

Insurance products are issued by Minnesota Life Insurance Company. Minnesota Life is not an authorized New York insurer and does not do insurance business in New York. The company is headquartered in St. Paul, MN. Minnesota Life is solely responsible for financial obligations under the policies or contracts it issues. Product availability and features may vary by state. Products are offered under policy form series MHC-96-13180.9.

Securian Financial is the marketing name for Securian Financial Group Inc., and its subsidiaries. Minnesota Life Insurance Company is a subsidiary of Securian Financial Group, Inc.

aetna | MIAMI-DADE COUNTY

Beginning January 1, 2026

Aetna member website and mobile app

Manage your health care at home or on the go

Stay on top of your benefits

- Review your benefits and what's covered
- Track your spending
- View claims on your member website
- View your ID card online
- Get cost information before you get care

Connect to care

- Find in-network providers, including virtual care
- Locate walk-in clinics urgent care centers near you
- See reviews for providers

Get started on 1/1/2026:

- Visit **MyAetnaWebsite.com** to register for your member website
- Get the Aetna Health℠ app by texting **AETNA** to **90156** to receive a download link. Message and data rates may apply.

  - OR -

- Scan the QR code to download the Aetna Health app.

Aetna Concierge

Get personalized support and the answers you need

Elevating your service experience

Your Aetna Concierge is here for you. They'll listen, understand your needs and find solutions that are right for you. A Concierge can help you:

- Get answers about a diagnosis
- Choose a doctor
- Learn about your coverage
- Plan for upcoming treatment
- Find health care solutions that fit your needs
- Find network providers based on your medical needs
- Schedule appointments
- Learn how to use our online tools to make the right decisions

Aetna Concierge: 1-833-704-0009
Available Monday through Friday 8 AM to 6 PM

Beginning January 1, 2026

aetna | MIAMI-DADE COUNTY

Get membership extras you'll use every day with CVS® ExtraCare Plus™

Aetna® is proud to be part of CVS Health.® And we're committed to giving you the tools and resources you need to feel your best. That's why your Aetna health plan includes CVS ExtraCare Plus. And best of all, it comes at no extra cost to you. All you have to do is activate the benefit by logging into your **Aetna Health app** or **Aetna member website**.

Benefits like no-cost delivery and discounts on thousands of your favorite CVS Health brand products offer convenient ways to keep your health goals on track — and give you fewer errands to run.

Take advantage of these benefits

24/7 access to CVS pharmacists
Through our Pharmacist Helpline*, you and your family can get medication support quickly.

Rx delivery on your schedule
Get the medications you need, whenever you need them, with no-cost Rx delivery on prescriptions.*

Discounts on your favorite items
Receive 20% savings on thousands of CVS Health® brand products.* Plus, get eligible items delivered right to your door with no-cost same-day delivery, and no-cost shipping ($10 minimum order).*

$10 monthly bonus reward*

Easily use your bonus reward in-store or online — it's automatically added to your ExtraCare® card to thank you for being a member.

Activate your CVS ExtraCare Plus benefit:
Log in to your **Aetna Health℠ app**
OR your **Aetna® member website**.*

Call your Aetna Representative at 1-833-704-0009

CVS ExtraCare Plus™

Many employees and family members may already participate in the CVS ExtraCare™ program, which is a free loyalty program that offers customers various benefits, including ExtraBucks cash back, exclusive deals, and coupons. Members earn rewards by shopping at CVS and using their ExtraCare card at checkout. Your enrollment in Aetna includes the CVS ExtraCare Plus tier that provides extra benefits, such as free same-day delivery, no-cost delivery on prescriptions, and a $10 monthly bonus reward that is automatically added to your ExtraCare card. New ExtraCare participants will need to obtain an ExtraCare card, which you can obtain in-store or online. Existing ExtraCare participants may add the ExtraCare Plus tier through the Aetna Health app or your Aetna online member account at **https://www.aetna.com**.

Aetna's 24-Hour Nurse Line

Employees and family members enrolled in Aetna can talk to a registered nurse about tests, procedures and treatment options, 24 hours a day, 7 days a week. You can get valuable information that may help you avoid a trip to the doctor, urgent care or emergency room. Plus, you can obtain guidance on many health and wellness topics. And the call is free. Call the 24-hour nurse line at 1-800-556-1555 (TTY: 711).

Aetna Personal Health Solutions

Aetna Personal Health Solutions is a program designed to help individuals achieve their health goals through various support options. It includes access to certified health coaches, support groups, and tracking tools, all at no added cost to qualifying members. The program is tailored to meet individual health needs, offering personalized support to help members make healthier choices and stay on track with their health objectives. For additional information, visit **https://AetnaPersonalHealthSolutions.com** or call 1-844-492-0523, Monday through Friday from 8 am to 8 pm.

Aetna LifeMart

Through the LifeMart program, employees receive discounts on memberships at various fitness centers including LA Fitness, 24 Hour Fitness, Crunch, Gold's Gym and others. You may also connect one-on-one with a personal wellness coach. To access the LifeMart Discount Website, login into your Aetna online member account at **https://www.aetna.com**, click on the **Health & Wellness tab**, then **Health & Wellness Discounts**, then click on any of the **Health and Wellness tiles**.

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

Lifestyle Coaching

This program offers employees and your covered family members professional coaching and support to help you achieve your health goals. The program offers guidance from nurses, dietitians, and wellness coaches through including phone sessions, online access, and digital resources, to help members develop personalized action plans and overcome obstacles to better health. Employees may access the program through the Aetna Health app or your Aetna online member account at **https://www.aetna.com**.

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.

Aetna MyBenefits

Aetna MyBenefits is a personalized digital portal to help you understand your benefits so you can make the most of your plan. The portal can be accessed via the Aetna Health app or the Aetna website, where employees can manage your health insurance plans and access various resources. Employees and your covered family members may access the portal to view and manage claims, access and print digital ID cards, compare costs of care, find in-network providers, track deductible progress, and receive personalized health reminders.

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, contact the Benefits Administration Unit at (305) 375-5633.

aetna | MIAMI-DADE COUNTY

Virtual care, anytime, anywhere

Members can get the convenient, flexible care they need through CVS Virtual Primary CareTM.

From everyday illnesses and chronic conditions to mental health support, we've got your back. Once you tell us what you need, we'll connect you with trusted, in-network providers so you can schedule a virtual visit.

- Most mental health visits are available within two weeks.
- You can access care 24/7 through our virtual clinic.

24/7 care

Virtually connect quickly and easily with a licensed provider for minor illnesses.

Mental health services

Talk with a therapist about your anxiety or stress. Or schedule with a psychiatric mental health nurse practitioner (PMHNP) for diagnosis, treatment and medication management.

Beginning January 1, 2026, enrolled members can call 1-866-211-5678 to get started.

Beginning January 1, 2026

Affordable and easy access to MinuteClinic®

The care you need — in person or virtually

With your included MinuteClinic benefit, healthier happens together®. You get more options for when and where you get care. Plus, it's a lower-cost alternative to the emergency room or urgent care for non-emergency issues.

- Get care 7 days a week including evenings, so you can feel better faster
- Choose from in-person and virtual care options to easily access care your way

Enhancing the member experience with Aetna Health Your Way™*

AETNA HEALTH℠

Personalized, on-the-go tools and guidance 24/7

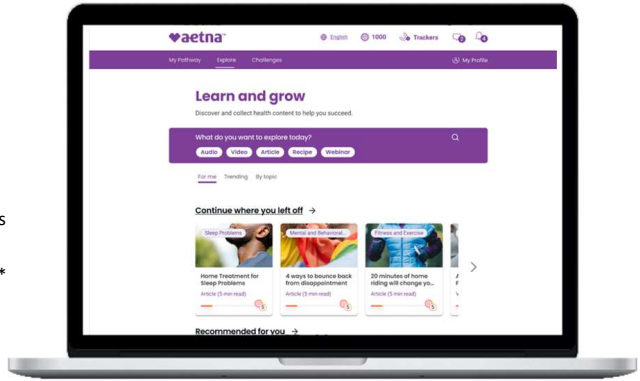
- Find a doctor
- Estimate costs*
- Schedule an appointment
- Access ID card
- Engage in a telemedicine visit
- Read patient reviews
- View claims

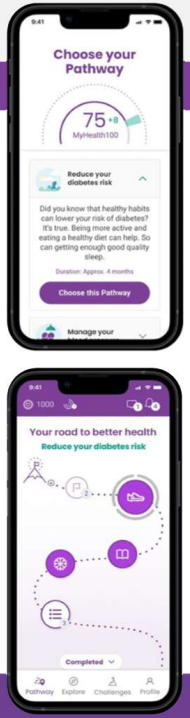
+

AETNA HEALTH YOUR WAY

Easy access to our well-being platform through Aetna Health

- Health assessment
- Dynamic MyHealth100 health score
- Personalized, curated health pathways
- Ongoing engagement campaigns
- Well-being content
- Digital Health Actions
- Personal activity challenges
- Team activity challenges
- Rewards administration***
- Biometric screenings***
- Available in Spanish
- Health Record
- Device integration
- Activity tracking
- Health coach/nurse messaging





Just visit **Aetna.com** to create an account and log in to your member website.

*Aetna Health Your Way Elite can also be implemented for non-Aetna medical enrolled membership.
**Estimated costs are not available in all markets or for all services. We provide an estimate for the amount you would owe for a particular service based on your plan at that very point in time. It is not a guarantee. Actual costs may differ from an estimate for various reasons including claims processing times for other services, providers joining or leaving our network or changes to your plan. Health maintenance organization (HMO) members can only get estimated costs for doctor and outpatient facility services.
***Optional plan sponsor-funded buy-up options, integrated rewards administration, and member-level incentive reporting available.

Vision plans are definitely worth a closer look.

Why sign up for a Humana Vision plan?

There's more to vision health than getting an annual eye exam. A yearly eye exam monitors your vision and eye health for things like glaucoma and cataracts, and signs of medical conditions, including diabetes and high blood pressure. Humana Vision plans feature:

- $10 eye exams (with in-network providers)
- Easy-to-find independent retailers and online eye doctors
- Save an average of 80% off retail prices on glasses and contacts

Scan the QR code to get more information about your plan options or visit **your.humana.com/miami-dade-county**

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Tobacco cessation

ex program by Truth Initiative, eMLife

Mental well-being

headspace, eMLife, headspace care

Musculoskeletal

kaia health, SWORKIT HEALTH, sword

Digestive health

digbi health, OSHI HEALTH

Cardiometabolic

Hello Heart, DARIO HEALTH

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How Legal Happens in Your Life

A contractor ghosts you mid-remodel.

Your ex wants custody of your dog.

You need a contract reviewed.

You're being audited by the IRS.

You get caught speeding.

Limitations and exclusions apply. Depending upon a state's regulations, ARAG's legal insurance plan may be considered an insurance product or a service product. Insurance products are underwritten by ARAG Insurance Company of Des Moines, Iowa. Service products are provided by ARAG Services, LLC. This material is for illustrative purposes only and is not a contract. For terms, benefits or exclusions, contact us.

Six Reasons to Enroll

ARAG Legal Insurance

1. Work with a network attorney and attorney fees are **paid in full** for most covered matters.
2. **Save thousands of dollars**, on average, for covered legal matters by avoiding costly legal fees.
3. Use DIY Docs to create, edit and store **state-specific legal documents**, like wills or powers of attorney.
4. **We help connect you** with attorneys – many who average 20+ years of experience.
5. Address your covered legal situations with a network attorney who is **only a phone call away.**
6. Your network attorney can help **throughout your covered legal matter**, including preparing and reviewing legal documents, offering legal advice and representing you in court.

Learn More About Your Plan

Visit **ARAGlegal.com/myinfo** and enter Access Code **10277mdc**

OR

Call ARAG Customer Care at **800-667-4300**

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.

AXISPLUS BENEFITS

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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.

#136141E_BROKER 6/23

It’s time for a change with Lifestyle and Condition Coaching

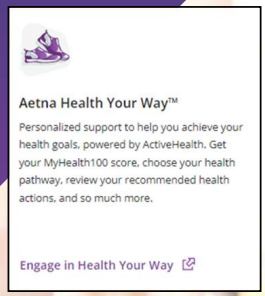
By enrolling in Aetna Health Your Way with Lifestyle and Condition Coaching, it’s easier for you to reach your health goals

You can:

- Engage in digital, 1:1 by phone, and group health coaching
- Learn new healthy habits
- Stay on your path to better health

How it works:

- Access Aetna Health Your Way within the Aetna member website or Aetna Health℠ app



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.aetna.com**.

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

Visit a dentist in the PPO network to maximize your savings. If you can't find a PPO dentist, consider a Delta Dental Premier dentist, offering you another opportunity to save." 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. The DeltaCare USA plan is available only in the state of Florida. Most preventive, diagnostic and many other services are provided at no additional cost to members. All 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**.

Find a network dentist at **www.deltadentalins.com/mdc**.

Planning for major dental work?
Consider a Pre-Treatment Estimate! (Applies to PPO plan only.)

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.
- 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.
- Dental emergencies outside of the United States are covered. You must pay in advance and submit claims and proof of payment for reimbursement. All documents must be translated to English.

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 you need urgent care and are away from your primary care dentist, you are provided a limited allowance for care (typically $90 per emergency per person). Prior authorization is required, please call 800-422-4234. You will be required to pay for treatment and request reimbursement.

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 with a participating optometrist or ophthalmologist for a small $10 copay. Members may also receive a pair of glasses for a $10 copay from a special selection available at participating providers. Additional lens features, such as transition and ultra-violet coating, are fully covered under both plans (progressive lenses are fully covered under the Standard option, and a premium copay applies under the Enriched option). 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: $3,400

Dependent Care FSA Maximum Annual deposit: $5,000

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

For the 2025 FSA Plan Year:

Employees who participated in the 2025 HealthCare FSA may use your 2025 FSA dollars through March 15, 2026, and you have until April 30, 2026, to submit your claims for reimbursement.

For the 2026 FSA Plan Year:

Employees who participate in the 2026 HealthCare FSA may use your 2026 FSA dollars through March 15, 2027, and you have until April 30, 2027 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 4x 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 $20,000. 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 $20,000 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 twelve weeks long, 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 by the employee, or placed in the employee's home through foster care.

During the leave period, the employee shall be paid 100 percent of his or her base wages for the first six weeks, and 50 percent of his or her base wages for the remaining six weeks.

Employees shall 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 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

COBRA is a federal law that allows you to temporarily continue group health plan coverage if your coverage ends due to a "qualifying event," such as job termination. 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.

Your benefits as an active employee end the last day of the pay period in which your termination date falls and premiums were payroll deducted or direct payments were 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. Newly hired employees, upon initial enrollment in medical coverage, will be provided an initial COBRA notice which explains how COBRA works and an employee's rights under COBRA.

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.
- Effective July 1, 2024, HB 151 allows retirees to be reemployed with an FRS employer and receive both compensation and retirement benefits after meeting the termination requirements (six calendar months after date of termination) in Section 121.021(39), Florida Statutes.
- 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 pro-vider 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

- Personal health Assessment 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 and access to the Wellness videos and seminars via the portal

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
- Departmental 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, Employee of the Year and other Mayor initiatives engage employees with recognition opportunities
- Employee Discount Program offers deals on essentials and services, including learning opportunities

EMOTIONAL WELLNESS:
Employee Assistance Program (EAP)

- Free confidential on-site and vitual assessment and/or supportive counselling session
- By appointment at OTV South, walk-ins welcome
- In-network referrals as needed
- Employee and supervisory educational training available
- Weekly WellTalks to support employee emotional health and resilience
- Advising managers and leadership with managing worksite mental health concerns

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

For more information visit: www.miamidade.gov/global/humanresources/benefits/home.page

MIAMI-DADE COUNTY

MissionSquare RETIREMENT

MIAMI-DADE COUNTY

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.

62457-0823

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.

Ana I Aguirre
786-506-2944
ana.aguirre@nationwide.com

Neil Cook
305-340-8772
cookn@nationwide.com

Alan Rodriguez
305-990-3382
alain.rodriguez@nationwide.com

Anthony Steel
305-972-5161
steela1@nationwide.com

Nationwide | MIAMI-DADE COUNTY

To schedule an individual appointment, scan this code.

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Wellness (in Partnership with Aetna)

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 Aetna insurance plan have access to the following **FREE SERVICES**:

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

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

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

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!

Get on the road to **YOU**, improved, with Miami-Dade County's on-site Health and Wellness coaches.

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. Employees enrolled in the County medical plans are eligible.

Are you ready to take the next step towards wellness? Contact a member of the wellness team or schedule an appointment to get started. Email the Health & Wellness coaches at *wellnessworks@miamidade.gov*.

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

WELLNESSWORKS
MIAMI-DADE COUNTY

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/openenrollment** 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 overage 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 your 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).