



RETIREE HEALTHCARE AND FLEXIBLE BENEFITS ELIGIBLE
OPEN ENROLLMENT DEADLINE: **NOVEMBER 13, 2019**
BENEFITS EFFECTIVE: JANUARY 1, 2020 – DECEMBER 31, 2020



IMPORTANT ENROLLMENT INFORMATION

EVERYONE MUST ENROLL!



THE CURRENT NON-MEDICARE HEALTHCARE AND FLEXIBLE BENEFITS WILL TERMINATE DECEMBER 31, 2019.

UNDER 65 OR OVER 65 AND NOT MEDICARE ELIGIBLE:

This is a mandatory enrollment. Effective January 1, 2020, there will be **new insurance plans** provided for the non-Medicare eligible retirees & dependents through the School Board's healthcare contract with Cigna. Therefore, in order to continue your participation in a School Board offered plan you **must** complete and return your 2020 Healthcare enrollment form, FRS Payroll Deduction Authorization form and the required dependent documentation for all covered dependent(s) by the enrollment deadline of **November 13, 2019**.

The Cigna Healthcare rates included in your enrollment package and plan design are pending final negotiations and ratification with the Unions and Board approval. If premium and plan design changes occur, you will be notified and will be given another opportunity to make any necessary changes.

If we do not receive your form by the above deadline, your and your dependents' current non-Medicare healthcare will be terminated on **December 31, 2019** and you will not be allowed to re-enroll for benefits in the future.

NOTE: If your dependent is Medicare eligible due to age or Medicare entitlement, they must enroll in both Medicare Parts A & B. Failure to enroll in Medicare Parts A & B will result in disenrollment from the Cigna healthcare plan.

OVER 65 OR UNDER 65 AND MEDICARE ELIGIBLE:

The School Board continues their partnership with the current Medicare healthcare and Prescription Drug Plans (PDP). Participants currently enrolled in a Prescription Drug Plan (PDP) only may enroll in any of the School Board sponsored Medicare Group Healthcare plans.

You and your eligible Medicare dependent may continue your participation in the Medicare offerings; however, plan design and premium changes will apply. For assistance with your enrollment and information regarding these plans, you must contact the healthcare company directly. Telephone numbers are included at the end of this memorandum.

RETIREE BENEFITS FAIRS

Again this year, we will be holding benefits fairs. We invite you to attend one of the sessions listed on the invitation to learn more about what's changing and to ask questions. We will have Benefits Representatives on-site who can provide enrollment assistance for Cigna Healthcare (non-Medicare) and/or Flexible Benefits; therefore, we encourage you to bring your enrollment package.

IN THIS BOOKLET

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Retiree Benefits Fairs
Enrollment Assistance

What's Changing
Dependent Eligibility
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OVERVIEW

ENROLLMENT ASSISTANCE:

During the enrollment period, if you would like a Benefits Representative to provide enrollment assistance for Cigna Healthcare (non-Medicare) and/or Flexible Benefits, you can:

- schedule an appointment at <https://www.myenrollmentschedule.com/mdcps>
- go to one of the enrollment locations listed in the enclosed invitation – appointments are not necessary

For general questions regarding the 2020 open enrollment, please call the hotline number at (305) 995-1799, (305) 995-1741, and (305) 995-2777.

LEARN WHAT'S CHANGING FOR THE UNDER AGE 65 OR OVER AGE 65 AND NOT MEDICARE ELIGIBLE!

CIGNA HEALTHCARE

OAP High: This plan offers a higher level of coverage with a lower out-of-pocket expense, while having access to nationwide providers in exchange for a higher premium.

- \$0 co-payment for Telemedicine
- \$0 co-payment at M-DCPS Clinic at Jackson Senior High
- \$0 co-payment for Generic Seven Drug Classes (both retail & 90-day supply)
- Low Deductible- deductible must be satisfied for services subject to co-insurance
- Lower Primary Care Physician co-payment
- Lower Urgent Care co-payment
- Nationwide Provider Network
- No Primary Care Physician required
- No referral for Specialists

OAP Standard: This plan offers retirees needing less access to care a lower premium option, with access to nationwide providers in exchange for a higher out-of-pocket expense.

- \$0 co-payment for Telemedicine
- \$0 co-payment at M-DCPS Clinic at Jackson Senior High
- \$0 co-payment for Generic Seven Drug Classes (both retail & 90-day supply)
- Co-payments for Primary and Specialist visits
- Co-payments for Urgent visits
- Low deductible- deductible must be satisfied for services subject to co-insurance
- Nationwide Provider Network
- No Primary Care Physician required
- No referral for Specialists

SureFit: This plan offers a lower out-of-pocket expense, a lower premium, and a narrow strong network of providers. You **must** reside in the tri-county area (Miami-Dade, Broward and Palm Beach Counties).

- \$0 co-payment for Telemedicine
- \$0 co-payment at M-DCPS Clinic at Jackson Senior High
- \$0 co-payment for Generic Seven Drug Classes (both retail & 90-day supply)
- A significant lower deductible- deductible must be satisfied for services subject to co-insurance
- A significant lower Maximum Out of Pocket- The amount that you must pay before the plan covers 100% of all the services subject to co-insurance
- Co-payments for Primary and Specialist visits
- Low co-payments for Urgent visits
- Narrow network with a minimum disruption in comparison to the OAP Plans
- Referrals needed for Specialists
- Selection of Primary Care Physician required

LEARN WHAT'S CHANGING FOR THE OVER AGE 65 OR UNDER AGE 65 MEDICARE RECIPIENT!

MEDICARE HEALTHCARE (MEDICAL AND PHARMACY) PLANS:

AvMed Medicare Choice HMO (Miami-Dade and Broward):

- Increase in Rx Initial Coverage Limit to \$4,020
- Increase in Healthyperks allowance - \$100 rewards for healthy behaviors
- Increase in Part D Catastrophic Coverage co-pays
- Decrease in Rx Tier 3 co-pay (Miami-Dade)
- Decrease in Rx Tier 2 and 3 co-pay (Broward)
- Decrease in ambulance co-pay (Broward)
- New Preferred pharmacy network with lower copays than Standard pharmacy network
- New Telehealth Doctor visits - \$0 copay
- New Hearing aid allowance - \$500 per ear
- New Transportation allowance - up to 8 one-way trips
- New Over the Counter Medication allowance - \$25 quarterly

AvMed Medicare Circle HMO (Miami-Dade and Broward):

- Decrease in Specialist co-pay (Broward)
- Decrease in Rx Tier 3 co-pay
- Decrease in Ambulance co-pay
- Increase in the Initial Coverage Limit - \$4,500
- Increase in Hearing Aid allowance - \$600 per ear
- Increase in Transportation allowance - up to 20 one-way trips
- Increase in Eyewear allowance - \$350 (Miami-Dade); \$300 (Broward)
- Increase in Over the Counter allowance - \$50 monthly

Cigna Leon Cares:

- Added a 4th pharmacy tier
- Dental – Implants are now covered.
- For a 30-day supply from a retail pharmacy with preferred cost-sharing:
 - Drug Tier 1: \$0
 - Drug Tier 2: \$0
 - Drug Tier 3: \$40
 - Drug Tier 4: 33%
- Initial Coverage Limit (ICL) increase to \$7,000 from \$4,000
- Maximum Out of Pocket (MOOP) decrease to \$3,400 from \$6,700
- Quarterly Over the Counter (OTC) benefit increase to \$150 from \$100
- Telehealth available in 2020

Humana Zero Premium HMO (Miami-Dade, Broward, Palm Beach):

- Addition of \$85 Part B Giveback on this plan
- Addition of Routine Chiropractic coverage
- Addition of Wig coverage (medically necessary)
- Decrease in Coverage Gap co-insurances
- Increase in Medical Maximum Out-Of-Pocket
- Increase in Specialist co-pay
- Increase in Inpatient Hospital co-pay
- Increase in Skilled Nursing Facility co-pay
- Increase in Outpatient Hospital co-pay
- Increase in Freestanding Radiological Facility co-pay
- Increase in Ambulance co-pay
- Increase in Durable Medical Equipment (DME) co-pay
- Increase in Rx copays Tiers 2-3
- Increase in Initial Coverage Limit

- Increase in Part D Maximum-Out-of-Pocket (MOOP)
- Increase in Catastrophic Coverage co-pays

Humana National Comprehensive PPO:

- Addition of Routine Chiropractic Coverage
- Addition of Routine Podiatry Coverage
- Addition of Routine Hearing Coverage & Hearing Aid Allowance
- Addition of Routine Vision Coverage & Vision Allowance
- Addition of Wig Coverage (medically necessary)
- Decrease in Outpatient Hospital Diagnostic co-pay
- Decrease in Coverage Gap co-insurances
- Increase in Premium
- Increase in Urgent Care co-pay
- Increase in Initial Coverage Limit
- Increase in Part D Maximum-Out-of-Pocket (MOOP)
- Increase in Catastrophic Coverage co-pays

Humana National Traditional PPO (New plan offering for 2020 plan year):

- Co-pay for office visit (PCP and Specialist)
- Co-pay for Emergency and Urgent Care
- Includes Part D credible programs
- Offering In and Out-of-network benefits
- Set co-pay for In-patient Hospital Care

UnitedHealthcare (UHC) Differential PPO (formerly known as Group National PPO):

- \$0 co-pay for Tier 1 medication
- Increase in Premium
- Increase in Initial Coverage Limit
- Increase in Catastrophic Coverage limit
- Lower co-insurance in Rx Tier 1 and Tier 2 in the gap
- No change in deductible
- No change in hospital admission co-pay

UnitedHealthcare (UHC) Passive PPO (formerly known as Premier PPO):

- Increase in Initial Coverage Limit
- Increase in Catastrophic Coverage limit
- Lower Premium
- No change in deductible
- No change in hospital admission co-pay
- No change in office co-pay (PCP and Specialist)
- No change in emergency room care co-pay
- No change in urgent care co-pay

If you are enrolled in one of the below 2019 Medicare offerings, please know that they are no longer being offered. To ensure no lapse in coverage, UHC will default the Medicare recipient to the below corresponding plan. If the new plan, does not meet the Medicare recipient's needs, please contact UHC at 1-877-870-7923 to cancel or change your enrollment.

2019 Medicare Advantage Plan	2020 UHC Default Plan
Premier MAPD	UnitedHealthcare Passive PPO MAPD
Comprehensive MAPD Low MAPD Group National PPO	UnitedHealthcare Differential PPO MAPD

UNITEDHEALTHCARE (UHC) MEDICARE SUPPLEMENT PLANS (DOES NOT INCLUDE MEDICARE PART D):

- Both plan design and premiums are pending approval by the Centers for Medicare and Medicaid Services (CMS)
- Freedom of choosing physicians of your choice
- Introduction of new Supplement Plan - Plan G
- Plan F will only continue to be offered to anyone who became a Medicare recipient prior to 1/1/2020
- Rates are based on the applicant's date of birth, place of residence and tobacco usage
- Supplements Medicare coverage

NOTE: Pre-65 Medicare recipients are not eligible for the Supplement plans.

UNITEDHEALTHCARE (UHC) PHARMACY PLANS (MEDICARE PART D ONLY):

UHC continues to offer Prescription Drug Plans (PDP). Participants currently enrolled in a PDP only may enroll in any of the School Board sponsored Medicare Group Healthcare plans. The following PDP plans are being offered for the 2020 plan year:

- UHC 4-Tier low option tier 1 gap only coverage
- UHC 4-Tier high option full gap coverage
- UHC 5-Tier Formulary Standard Coverage in Gap

If you are enrolled in one of the below 2019 PDP offerings, please know that they are no longer being offered. To ensure no lapse in coverage, UHC will default the Medicare recipient to the below corresponding plan. If the new plan, does not meet the Medicare recipient's needs, please contact UHC at 1-877-870-7923 to cancel or change your enrollment.

2019 PDP	2020 UHC Default PDP
Premier PDP	UnitedHealthcare 4-Tier High PDP
Comprehensive PDP	UnitedHealthcare 4-Tier Low PDP
Saver Plus Preferred PDP	UnitedHealthcare 5-Tier Standard PDP

FLEXIBLE BENEFITS

Miami-Dade County Public Schools continues to offer a broad range of high-quality flexible benefits to eligible retirees. You are eligible to enroll in any of the following flexible benefits plans for the 2020 plan year:

- **Dental:** Delta Dental (DHMO & PPO) and UnitedHealthcare Dental (DHMO & PPO)
- **Vision:** EyeMed
- **Legal:** ARAG and Hyatt
- **Identity Theft Protection:** ID Watchdog

Additionally, you must be currently participating in the following benefits, to be eligible to enroll for the 2020 plan year:

- **Hospital Indemnity Coverage (HIC):** Metropolitan Life Insurance Company (MetLife)
- **Voluntary Life:** Metropolitan Life Insurance Company (MetLife)
- **Accidental Death and Dismemberment (AD&D):** Metropolitan Life Insurance Company (MetLife)

LEARN HOW YOUR FLEXIBLE BENEFITS HAVE CHANGED!

Dental:

Delta Dental:

- Two DHMO plans – Standard and High
- If selecting a DHMO plan, you **must** select a dental provider for you and/or each of your family members at the time of enrollment and you must live in the State of Florida
- Two PPO plans – Standard and High
- PPO plans provide access to a nationwide network
- Premium changes

UHC:

- Two DHMO plans – Standard and High
- If selecting a DHMO plan, you may select a dental provider for you and/or each of your family members prior to scheduling an appointment and you must live in the State of Florida.
- Two PPO plans – Standard and High
- PPO plans provide access to a nationwide network
- Premium changes

Vision:

- In-network - any available frame at provider location: \$0 co-pay; \$180 allowance
- In-network - contact lenses conventional and disposable: \$0 co-pay; \$150 allowance
- Out-of-network providers reimburse up to the allowable amount
- 102,000 independent and retail providers nationwide including LensCrafters, Pearle Vision, Target Optical, America's Best, and Sears Optical
- On-line in-network options including LensCrafters.com, TargetOptical.com, Ray-Ban.com, Glasses.com and ContactsDirect.com
- Minimal increase in premium

Hospital Indemnity Coverage:

- Two daily coverage levels will be offered to retirees and dependent(s) currently enrolled: \$50/day and \$150/day
- No longer offering the \$100/day coverage level; therefore, if you and your dependent(s) are currently enrolled in the \$100/day plan, you will be able to increase to the \$150/day plan or decrease to the \$50/day plan
- ICU confinement, in-patient hospital confinement and rehab facility confinement (only offered on accidental injuries) are covered
- Increase in premium

Legal:

ARAG:

- Services currently provided under the SeniorAdvocate plan are now being provided under the legal plan at no additional cost
- Complex Wills paid-in-full in-network with no hour limit
- General in-office services paid-in-full up to 4 hours per family per year
- Unlimited telephonic consultation
- Care giving services provided to you to assist you with your parents and grandparents
- Out-of-network access to attorney of your choice
- Decrease in premium

Hyatt Legal (MetLaw):

- Services currently provided under the Senior Plan are now being provided under the legal plan at no additional cost
- Complex Wills paid-in-full in-network
- General in-office services paid-in-full
- Unlimited telephonic consultation
- Elder Law coverage that covers counseling over the phone or in-office on any personal issues relating to your parent(s) as they affect you
- Out-of-network access to attorney of your choice
- Decrease in premium

Identity Theft Protection:

- Advanced identity monitoring
- Credit report and score – annual access to your 1-bureau credit report and score
- Full-service identity restoration – up to \$2 million Identity Theft Insurance
- High-risk transaction monitoring
- Dark Web monitoring
- Decrease in premium

***Voluntary Life (you may only continue or decrease the level of coverage in which you are currently enrolled):**

- Subject to age reduction at age 65 (65%) and at age 70 (50%) of the original benefit amount
- Face-to-face Will preparation
- Funeral planning services
- Face-to-face grief counseling
- Face-to-face estate resolution services
- You can receive up to 50% of your life insurance proceeds in the event that you become terminally ill and are diagnosed with less than 6 months to live
- Increase in premium

***Accidental Death and Dismemberment (AD&D) (you may only continue or decrease the level of coverage in which you are currently enrolled):**

- Benefits in the event of a covered accident, which results in loss of life, limbs, use of limbs, eyesight, hearing or speech
- Subject to age reduction at age 65 (65%) and at age 70 (50%) of the original benefit amount

***NOTE:** If you are electing to continue your enrollment in these plans and have already experienced a reduction in coverage level at age 70, you will be grandfathered in at your current coverage level and you will not experience any further reductions. You have the ability to view or edit your current beneficiary designation if one is on file or make a new designation at www.metlife.com/mybenefits. You may also complete and return the enclosed Beneficiary Designation form.

DEPENDENT ELIGIBILITY:

All retirees selecting medical, dental, HIC and/or vision coverage for family must submit dependent eligibility documentation for all covered dependents. For a complete list of the dependent documentation requirements, visit www.dadeschools.net, under Highlights, click on 2020 Retiree Benefits and then click on Notices & Forms. Please use the appropriate dependent documentation form to submit your documentation either by mail, via fax at (305) 995-1425 or by EFax at (877) 432-2939.

ADULT CHILD (AGES 26-30) HEALTHCARE:

Your current adult child healthcare coverage will terminate December 31, 2019. If you wish to continue their participation in a sponsored group healthcare plan, you must re-enroll them for the 2020 plan year. The monthly Cigna rates included in your package and plan design changes are pending final negotiations and ratification with the Unions and Board approval.

To request an adult child enrollment package, call 305-995-7157, Monday – Friday, 8:00 am – 4:30 pm, EST. You will need to complete the 2020 Retiree Adult Child Enrollment Form, the Affidavit of “Adult Child” and submit proper dependent documentation establishing the eligibility of your adult child prior to them being added to your healthcare coverage. Your completed adult child documentation must be received by the above enrollment deadline.

For questions and/or additional information about your 2020 benefits and rates, visit www.dadeschools.net, under Highlights, 2020 Retiree Benefits.

ARAG Legal	1-800-360-5567; Mon – Fri, 8 am – 8 pm (EST)
AvMed Medicare Choice HMO: (Miami-Dade County Only and Broward County Only)	Enrollment Telephone Number: 1-800-835-6137 (TTY 711)
AvMed Medicare Circle HMO: (Miami –Dade County Only and Broward County Only)	Post enrollment for Member Engagement Center: 1-800-782-8633 (TTY 711)
Cigna Healthcare	Cigna Retiree Specialists: 305-995-4287 or 305-995-7157 Monday – Friday, 8:00 am – 4:30 pm (EST) 1-800-806-3052; 24 hours, 7 days a week
Cigna Leon Cares Medicare Advantage Plan	1-866-266-8917 (TTY 711); 8 am – 8 pm, 7 days a week
Delta Dental	Customer Service: 305-995-2487 Monday – Friday, 8:00 am – 4:30 pm (EST) 1-800-693-2589; Monday – Friday, 8:00 am – 9:00 pm (EST)
EyeMed Vision	Customer Service: 305-995-7129 Monday – Friday, 8:00am – 4:30pm (EST) 1-866-804-0982; Monday – Friday, 7:30 am – 11:00 pm (EST) Sat 8:00 am – 11:00 pm (EST)
FBMC Service Center (Enrollment Assistance)	1-855-MDC-PS4U (1-855-632-7748) or 305-995-2777 Monday – Friday, 7:00 am – 7:00 pm (EST)
Florida Retirement System (FRS)	1-866-446-9377
Humana Zero Premium HMO (Miami-Dade, Broward and Palm Beach Counties), Humana Comprehensive PPO and Humana Traditional PPO	Enrollment Telephone number: 1-800-824-8242 Mon – Fri, 8 am – 8 pm EST (TTY 711) Post enrollment: 1-866-396-8810 Mon – Fri, 8 am – 9 pm EST (TTY 711)
Hyatt Legal (MetLaw)	Customer Service: 305-995-7029 Monday – Friday, 8:00 am – 4:30 pm (EST) 1-800-821-6400; Monday – Friday, 8:00 am – 8:00 pm (EST)
ID Watchdog	Customer Service: 1-800-970-5182 24 hours/Seven days a week: 1-866-513-1518
MetLife Hospital Indemnity Life and AD&D	Customer Service: 305-995-7029 Monday – Friday, 8:00am – 4:30pm (EST) Claims: 1-800-GET-MET8 (1-800-438-6388) Monday – Friday, 8:00 am – 8:00 pm (EST) Customer Service: 305-995-7029 Monday – Friday, 8:00am – 4:30pm (EST) Claims: 1-800-638-6420, option #1 Monday – Thursday, 8:00 am – 8:00 pm (EST) Friday, 8:00 am – 5:00 pm (EST)
Open Enrollment Help Desk	305-995-1799 and 305-995-1741; Monday – Friday, 8:00am – 4:30 pm (EST)
Office of Risk and Benefits Management	305-995-7129; Monday – Friday, 8:00am – 4:30pm (EST)
Status of Enrollment or Questions Regarding Your Form	FBMC Retiree Specialist: 305-995-4278
UnitedHealthcare (UHC): Medicare Advantage Plans Medicare Supplement Plans Prescription Drug Plans (PDP)	Enrollment Call Center: 1-877-870-7923 Customer Service: Medicare Advantage and PDP: 1-888-867-5548 Medicare Supplement: 1-800-523-5800 8 am – 8 pm (EST), 7 days a week
UnitedHealthcare (UHC) Dental DHMO Dental PPO Dental	Customer Service: 305-995-7454 Monday – Friday, 8:00am – 4:30pm (EST) 1-800-955-4137; Monday – Friday, 7:00 am – 10:00 pm (CDT) 1-877-816-3596; Monday – Friday, 7:00 am – 10:00 pm (CDT)