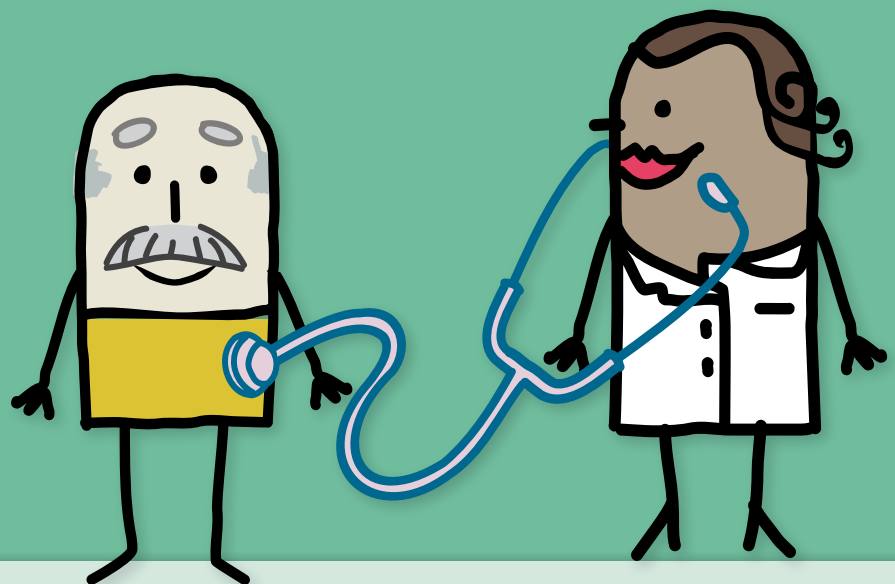
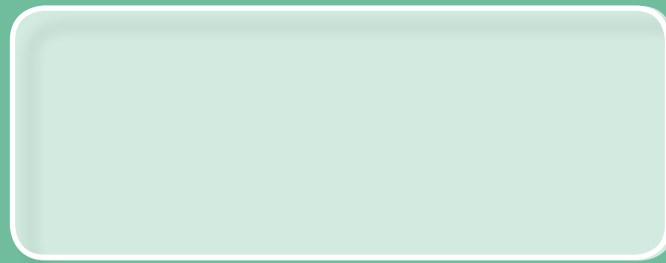


# YOUR **2015** HEALTHCARE BENEFITS GUIDE

It's about your health and well-being.



## what's inside?

You will find information about your healthcare plans and answers to frequently asked questions.

## Benefits Helpline:

### Enrollment Help Line

1.305.995.2777

### Benefits Inquiry

FBMC Benefits Management, Inc.

Service Center

Mon - Fri, 7 a.m. - 8 p.m. ET

1.855.44FSRBC (1.855.443.7722)

### Enrollment Assistance for

#### Under Age 65 Retirees:

Office of Risk and Benefits Management

1501NE 2nd Avenue, Suite 335

Mon - Fri, 8 a.m. - 4:30 p.m. ET

1.305.995.2777, [www.dadeschools.net](http://www.dadeschools.net)

### Enrollment Assistance for

#### Over Age 65 Retirees:

Contact your healthcare provider.

## Other Important Phone Numbers

For general benefit and enrollment information throughout the year

### Miami-Dade County Public Schools

Office of Risk and Benefits Management

Automated Phone System

Mon - Fri, 8 a.m. - 4:30 p.m. ET

1.305.995.7129

1.305.995.7130

1.305.995.7190 FAX

Office of Retirement/Leave/  
Unemployment

1.305.995.7090

## Healthcare Providers

### Over Age 65 (Medicare Eligible) Healthcare Plans

**Cigna (Leon Medical Center)**

**Medicare Advantage**

**Customer Service**

1.866.266.8917 (TTY: 711)

Seven days a week, 8 a.m. - 8 p.m.

**UnitedHealthcare®**

**Customer Service (for all plans, including prescriptions)**

1.877.776.1466, TTY 711

Seven days a week

8 a.m. - 8 p.m. ET

**Enrollment materials for the Medicare Supplement Plan should be returned to:**

**UnitedHealthcare Enrollment Division**

P.O. Box 105331

Atlanta, GA 30348-5337

### Under Age 65 (Not Medicare Eligible) Healthcare Plans

**Cigna Healthcare**

24-hours / Seven days a week

1.800.806.3052

[www.Cigna.com](http://www.Cigna.com)

**Florida Retirement System (FRS)**

1.800.377.7687

**Medicare**

1.800.MEDICARE or 1.800.633.4227,

24 hours / Seven days a week

TTY: 1.877.486.2048

[www.medicare.gov](http://www.medicare.gov)

**Social Security Administration**

1.800.772.1213

TTY: 1.800.325.0178

[www.SSA.gov](http://www.SSA.gov)

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## Healthy Tip:

**Get to know your doctor! Now is a great time to schedule an annual physical or check up with your Primary Care Physician (PCP) for yourself and your dependents.**

# What's New?



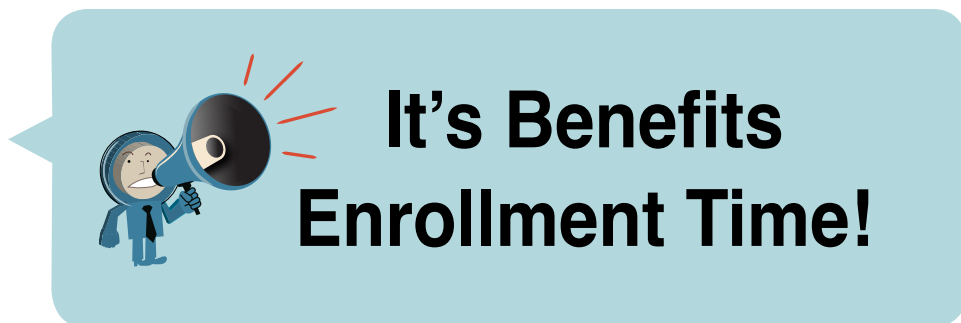
Miami-Dade County Public Schools (M-DCPS) is happy to provide you new choices for your 2015 Benefits Open Enrollment! Please note that the current Humana Group Medicare plans will no longer be available for the 2015 plan year and your current Humana Group Medicare coverage will end on December 31, 2014.

Your period of coverage dates are: January 1, 2015 through December 31, 2015.

## >> Important Note:

The materials contained in this guide do not constitute an insurance certificate or policy. The information provided is intended only to assist in the selection of benefits. Final determination of benefits, exact terms and exclusions of coverage for each benefit plan are contained in certificates of insurance issued by the participating insurance and posted on the benefit website at [www.dadeschools.net](http://www.dadeschools.net).

The School Board of Miami-Dade County, Florida reserves the right to amend or to terminate the plans described in this guide at any time, subject to the specific restrictions, if any, in the collective bargaining agreement. In the event of any such amendment or termination, your coverage may be modified or discontinued and the School Board assumes no obligation to continue the benefits or coverages described in this guide.



Welcome to your 2015 Plan Year Retiree Open Enrollment! Be sure to read through this guide to understand what is changing for the new plan year. This healthcare guide includes information for Retirees and eligible dependents Over Age 65 and/or Medicare eligible.

### 2015 Plan Year Benefits Highlights

Miami-Dade County Public Schools has joined the Florida School Retiree Benefits Consortium (FSRBC), an organization that assists School Districts with benefit and retirement-related initiatives. Your current benefits plan administrator, FBMC Benefits Management Company, Inc. (FBMC), in coordination with FSRBC, will support M-DCPS with your benefits plan administration. As a result of this partnership, you will have the following options:

#### Medicare Eligible (Over Age 65 and Under Age 65) Retiree and Dependent Highlights:

- Three Medicare Advantage Plans: Cigna (Leon Medical Centers) and two UnitedHealthcare (UHC) plans
- Three AARP Medicare Supplement Plans (A, F & N) underwritten by UnitedHealthcare Insurance Company (Note: Supplement Plans are only offered to Over Age 65 Retirees. Under Age 65 Medicare Eligible Retirees **CANNOT** enroll in Medicare Supplement Plans.)
- Two UnitedHealthcare MedicareRx Plans: Comprehensive and Premier
- **Retirees Over Age 65 and/or Medicare eligible that cancelled their medical coverage at the end of the 2009 calendar year are invited to re-enroll in healthcare coverage.**
- If you are an Over Age 65 and/or Medicare eligible Retiree that is currently enrolled in Flexible Benefits ONLY, you can enroll in Over Age 65 and/or Medicare for the 2015 Plan Year.



# What's New?

## Under Age 65 and Not Medicare Eligible Retiree and Dependent Highlights:

- Cigna will continue to be the District's healthcare provider for Under Age 65 and not Medicare eligible Retiree and/or dependents.
- Your dependent's current Cigna Healthcare coverage will continue. Plan design changes and premiums will automatically be adjusted effective January 1, 2015.

## Over Age 65 and/or Medicare Eligible Medicare Advantage Plans

- Cigna– Zero Premium HMO Plan – monthly premium \$0.00
- UHC - Low Premium National PPO – monthly premium \$ 45
- UHC – Comprehensive Plan 3 PPO– monthly premium \$ 328

## Over Age 65 and/or Medicare Eligible Medicare Supplement Plans

- 2015 Medicare Supplement Plan A\*
- 2015 Medicare Supplement Plan F\*
- 2015 Medicare Supplement Plan N\*

\* Individual rates are based on the applicants' date of birth, resident address and tobacco usage status.

Retirees and dependents Over Age 65 with both Medicare Parts A & B may choose to enroll in one of three UHC Supplement Plans.

**Note:** Retirees and dependents Under Age 65 with both Medicare Parts A & B **CANNOT** enroll in a UHC Supplement Plan.

## Over Age 65 and/or Medicare Eligible UnitedHealthcare MedicareRx

- Pharmacy plan – Comprehensive – premium \$84.18
- Pharmacy plan – Premier – premium \$ 155.31

Retirees and Dependents Over Age 65 or Under Age 65 with both Medicare Parts A & B may choose to enroll in one of two UHC Medicare Prescription Drug Plans, including UHC Comprehensive Pharmacy Plan or UHC Premier Pharmacy Plan.

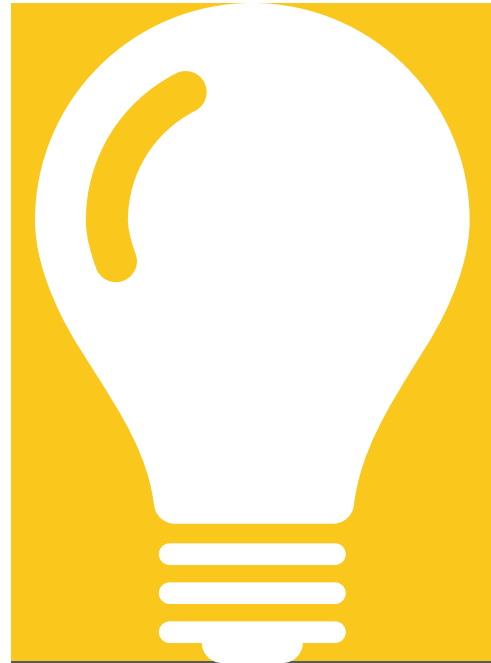
## Statewide Coverage Option

The School Board will continue to offer an option that provides both a statewide and nationwide Medicare option.

## Under Age 65 Retiree Enrollment and Not Medicare Eligible:

Cigna Healthcare plans continue to be offered to Retirees and dependents that are Under Age 65 and NOT eligible for both Medicare Parts A & B. Your current Cigna Healthcare coverage, along with your dependent(s)' coverage, will continue. Plan design changes and premiums will automatically be adjusted effective January 1, 2015. At this time, you have the opportunity to add eligible dependents to your coverage or make any necessary changes by completing the enclosed form. If premium and plan design changes occur, you will be notified and will be given the opportunity to make any necessary changes. If you wish to cancel your current Cigna Healthcare coverage and/or your dependent(s)' coverage, please complete the enclosed "2015 Benefit Coverage Cancellation Request Form" and return it by November 21, 2014.

For more information on the Cigna Healthcare plans, refer to the Retiree section of the 2015 Healthcare Benefits Guide.



## >> Under Age 65 Important Notice:

**Under Age 65 Medicare recipients enrolled in both Medicare Parts A & B CANNOT enroll in a UnitedHealthcare Supplement (A, F, N) Plan.**

**However, you are eligible to enroll in one of three Medicare Advantage Plans.**



# About Your Enrollment

## How's Your Health?

Not sure what Medicare plan is your best option? Consider your current health when deciding on which plan coverage to choose.

- What are your current health conditions, or those of your over age 65 dependent?
- What are your current prescriptions costs?
- Is your current doctor a part of the Medicare plan you're considering? Check to see if your doctor is a member of your choice of Medicare plan.
- What hospitals are part of the plan you are considering?

When determining which Medicare plan is right for you, consider costs. Remember that costs consist of premiums, but consider the average total of your Co-payments.

## Direct Bill

Medicare Plan and/or Flexible Benefits Premium payments can be submitted by personal check or money order directly to FBMC. If you choose this payment method, you will receive payment coupons for remittance of your premiums. All premiums must be paid by the due date.

Send payments to:  
FBMC Benefits Management, Inc./Direct Bill  
P.O. Box 10789  
Tallahassee, FL 32302

## Preparing to Enroll

We encourage you to prepare for your benefits open enrollment. Set aside time to gather all of your information, including: prescriptions, doctor contact information and hospital names. Then call the plan or plans you choose.

There will be helpful customer service representatives who will answer all of your questions to help you make an informed decision for enrollment. In addition, bi-lingual customer service representatives are available to assist you.

## Cancelling Your Coverage

If you wish to cancel your or your dependent(s)' current Cigna healthcare coverage, please complete the "2015 Benefit Coverage Cancellation Request Form" and return to: FBMC Benefits Management, Inc., Miami-Dade County Public Schools, P.O. Box 12241, Miami, Florida 33101, by November 21, 2014. If you decide to cancel your M-DCPS sponsored group benefits coverage, you will not be allowed to re-enroll in coverage in the future. If you wish to cancel your or your dependent(s)' Medical Healthcare plan, you must contact the medical company directly.

## About Your FRS Deduction

If you are Over 65 and/or Medicare eligible, you MUST submit a new FRS Payroll Authorization form for the 2015 plan year. Complete the "Florida Retirement System Payroll Deduction Authorization Form" and return it with your enrollment form to: FBMC Benefits Management, Inc., Miami-Dade County Public Schools, P.O. Box 12241, Miami, Florida 33101.

If you are Under Age 65 and not Medicare Eligible and you are enrolling in FRS for the first time, there is normally a delay between the time your request is processed and the time the deductions start. Therefore, you will be billed by M-DCPS for your Cigna healthcare and/or by FBMC for FRS deductions not taken from your retirement check. If premiums are not paid for the period of time deductions are not taken, benefits will be cancelled and you will not be allowed to re-enroll.

NOTE: Uncollected premiums for 2014 may result in a cancellation of your 2015 benefits. All premiums must be collected before your 2015 benefits are processed.

## Covering Your Dependents

If you are covering your dependent(s), you must indicate your dependents' Social Security number in the dependent section of the enrollment form. You must also submit proof of eligibility documentation, (i.e., marriage certificate for spouse, birth certificate for natural children, etc.) if not previously submitted.

For Medicare benefits, you and/or your dependent must be Medicare eligible and participate in both Medicare Parts A & B.

## Adult Child Coverage

Your adult dependent coverage will continue and your premium will automatically be adjusted. However, every year you must submit proper dependent documentation establishing the eligibility of your dependent. Additionally, if enrolling a new adult child, you must submit your completed form, affidavit and eligibility documents prior to the dependent being added to your healthcare coverage. To request an Adult Child enrollment package, call 305.995.2883, Monday - Friday, 8 a.m. to 4:30 p.m. ET. Your completed form, documentation and affidavit must be received by November 21, 2014 for coverage effective January 1, 2015.





# Healthcare Frequently Asked Questions

Get answers to commonly-asked healthcare coverage questions for your dependent(s) Under Age 65 and not Medicare eligible!



## Cigna Healthcare Plans:

### 1Q. What is a Co-payment?

**A.** A co-payment is a fixed dollar amount you pay for covered healthcare services. The amount will vary by type of plan and covered service.

### 2Q. What is a Cigna Care Network (CCN) specialist?

**A.** A CCN Specialist is a Specialist of a designated network that have been identified by Cigna to have demonstrated the best outcome in management of patient treatment. This network includes both primary care physicians and specialists.

### 3Q. What specialties are included in this network?

**A.** There are 22 specialists providers located in South Florida.

### 4Q. How do I determine if my specialist is on the CCN network?

**A.** Log-in to [www.cigna.com](http://www.cigna.com) and click on Find a Doctor. You can search by name or specialty. Once you're on the online directory, look for the Special Cigna Care Designated Symbol.

### 5Q. What is an annual deductible?

**A.** An annual deductible is the annual amount you are responsible for medical services provided in a hospital or hospital-affiliated facility. This amount is separate from any co-payments.

### 6Q. What does the annual maximum out-of-pocket (MOOP) mean?

**A.** The annual maximum out-of-pocket is the amount you are responsible for before the plan pays 100%.

### 7Q. What does the plan co-insurance mean?

**A.** The plan co-insurance is the percentage by plan you pay for medical services provided in a hospital or hospital-affiliated facility. Co-insurance does not apply to fixed co-payments.

### 8Q. What happens if I am hospitalized?

**A.** Hospital admissions are subject to deductible and co-insurance.

## >> Benefits Eligibility Note:

**All Retirees and qualifying Retiree dependents are eligible to enroll in:**

- Healthcare Plans
- All Flexplan Benefits

**Over Age 65 Medicare Eligible enrolled in both Medicare Parts A & B.**

**Over Age 65 & Medicare Eligible Retirees and dependents enrolled in both Medicare Parts A & B are eligible to enroll in:**

- UHC Supplement Plans (A,F, N)
- UnitedHealthcare Medicare Advantage Plans

- UnitedHealthcare Prescription Plans (Comprehensive, Premier)

- Cigna Leon Medical Centers Medicare Advantage Plans

**Note: Retirees and dependents Under Age 65 and Medicare Eligible enrolled in both Medicare Parts A & B CANNOT enroll in the United Healthcare Supplement Plans (A, F, N).**



# Healthcare Frequently Asked Questions

**9Q. What are convenience care centers and what are the co-payments for these centers?**

**A.** Convenience care centers are located in retail stores and pharmacies; they're often open at night and on weekends. These centers are staffed by board-certified nurse practitioners and physician assistants to treat minor medical concerns that are not life threatening.

**10Q. What are urgent care centers and what are the co-pays?**

**A.** Those are centers for medical conditions that are not life-threatening. Urgent Care Centers are staffed with nurses and doctors, and always are open on evenings and weekends. Both in and out-of-networks Urgent Care Centers are covered at 100% after paying set co-pay.

**11Q. What's an Emergency Room and what is my co-pay?**

**A.** Emergency Rooms are located in all hospitals and is for immediate treatment of critical injuries or illnesses. Services are covered 100% after set co-pay after the plan deductible is met.

**12Q. What is a mandatory prescription mail order program?**

**A.** This program is designed for prescription medications taken on a regular basis, including specialty drugs. Retirees must request a prescription from their doctor for a 90-day supply with refills. Cigna Home Delivery Pharmacy will deliver a 90-day supply to your home with a co-pay of two times the tier cost, saving you time and money.

**13Q. How are Prescription Drugs Retail (up to 31 day supply) classified?**

**A.**

Tier 1 - Generic Medications

Tier 2 - Preferred Brand Medications (when generic is not available)

Tier 3 - Co-insurance (minimum \$ & maximum \$)  
Non-Preferred Brand Medications (These medications have a generic or a Tier 2 alternative within the same drug class.)

**14Q. What's a Narrow Retail Pharmacy Network?**

**A.** This is a network of participating pharmacies where prescriptions can be filled. All other pharmacies are not participating in the plan.

**15Q. Which are the pharmacies participating in the Narrow Retail Network?**

**A.** Only Walgreens, Walmart, Publix, Navarro and specifically-identified, independent pharmacies are in the network.

**16Q. What pharmacies offer discounts on prescriptions outside of the School Board's healthcare plan?**

**A.** Some retail pharmacies offer very low prices on selected generic drugs, often less than the co-payment on your Cigna Plan. These alternative prescription programs are offered at:

- Walmart
- Target
- Walgreens
- CVS Pharmacy
- Publix



## Money Saving Tip:

Take charge of your health!  
Consult with your doctor  
about equivalent, generic  
prescription medications to  
save money.



# Healthcare Frequently Asked Questions

## 17Q. What's the coverage for Durable Medical Equipment (DME)?

**A.** After you have satisfied the annual deductible:

OAP 20 Plan will pay 70% in network and 50% non-network.  
OAP 10 Plan will pay 80% in network and 60% non-network.  
Cigna LocalPlus will pay 30% in network and 50% non-network.  
Once you have met your maximum out of pocket, the coverage will be 100%.

## 18Q. What number do I call for additional information on the healthcare plan?

**A.** Call Cigna Healthcare at 1.800.806.3052, 24-hours/7 days a week.

## 19Q. What number do I call for additional information on my enrollment and all other benefits?

**A.** Call the FBMC Service Center at 1.855.MDC.PS4U (1.855.632.7748), Monday through Friday, 7 a.m. – 8 p.m. ET.



### Money Saving Tip:

Make sure your doctor is In-Network to receive discounted healthcare services!

Check [www.cigna.com](http://www.cigna.com) and [www.mycigna.com](http://www.mycigna.com) to check the CCN provider network.



# About Your Medicare Plan Options



Here is helpful information regarding how your Medicare plan works, plan highlights and information on how to enroll in Medicare.

## >> Important Medicare Note:

This benefit information is a brief summary, not a comprehensive description of benefits. For more information contact the plan.

You must continue to pay your Medicare Part B premium. Limitations, co-payments, and restrictions may apply.

This document is available in alternative formats or languages. Please call customer care at 1.866.396.8810 (TTY: 711), seven days a week from 8 a.m. to 8 p.m. If you're asked to leave a message, we'll call you back by the end of the next business day.

Este documento también está disponible en otros formatos e idiomas. Llame al departamento de Atención al Cliente al 1.866.396.8810 (TTY: 711) los siete días de la semana, de 8 a.m. a 8 p.m. Si usted deja un mensaje, le devolveremos la llamada durante el próximo día hábil.

## How Your Medicare Healthcare Options Work

Please read below for information about steps you must complete in order to continue your benefits for the 2015 Plan Year.

1. For Retirees and eligible dependents Over Age 65 with both Medicare Parts A & B, your healthcare plan options are changing. To enroll in a new healthcare plan, you must contact the healthcare company directly by calling Cigna (Leon Medical Centers) at 1.866.266.8917 or UnitedHealthcare (UHC) at 1.877.776.1466, TTY 711 8 a.m.- 8 p.m. local time, seven days a week. If you do not enroll, you will never be eligible to re-enroll in any School Board sponsored healthcare plan.
2. Retirees and eligible dependents Under Age 65 with both Medicare Parts A & B **CANNOT** enroll in a Medicare Supplement (A,F, N) Plan. However, you may enroll in a Medicare Advantage Plan or Medicare Prescription Programs. Please note that you cannot have a Medicare Advantage plan AND a Medicare Prescription Drug Program at the same time.
3. Your non-Medicare eligible spouse and eligible dependents will remain on the School District healthcare plan until they become eligible for Medicare at age 65 or older. Once your spouse turns age 65, he or she will be eligible for the same Medicare Plans that are available to you.
4. You have three choices for paying the premiums for the plans you select. Choose the payment option that works best for you. Information on each of the options is available in this guide on page 11.

## Know Your Coverage!

If you think a service is not covered by your Medicare plan, contact your plan provider's customer service directly to confirm the coverage/exclusion.

# About Your Medicare Plan Options

## Paying Your Medicare Premiums

1. We recommend for your premiums to be deducted automatically from your FRS retirement benefit.
2. Pay your premiums electronically directly from your personal bank account.
3. Pay your premiums directly by check or money order. If you choose this option, coupons will be provided to you.

### IMPORTANT NOTES:

- Your current Medicare Plan will no longer be available after December 31, 2014 and you will need to make a Medicare Plan selection for the 2015 plan year.
- There are a variety of options available to you, depending on your county of residence, and you can enroll in one of the following Medicare Plan Options, including:
  - Medicare Supplement Plans in addition to Original Medicare
  - Medicare Part D Prescription Drug Plans
  - Medicare Advantage Plans
- Please note that you will automatically receive a Medicare Supplement kit at your home address, and for those living in the Cigna coverage areas, you will receive Medicare Advantage kits from those providers.
- Be sure to contact the appropriate provider for plan details, and remember that plan design and/or rates vary by county of residence. The following charts are intended to provide a summary of plan availability and benefits.
- The plan options available to you are based upon where you live in Florida or in another state. See the charts below to learn more about the coverage options available to you for the 2015 plan year.

## Medicare Part D Prescription Drug Plans

Medicare Part D Prescription Drug Plans (sometimes called “PDPs”) add drug coverage to Original Medicare and some other types of Medicare plans. These plans are available statewide and also out of state. A brief summary of the Comprehensive Pharmacy Plan and Premier Pharmacy Plan can be found on page 24.

## How to Enroll in Medicare

Once you choose your Medicare Plan, you have two ways to enroll. You can complete your Medicare Plan enrollment by:

- Calling the Medicare provider directly by telephone, or
- Completing and submitting a provider-specific enrollment form.
- See the Medicare Overview sections for instructions on how to enroll.

# Cigna (Leon Medical Center) Medicare Advantage Plan



Here's an overview about Cigna (Leon Medical Center) Medicare Advantage Plan (HMO).

## >> Important Medicare Note:

**If you and your dependent(s) are Medicare eligible due to age or Medicare eligibility, you must enroll in both Medicare Parts A & B. Failure to enroll in Medicare Parts A & B will result in dis-enrollment from the Cigna Healthcare plan. The School Board does not allow Medicare eligible Retirees to remain enrolled in an Under Age 65 Cigna healthcare plan.**

**You must be enrolled in both Medicare Parts A & B to be eligible to enroll in one of the new Medicare Plan options.**

**If you cancel your enrollment in a School Board sponsored healthcare plan during 2015 Open Enrollment, you will never again be eligible to enroll in a healthcare plan being offered by the School Board.**

## Cigna (Leon Medical Center) Medicare Advantage Plan

This is a zero premium HMO plan.

### Hours of Operation

You can call 7 days a week from 8:00 a.m. to 8:00 p.m.ET.

Cigna (Leon Medical Center) Medicare Advantage Plan

- If you are a member of this plan, call toll-free 1.866.266.8917. TTY users should call 711.
- If you are not a member of this plan, call toll-free 1.866.266.8917. TTY users should call 711.
- Our website: <http://www.lmchealthplans.com>

### Who can join?

To join Cigna (Leon Medical Center) Medicare Advantage Plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes a partial area of Miami-Dade County.

### Which doctors, hospitals and pharmacies can I use?

Cigna (Leon Medical Center) Medicare Advantage Plan has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are not in our network, the plan may not pay for these services.

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. Some of our network pharmacies have preferred cost-sharing. You may pay less if you use these pharmacies. You can see our plan's provider and pharmacy directory at our website (<http://www.lmchealthplans.com>). Or, call us and we will send you a copy of the provider and pharmacy directories.

### Who do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers - and more.

- Our plan members get all of the benefits covered by Original Medicare. For some of these benefits, you may pay more in our plan than you would in Original Medicare. For others, you may pay less.
- Our plan members also get more than what is covered by Original Medicare. Some of the extra benefits are outlined in this booklet.

We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.

- You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, <http://www.lmchealthplans.com>.
- Or, call us and we will send you a copy of the formulary.

# Cigna (Leon Medical Center) Medicare Advantage Plan

## How will I determine drug costs?

Our plan groups each medication into one of three "tiers." You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug's tier and what stage of the benefit you have reached. Later in this document we discuss the benefit stages that occur: Initial Coverage, Coverage Gap, and Catastrophic Coverage.

If you have any questions about this plan's benefits or costs, please contact Healthspring of Florida, Inc. d/b/a Cigna (Leon Medical Center) Medicare Advantage Plan for details.

## Monthly premium, deductible, and limits on how much you pay for covered services:

How much is the monthly premium?	\$0 per month. In addition, you must keep paying your Medicare Part B premium.
How much is the deductible?	This plan does not have a deductible.
Is there any limit on how much I will pay for my covered services?	Yes. Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care. Your yearly limit(s) in this plan: <ul style="list-style-type: none"> <li>• \$3,400 for services you receive from in-network providers.</li> <li>• If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</li> <li>• Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.</li> </ul>
Is there a limit on how much the plan will pay?	Our plan has a coverage limit every year for certain in-network benefits. Contact us for the services that apply.

## Enrolling in the Cigna (Leon Medical Center) Medicare Advantage Plan

If you live in the Cigna service area, you will receive a packet with information about their Medicare Advantage Plan. If you wish to enroll in the Cigna Plan, complete the form you received in your Cigna packet and return the signed form to Cigna at the following address. You can also call Cigna at the number below if you have questions about their plan.

Cigna Leon Medical Center Health Plans  
 P.O. Box 66-9440  
 Miami, FL 33166  
 or call 1.866.266.8917, TTY 711,  
 8 a.m. - 8 p.m., Seven days a week.

>> Over Age  
 65 Important  
 Notice:

**You will receive a separate mailing of Medicare Enrollment Kits from Cigna Leon Medical Center Health Plan and UnitedHealthcare.**

# UHC Medicare Advantage Plans



A Medicare Advantage Plan is a type of Medicare health plan offered by a private company that contracts with Medicare to provide you with all your Part A and Part B benefits.

>> Over Age  
65 Important  
Notice:

**Call UnitedHealthcare  
at 1.877.776.1466 to  
enroll by phone or  
get answers to your  
Medicare Advantage  
Plan questions.**

"Medicare Advantage" is also known as Medicare Part C. Medicare Advantage plans are a part of Medicare that combine all the benefits of Medicare Part A (hospital coverage) and Medicare Part B (doctor and outpatient care) into one convenient plan. Plus, your plan includes programs that go beyond Original Medicare Part A and Part B.

If you enroll in a Medicare Advantage Plan, Medicare services are covered through the plan and aren't paid for under Original Medicare. Most Medicare Advantage Plans, like those being offered to you through Miami Dade, include prescription drug coverage.

The following national Medicare Advantage plans are available for your enrollment.

- Comprehensive Plan 3 National PPO
- Low Premium National PPO

## Enrolling in a UnitedHealthcare (UHC) Medicare Advantage Plan

The easiest method to enroll in any of the UHC plans is to call UHC directly at 1.877.776.1466, TTY 711, 8 a.m. - 8 p.m. ET, seven days a week. UHC call center staff will answer any questions you may have about the plan and can enroll you in the Medicare Advantage plan.



# Medicare Advantage Plans Comparison Chart

## 2015 Medicare Advantage Plans Comparison Chart

This comparison chart is a side-by-side representation of services offered through Cigna Medicare Advantage Plan and UHC Medicare Advantage Plans for both in-network and out-of-network providers.

Service	Cigna (Leon Medical Center) \$0 Cost Plan		UHC Low Premium National PPO \$45 Cost Plan		UHC Low Premium National PPO Plan 3	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
	Retiree Cost		Retiree Cost		Retiree Cost	
Medical Plan Type	HMO		PPO		PPO	
Drug Plan Type	100% Part D		100% Part D		100% Part D	
PCP Required	Yes		No		No	
Annual Deductible	\$0		\$400		\$0	
Annual Maximum Out-of-Pocket (OOP)	\$3,400		\$6,700		\$2,500	
OOP Exclusions	None		Prescription Drugs		Prescription Drugs	
<b>Medical Benefits</b>						
Inpatient Hospital Care	\$0		\$230/Day for Days 1-7; \$0/Day for Days 8 and Beyond	\$230/Day for Days 1-7; \$0/Day for Days 8 and Beyond	\$175 co-pay per admission	\$175 co-pay per admission
Inpatient Mental Health Care	\$0		\$230/Day for Days 1-6; \$0/Day for Days 7 through 190	\$230/Day for Days 1-6; \$0/Day for Days 7 through 190	\$175 co-pay per admission (190 days lifetime maximum)	\$175 co-pay per day of hospital admission (190 days lifetime maximum)
Skilled Nursing Facility (SNF)	\$0 for 1-100 days		\$0/Day for Days 1-20; \$146/Day for Days 21-100 Per Benefit Period	\$0/Day for Days 1-20; \$146/Day for Days 21-100 Per Benefit Period	\$0/Day for Days 1-20; \$50/Day for Days 21-100	\$0/Day for Days 1-20; \$50/Day for Days 21-100
Home Health Care	\$0		\$0	\$0	0%	0%
Doctor Office Visits - Primary Care	\$0		\$25 co-pay	\$25 co-pay	\$5 co-pay	\$5 co-pay
Doctor Office Visits - Specialist	\$0		\$50 co-pay	\$50 co-pay	\$15 co-pay	\$15 co-pay
Emergency Care	\$0		\$65 co-pay	\$65 co-pay	\$65 co-pay (waived if admitted)	\$65 co-pay (waived if admitted)
Urgently Needed Care	\$0		\$35 co-pay	\$35 co-pay	\$35 co-pay	\$35 co-pay
Chiropractic Services	\$0		\$20 co-pay	\$20 co-pay	\$15 co-pay	\$15 co-pay
Podiatry Services	\$0		6 routine visit limit	6 routine visit limit	\$15 co-pay (No visits limit)	\$15 co-pay (No visits limit)



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	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
	Retiree Cost		Retiree Cost		Retiree Cost	
Outpatient Mental Health Care	\$0		Indiv-\$40/Visit; Group-\$20/ Visit; Partial Hosp-\$55/Day	Indiv-\$40/Visit; Group-\$20/ Visit; Partial Hosp-\$55/Day	\$5 co-pay	\$5 co-pay
Outpatient Substance Abuse	\$0		Indiv-\$40/Visit; Group-\$20/ Visit; Partial Hosp-\$55/Day	Indiv-\$40/Visit; Group-\$20/ Visit; Partial Hosp-\$55/Day	\$5 co-pay	\$5 co-pay
Outpatient Surgery - Outpatient Hospital	\$0		20%	20%	\$15 co-pay	\$15 co-pay
Outpatient Surgery - Ambulatory Surgical Center	\$0		20%	20%	\$15 co-pay	\$15 co-pay
Professional Fees for Outpatient Surgeries - Outpatient Hospital	\$0		Included in 20%	Included in 20%	included in \$15 co-pay	Included in \$15 co-pay
Professional Fees for Outpatient Surgeries - Ambulatory Surgical Center	\$0		Included in 20%	Included in 20%	included in \$15 co-pay	included in \$15 co-pay
Ambulance Services	\$0		20%	20%	\$50 co-pay	\$50 co-pay
Outpatient Rehabilitation	Same as Standard Medicare		20%	20%	\$20 co-pay	\$20 co-pay
Durable Medical Equipment	\$0		20%	20%	20%	20%
Prosthetic Devices	\$0		20%	20%	20%	20%
Diabetes Monitoring Supplies	\$0		20%	20%	0%	0%
Diagnostic - Outpatient Hospital	\$0		20%	20%	\$20 co-pay	\$20 co-pay
Diagnostic - Freestanding Facility	\$0		20%	20%	\$20 co-pay	\$20 co-pay
Lab Services	\$0		20%	20%	0%	0%
Medicare Part B Drugs	\$0		20%	20%	20%	20%
Preventive Services	\$0		\$0	\$0	0%	0%
Wellness Visits	\$0		\$0	\$0	0%	0%
Wellness Services	\$0		\$0	\$0	0%	0%
Dental Services (Medicare Covered Services)	\$0		\$50 co-pay	\$50 co-pay	\$15 co-pay	\$15 co-pay

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	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
	Retiree Cost		Retiree Cost		Retiree Cost	
Hearing Services (Hearing Loss Exam)	\$0		\$50	\$50	0%	0%
Vision Services (Medicare Covered Eye Exam)	\$0		\$50	\$50	\$15 co-pay	\$15 co-pay
<b>Pharmacy Benefits</b>						
Deductible	\$0		\$320	N/A	\$0	\$0
Network	Major Chains		Yes	N/A	Yes	N/A
Drug Usage Management	Yes		Yes		Yes	
<b>Initial Coverage Period</b>						
Generic	\$0	\$5	25%	N/A	\$5	N/A
Brand Preferred	\$0	\$10	25%	N/A	\$30	N/A
Brand Non-preferred	\$0	\$10	25%	N/A	\$60	N/A
Specialty	33%	33%	25%	N/A	\$80	
<b>Gap</b>						
Generic	\$0	\$5	45%	N/A	\$5	N/A
Brand Preferred	45%	45%	45%	N/A	\$30	N/A
Brand Non-preferred	45%	45%	45%	N/A	\$60	N/A
Specialty	45%	45%	45%	N/A	\$80	N/A
<b>Catastrophic</b>						
Generic	Greater of \$2.65 or 5%	\$2.55 or 5%	Greater of \$2.65 or 5%	N/A	Greater of \$2.65 or 5%	N/A
Brand	Greater of \$6.60 or 5%	Greater of \$6.60 or 5%	Greater of \$6.60 or 5%	N/A	\$6.60 or 5%	N/A
<b>Mail Order (90 Day Supply)</b>						
Tiers 1-4	Tier 1, 2 & 3 - \$0, Tier 4 - 33%		25%	N/A	Tier 1-\$0, Tier 2-\$60, Tier 3-\$120, Tier 4 \$160	N/A
<b>Premium</b>						
Monthly	\$0		\$45		\$328	
Notes	Cigna plan is only available to those who live in Miami-Dade County		Plan design and premium vary by County of residence		Premiums vary by County of residence	



# Medicare Advantage Plans by County

## Medicare Advantage Plan Enrollment Options By County of Residence

The table below details the Medicare Advantage Plans available by county. Plan options may vary by county and state. If you would like to enroll in one of the Medicare Advantage Plans or receive more information, please contact the appropriate provider. Contact information is available on page 2 of this guide.

County/Metro Area	Zero/Low Premium Plan	UHC Plan 3
Alachua		\$301
Baker		\$301
Bay		\$301
Bradford		\$301
Brevard	UHC	\$301
Broward		\$328
Calhoun		\$301
Charlotte		\$301
Citrus	UHC	\$301
Clay	UHC - \$45	\$312
Collier	UHC	\$301
Columbia		\$301
DeSoto		\$312
Dixie	UHC	\$301
Duval	UHC	\$312
Escambia	UHC-\$25	\$232
Flagler	UHC	\$232
Franklin		\$232
Gadsden		\$328
Gilchrist		\$312
Glades		\$301
Gulf		\$312
Hamilton		\$312
Hardee		\$312
Hendry		\$328
Hernando	UHC	\$312
Highlands		\$312
Hillsborough	UHC	\$301
Holmes		\$301
Indian River	UHC	\$312
Jackson		\$312
Jefferson		\$328
Lafayette		\$312
Lake	UHC	\$312

# Medicare Advantage Plans by County

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The table below details the Medicare Advantage Plans available by county. Plan options may vary by county and state. If you would like to enroll in one of the Medicare Advantage Plans or receive more information, please contact the appropriate provider. Contact information is available on page 2 of this guide.

County/Metro Area	Zero/Low Premium Plan	UHC Plan 3
Lee	UHC	\$301
Leon		\$328
Levy		\$301
Liberty		\$312
Madison	UHC	\$312
Manatee	UHC	\$301
Marion	UHC	\$312
Martin	UHC	\$328
Miami-Dade	Cigna/UHC-\$45	\$328
Monroe		\$328
Nassau		\$301
Okaloosa		\$301
Okeechobee		\$312
Orange	UHC	\$301
Osceola	UHC	\$232
Palm Beach		\$328
Pasco	UHC	\$312
Pinellas	UHC	\$301
Polk	UHC- \$55	\$301
Putnam		\$301
Santa Rosa		\$312
Sarasota	UHC	\$301
Seminole	UHC	\$301
St. Johns	UHC	\$312
St. Lucie		\$312
Sumter	UHC	\$312
Suwannee	UHC	\$312
Taylor		\$232
Union		\$312
Volusia		\$232
Wakulla		\$312
Walton		\$301
Washington		\$312

# Medicare Supplement Plans



Medicare Supplement Plans, sold by private companies, can help pay some of the health care costs that “Original Medicare” doesn’t cover, like co-payments, coinsurance and deductibles.

## >> Over Age 65 Important Notice:

**You will receive an AARP Medicare Supplement enrollment kit, which will be mailed to your home.**

**Note: Under Age 65 Medicare Recipient enrolled in both Medicare Parts A & B CANNOT enroll in one of the three UnitedHealthcare Supplement (A, F, N) Plans.**

Original Medicare is fee-for-service coverage under which the government pays your health care providers directly for your benefits. Plans A, F and N are endorsed by the FSRBC; see your packet for options to continue other plans. These plans are available statewide and also out of state.

### Enrolling in a Medicare Supplement Plan underwritten by UnitedHealthcare (UHC)

The easiest method to enroll in any of the Medicare Supplement plans is to call UHC directly at 1.877.776.1466, TTY 711, 8 a.m. - 8 p.m. ET, seven days a week. The UHC call center staff help process your enrollment election.

UHC will mail an Medicare Supplement Plan enrollment kit describing the Medicare Supplement plans available to you. You can enroll by phone or if you wish to enroll in a Medicare Supplement plan using the application, complete the application you receive in your enrollment kit and return the signed form to UHC at the following address:

**UnitedHealthcare Enrollment Division  
P.O. Box 105331  
Atlanta, GA 30348-5337**

### Medical Benefits for Non-Medicare Eligible Dependents

Your dependent(s) not yet eligible for Medicare may retain their health coverage through the School District group medical plan. Your non-Medicare eligible dependent(s) will enroll for their medical plan for 2015 by responding to the Open Enrollment information sent by your School District.



# Medicare Supplement Plans

## Medicare Supplement Benefit Options

### Miami-Dade County

Medicare Supplement Plans		
Plan A	UnitedHealthcare 1.877.776.1466 Seven days a week 8 a.m. - 8 p.m. ET	Packet will be mailed to you
Plan F		
Plan N		

NOTE: The M-DCPS rates displayed above are for illustrative purposes. These average rates are based on the listed age of retirees residing in Miami-Dade County, who are non-tobacco users. Individual rates are based on the applicant's date of birth, place of residence and tobacco usage.

Medicare Supplement Plan Benefits	Plan A	Plan F	Plan N
Part A (Hospitalization) co-insurance plus 365 additional hospital days after Medicare benefits end			
Part B (Medical) co-insurance or co-payment			Co-Pay <sup>1</sup>
Blood (First 3 pints each year)			
Hospice Care Coinsurance or Co-payment			
Skilled Nursing Facility Care Coinsurance			
Medicare Part A Deductible (\$1,184)			
Medicare Part B Deductible (\$147)			
Medicare Part B Excess Charges (15%)			
Foreign Travel Emergency Care <sup>2</sup>			
Age Range	Plan A	Plan F	Plan N
65 - 66	\$179.50	\$249.25	\$179.37
67 - 69	\$196.62	\$271.95	\$195.69
70 - 74	\$224.26	\$310.27	\$223.28
75 - 79	\$247.06	\$341.12	\$245.53
80+	\$271.47	\$373.52	\$269.19

1. Note: Up to \$20 co-pay for office visits and up to \$50 co-pay for ER.

2. Care needed immediately because of an injury or an illness of sudden and unexpected onset. Benefit is 80% and beneficiaries are responsible for 20% after the \$250 annual deductible with a \$50,000 lifetime maximum.

# Medicare Supplement Plan Comparison

Payments for Medicare Approved Expenses	WHAT MEDICARE PAYS	Plan A		Plan F		Plan N	
		WHAT PLAN PAYS	WHAT YOU PAY	WHAT PLAN PAYS	WHAT YOU PAY	WHAT PLAN PAYS	WHAT YOU PAY
<b>Medicare Part A Hospital Coinsurance/Deductible</b>							
Days 1 - 60	All but \$1,260	\$0	\$1,260	\$1,260	\$0	\$1,260	\$0
Days 61 - 90	All but \$315/Day	\$315/Day	\$0	\$315/Day	\$0	\$315/Day	\$0
Days 91 - 150	All but \$630/Day	\$630/Day	\$0	\$630/Day	\$0	\$630/Day	\$0
Additional 365 Days	\$0	100%	\$0	100%	\$0	100%	\$0
After the Additional 365 Days	\$0	\$0	All Costs	\$0	All Costs	\$0	All Costs
<b>Medicare Part A Skilled Nursing Facility</b>							
Days 1 - 20	100%	\$0	\$0	\$0	\$0	\$0	\$0
Days 21 - 100	All but \$157.50/Day	\$0	\$157.50/Day	\$157.50/Day	\$0	\$157.50/Day	\$0
Days 100 +	\$0	\$0	All Costs	\$0	All Costs	\$0	All Costs
<b>Part A Hospice Care</b>							
Hospice Care	100%	\$0	\$0	\$0	\$0	\$0	\$0
Prescription Drugs	All but \$5/prescription	\$5/prescription	\$0	\$5/prescription	\$0	\$5/prescription	\$0
Inpatient Respite Care	95%	5%	\$0	5%	\$0	5%	\$0
<b>Medicare Part B Coinsurance and Co-payment</b>							
Deductible	First \$147	\$0	First \$147	First \$147	\$0	\$0	First \$147
After Deductible Met	Generally 80%	Generally 20%	\$0	Generally 20%	\$0	Generally 20%	Up to \$20 co-pay for some doctor's visits and up to \$50 for ER visits
<b>Medicare Part B Excess Charges Above Medicare-Approved Amounts</b>							
Excess Charges	\$0	\$0	All Costs	100%	\$0	\$0	All Costs
<b>Medicare Part B Clinical Lab Services</b>							
Tests for Diagnostic Services	100%	\$0	\$0	\$0	\$0	\$0	\$0
Blood							
First 3 Pints	\$0	100%	\$0	100%	\$0	100%	\$0
After 3 Pints	100%	\$0	\$0	\$0	\$0	\$0	\$0

# Medicare Supplement Plan Comparison

Payments for Medicare Approved Expenses	WHAT MEDICARE PAYS	Plan A		Plan F		Plan N	
		WHAT PLAN PAYS	WHAT YOU PAY	WHAT PLAN PAYS	WHAT YOU PAY	WHAT PLAN PAYS	WHAT YOU PAY
<b>Foreign Travel Emergency</b>							
Deductible	\$0	\$0	All Costs	\$0	\$250	\$0	\$250
Emergency Services	\$0	\$0	All Costs	80%	20%	80%	20%
Lifetime Maximum	\$0	\$0	All Costs	\$50,000	All Costs above \$50,000	\$50,000	All Costs above \$50,000
<b>Medicare Preventive Care Part B Coinsurance</b>							
Routine Check-Ups and Screening Tests	80%	20%	\$0	20%	\$0	20%	\$0

The comparison chart listed above provides an overview of the Medicare Supplement Plans A, F and N offered to the M-DCPS Retirees benefit plans.

# UHC MedicareRx for Groups Plans

Original Medicare (Parts A and B) helps pay for some of the costs of hospital stays and doctor visits, but it doesn't cover prescription drugs. Medicare Part D plans help with prescription drugs costs. You can get Part D coverage through a private insurance company, like UnitedHealthcare. The UnitedHealthcare® MedicareRx for Group (PDP) plans can provide peace of mind and could help you save time and money when it comes to your prescription drugs.

To enroll in a UnitedHealthcare Medicare Rx plan, call UHC at 1.877.776.1466. You may enroll by phone or request a plan guide. You can complete the application in the packet and return the signed application to UHC at the following address:

**UnitedHealthcare Enrollment Department**  
**P.O. Box 29675**  
**Hot Springs, AR 71903 or fax to: 1.501.262.7070**

Medicare Part D Prescription Drug Plan	
Comprehensive Pharmacy Plan	\$84.18
Premier Pharmacy Plan	\$155.31
Contact Info	
UnitedHealthcare 1.877.776.1466 - Seven days a week 8 a.m. - 8 p.m. ET Call UHC for additional information or to request a complete packet or to enroll in a plan.	

NOTE: The M-DCPS rates displayed above are for illustrative purposes. These average rates are based on the listed age of retirees residing in Miami-Dade County, who are non-tobacco users. Individual rates are based on the applicant's date of birth, place of residence and tobacco usage.

# UHC MedicareRx Plans Comparisons

## 2015 UHC MedicareRx Plans Comparison Chart

The table below shows represents the differences between UHC Medicare Comprehensive Prescription Drug Plan and Premier Prescription Drug Plan.

	Comprehensive Plan	Premier Plan
Deductible	\$0	\$0
	<b>Retiree Cost</b>	<b>Retiree Cost</b>
<b>Initial Coverage Period</b>		
Generic	\$10	\$7
Brand Preferred	\$45	\$30
Brand Non-preferred	\$75	\$60
Specialty	33%	\$75
<b>Gap</b>	<b>Tier 1 only gap coverage</b>	<b>Full gap coverage</b>
Generic	\$10	\$7
Brand Preferred	55% Discount	\$30
Brand Non-preferred	55% Discount	\$60
Specialty	55% Discount	\$75
<b>Catastrophic</b>		
Generic	\$2.65 or 5%	\$2.65 or 5%
Brand	\$6.60 or 5%	\$6.60 or 5%
<b>Mail Order</b>		
Tiers 1-4	2 times co-pay for a 90 day supply	2 times co-pay for a 90 day supply
<b>Premium</b>		
Monthly	\$84.18	\$155.31

# Creditable Coverage Disclosure Notice/ Medicare Enrollees

## Importance Notice

### CREDITABLE COVERAGE DISCLOSURE NOTICE FOR ACTIVE Retirees AND/OR THEIR DEPENDENTS

Please read this notice carefully and keep it for your records.

Under the Medicare Modernization Act of 2003, a new Medicare-Approved Drug Plan (Part D) took effect as of January 1, 2006. This is your notice of creditable coverage.

- Your prescription drug coverage offered by Cigna Healthcare Plans, is, on average, as good or better as the standard Medicare prescription drug coverage.
- If you select one of the Cigna Healthcare Plans, you will not be penalized by Medicare if you decline to enroll in Medicare Part D at this time and decide to enroll in it at a later date. You will not have to pay the increased premium of at least one percent for each month that you did not elect to enroll in this plan after December 31, 2014 for an effective date of January 1, 2015.
- Creditable coverage means that the prescription drug coverage offered to you by the healthcare plan is, on average, as good as Medicare Part D coverage.

Medicare enrollment in the Medicare Part D Prescription Drug Plan was from November 2014, through December 2014.

For more information refer to your "Medicare & You 2014" handbook provided to you by Medicare, or by logging into [www.medicare.gov](http://www.medicare.gov) or calling 1.800.MEDICARE (1.500.633.4227). TTY users should call 1.877.486.2048.

## When To Enroll In Medicare Parts A & B

You should enroll 60 days prior to turning 65. If not, you may experience a lapse in your coverage.

## Enrollment in Medicare While Actively Working

Retirees Eligible for Medicare Parts A & B:

- If you and/or your covered dependent are eligible for Medicare Parts A & B, you are provided the opportunity of enrolling in Medicare during the Special Enrollment Period.
- You do not need to enroll in Medicare while working and covered by a group healthcare plan through your employer. Please refer to your 2015 Medicare & You Book or by logging onto [www.medicare.gov](http://www.medicare.gov).
- However, if you do enroll in both Medicare Parts A&B, you can opt out of the School Board-sponsored healthcare plan (Cigna). In lieu of healthcare coverage, you will receive a monthly contribution of \$100 paid through the payroll system based on your deduction schedule (subject to withholding and FICA). For additional information, on how to enroll in healthcare, call the FBMC Service Center at 1.855.MDC.PS4U (1.855.632.7748).



# Social Security Notice

THE SCHOOL BOARD OF MIAMI-DADE COUNTY

## Statement on the Collection, Use or Release of Social Security Numbers of Employees and Others\*\*\*

The School Board of Miami-Dade County is authorized to collect, use or release social security numbers (SSN) of employees, employee dependents, and other individuals\*\*\* for the following purposes, which are noted as either required or authorized by law to be collected. The collection of social security numbers is either specifically authorized by law or imperative for the performance of the District's duties and responsibilities as prescribed by law [Fla. Stat. §119.071(5) (a) 2 & 3].

1. **Employment eligibility, report to IRS, SSA, UC, and FAWI , including for W-4's and I-9's** [Required by federal statute and regulation 26 U.S.C. 6051 and 26 C.F.R. 31.6011(b)-2, 26 C.F.R. 301.6109-1 and 31.3402(f)(2)-1, and Fla. Stat. § 119.071(5) (a) 6]
2. **Receipts to employees for wages and Statements required in case of sick pay paid by third parties** [Required by federal statute 26 U.S.C. 6051 and Fla. Stat. § 119.071(5) (a) 6]
3. **Verification of an alien's eligibility for employment, including I-9** [Authorized by 8 U.S.C. 1324 a(b) and 8 C.F.R. 274a.2]
4. **Income tax withholding (including for annuity and sick leave)/Payroll deductions on Form W-2** [Required by 26 U.S.C. 3402, 26 C.F.R. 31.6051-1 and Fla. Stat. § 119.071(5) (a) 6]
5. **Teacher retirement system benefits and contributions** [Authorized by Fla. Stat. § 238.01 et seq., including 238.07, and Fla. Stat. § 119.071(5) (a) 6]
6. **Retirement contributions required for enrollment in Florida Retirement System (FRS) Investment Plan, second election retirement plan enrollment, or for participation in and contributions to FRS** [Required by Fla. Admin. Code 19-11.010, 19-11.006 and 19-11.007 and Fla. Stat. § 119.071(5) (a) 2 & 6 or required by Fla. Stat. § 121.051 and 121.071 and Fla. Admin. Code 19-13.003 and Fla. Stat. § 119.071(5) (a) 2 & 6]
7. **Reports pertaining to deferred vested retirement programs** [Required by 26 C.F.R. 301.6057-1 and Fla. Stat. §119.071(5) (a) 6]
8. **Payments and plan relating to the retiree prescription drug subsidy under 42 C.F.R. § 423.34 and 42 C.F.R. § 423.886** [Authorized by 42 C.F.R. 423.884 and Fla. Stat. § 119.071(5) (a) 6]
9. **Educator Certification or licensure application, renewal, or add-on, or non-employee registration for professional development for in-service points or incentive pay** [Required by Fla. Stat. §§ 1012.56, and 119.071(5) (a) 6, and/or authorized by Fla. Stat. §§ 1012.21 and 119.071(5) (a) 6 ]
10. **Criminal history, Level 1 and level 2 background checks / Identifiers for processing fingerprints by Department of Law Enforcement/, if SSN is available** [Required by Fla. Admin. Code 11C-6.003 and Fla. Stat. § 119.071(5) (a) 6]
11. **Registration information regarding sexual predators and sexual offenders** [Authorized by Fla. Stat. § 943.04351 and required by Fla. Stat. § 119.071(5) (a) 2 & 6]
12. **Reports on staff required to be submitted to Florida Department of Education (DOE), including but not limited to Out-of-County/Out-of-State Verification of Highly Qualified** [Authorized and required by Fla. Stat. § 119.071(5) (a) 2 & 6 and/or EDGAR at 34 CFR 80.40(a) or Fla. Stat. § 1008.32]
13. **Social security contributions** [Required by Fla. Admin. Code 60S-3.010 and Fla. Stat. § 119.071(5) (a) 2 & 6]
14. **State directory of new hires (including for determining support obligations and eligibility for several federal and state programs)** [Required by federal law 42 U.S.C. 653a and Fla. Stat. § 409.2576 and Fla. Stat. § 119.071(5) (a) ]
15. **Notice to Payor and Income Deduction notices for child support, or for alimony and child support** [Required by Fla. Stat. § 61.1301 (2)(e) and Fla. Stat. § 119.071(5) (a)]
16. **Child support enforcement** [Required by 45 C.F.R. 307.11 and Fla. Stat. § 61.13, 742.10 or 409.256.3 or 742.031]
17. **Garnishment payment pursuant to a Notice of Levy** [Required by Fla. Admin. Code 12E-1.028m and Fla. Stat. § 119.071(5) (a)]
18. **Request from depository for support payments** [Required by Fla. Stat. § 61.181 (3)(b) and Fla. Stat. § 119.071(5) (a)]
19. **Record of remuneration paid to employees** [Required by federal regulation 20 C.F.R. 404.1225, Fla. Admin. Code 60BB-2.032, and Fla. Stat. § 119.071(5) (a) 6]
20. **Unemployment benefits and short term compensation plan** [Required by Fla. Stat. Ch. 443, including 443.1116, and Fla. Stat. § 119.071(5)(a)6]
21. **Unemployment reports from District** [Required by Fla. Admin. Code 60BB-2.023 and Fla. Stat. § 119.071(5) (a) 6]
22. **Income information disclosure to HUD** [Required by federal regulation 24 C.F.R. 5.214 et seq. and Fla. Stat. § 119.071(5)(a)6]

# Social Security Notice

23. **Vendors/Consultants that District reasonably believes would receive a 1099 form if a tax identification number is not provided including for IRS form W-9.** [Required by 26 C.F.R. § 31.3406-0, 26 C.F.R. § 301.6109-1, and Fla. Stat. § 119.071(5) (a) 2 & 6]
24. **Tort claims and tort notices of claim against the School Board** [Required by Fla. Stat. § 768.28 (6), and Fla. Stat. § 119.071(5) (a) 6]
25. **Reporting to and reports of worker's compensation injury or death, including for DWC-1** [Required by Fla. Stat. § 440.185 and Fla. Admin. Code 69L-3.003 et seq. and Fla. Stat. § 119.071(5) (a) 6]
26. **Worker's compensation petitions for benefits and responses thereto** [Authorized by Fla. Admin. Code 60Q-6.103 and Fla. Stat. § 119.071(5) (a) 6]
27. **The disclosure of the social security number is for the purpose of the administration of retirement or health benefits for a District employee or his or her dependents** [Required by Fla. Stat. § 119.071(5)(a) 6]
28. **The disclosure of the social security number is for the purpose of the administration of a pension fund administered for the District employee's retirement fund, deferred compensation plan, or defined contribution plan** [Required by Fla. Stat. § 119.071(5)(a)6]
29. **Use of motor vehicle information from the Department of Motor Vehicles for the District to carry out its functions and to verify the accuracy of information submitted by agent or employee to District, including to prevent fraud, in connection with insurance investigations, and to verify a commercial driver's license** [Authorized allowed by federal law 18 U.S.C. 2721 et seq. and Fla. Stat. § 119.071(5) (a) 6]
30. **Authorization for direct deposit of funds by electronic or other medium to a payee's account** [Required by Fla. Admin. Code 6A-1.0012 and Fla. Stat. § 119.071(5) (a) 6]
31. **Identification of blood donors** [Authorized by 42 U.S.C. 405 (c)(2)(D)(i)]
32. **Employee's and former employee's request for report of exposure to radiation** [Authorized by 41 C.F.R. 50-204.33 and .3]
33. **Collection and/ or disclosure are imperative or necessary for the performance of the District's duties and responsibilities as prescribed by law, including but not limited for password identification to the District's network** [Authorized by Fla. Stat. § 119.071(5) (a) 6 and required by Fla. Stat. § 119.071(5) (a) 2]
34. **The disclosure of the social security number is expressly required by federal or state law or a court order** [Required by Fla. Stat. §§ 1012.56 and 119.071(5) (a) 6]
35. **The individual expressly consents in writing to the disclosure of his or her social security number** [Allowed by Fla. Stat. § 119.071(5) (a) 6]
36. **The disclosure of the social security number is made to prevent and combat terrorism to comply with the USA Patriot Act of 2001, Pub. L. No. 107-56, or Presidential Executive Order 13224** [Required by Fla. Stat. § 119.071(5) (a) 6]
37. **The disclosure of the social security number is made to a commercial entity for the permissible uses set forth in the federal Driver's Privacy Protection Act of 1994, 18 U.S.C. Sec. 2721 et seq.; the Fair Credit Reporting Act, 15 U.S.C. Sec. 1681 et seq.; or the Financial Services Modernization Act of 1999, 15 U.S.C. Sec. 6801 et seq., provided that the authorized commercial entity complies with the requirements of paragraph 5 in Fla. Stat. § 119.071** [Allowed by Fla. Stat. § 119.071(5)(a)6]
38. **The disclosure of the social security number is for the purpose of the administration of the Uniform Commercial Code by the office of the Secretary of State** [Required by Fla. Stat. § 119.071(5)(a)6]

\*\*\* Note, this form states the reasons for collecting, using or releasing the social security numbers only of employees and individuals other than students, parents and volunteers. A separate written statement sets forth the reasons for collecting, using or releasing the social security numbers of students and parents, and a separate written statement exists for collecting, using or releasing the social security numbers of volunteers as part of the volunteer application.

School Board Attorney's Office

New: October 1, 2009

Revised: April 12, 2010

# How to Check Your Flexible Benefits

To view your 2015 Benefits Guides, log-in to [www.dadeschools.net](http://www.dadeschools.net), under Highlights click on Retiree Benefits, then under 2015 Retirees Open Enrollment:

- Click on the Cigna Healthcare link to view the current 2014 Healthcare Benefits Guide
- Click on the Medicare Group Plans link to view the Medicare options
- Click on the Flexible Benefits link to view the 2015 Flexible Benefits Guide



## Retiree Login Information

As an M-DCPS Retiree, you have access to FBMC's Retiree administration system, "WebCOBRA" at <https://www.myfbmc.com/cobra/>.

WebCOBRA will allow you to view your Retiree contact information and payment ledger (For Flexible Benefits only). You will also be allowed to make payments for your flexible benefits online if your payments are not deducted from your FRS check. If you are currently having your premiums deducted from your FRS check and wish to continue, a new FRS authorization form is NOT needed.

**After Open Enrollment, you have access to viewing your Confirmation Statement by logging onto the WebCOBRA site. Additionally, a Confirmation Statement will be mailed to your home.**

## NAVIGATING Web/COBRA:

You may click on the following tabs to access your online Retiree information and electronic payment option:

### Information

This tab lists information about your Retiree information, including your name, date of birth, gender, etc. You can review this information, but cannot edit it.

### Contact

You can view your contact information, including: address, phone number and e-mail address. You may update your contact information at any time.

### Payments

From this tab, you can make Electronic Check (ACH) payments for your Flexible Benefits. The "Next Premium Due Date" and "Current Minimum Due" are listed. Simply enter the payment amount (to which a Convenience Fee of 2.19% will be added) and click the "Enter Payment" button. If you elect to make recurring ACH check payments, no convenience fee will be assessed. You will have 30 days after the due date for payments to be made.

### Ledger

Your Account Ledger displays payments and invoices for your Flexible Benefits that have been received/entered. If no payments or invoices have been entered, this will be stated under the Ledger tab, along with your current status, for example, "Retiree Enrolled."

The Ledger tab displays premium invoices and your payment history. The information includes the month of the premium invoice and the dates that payments were made, including voided payment history. The ledger also keeps a running balance of premium due.

## >> Benefits Eligibility Note:

**All Retirees and qualifying Retiree dependents are eligible to enroll in:**

- Healthcare Plans
- All Flexplan Benefits

**Note: For the 2015 Open Enrollment, Retirees currently enrolled in a Flexible Benefit are eligible to enroll.**

**Your current flexible benefits will terminate December 31, 2014. If you wish to continue your participation in these benefits, you will have to re-enroll.**



# Retiree Healthcare Rates

Monthly Healthcare Rates: Effective 1/1/2015 - 12/31/2015

## 2015 Cigna Healthcare Plans Rates for Under Age 65 Retirees

The following monthly Cigna Healthcare rates for non-Medicare eligible Retirees and non-Medicare eligible dependents are pending final negotiations and ratification with the Unions and Board approval.

Coverage	OAP 10	OAP 20	LocalPlus
Retiree	\$ 692.00	\$ 656.00	\$ 655.00
<b>Dependents Under Age 65 and Non-Medicare Eligible</b>			
Spouse/Domestic Partner	\$ 977.00	\$ 929.00	\$ 928.00
Child(ren)	\$ 687.00	\$ 654.00	\$ 653.00
Family	\$ 1,956.00	\$ 1,858.00	\$ 1,855.00
Adult Dependent Child	\$ 588.00	\$ 537.00	\$ 541.00

**Note:** You must add the Retiree only rate to the dependent rate to get the total monthly premium.

## Medicare Advantage Plans Rates for Over Age 65 or Under Age 65 with Medicare Parts A & B

Provider	Plan	Rates
<b>Cigna Healthcare (Leon Medical Centers)</b>	Zero Premium HMO Plan	\$ 0.00
<b>UnitedHealthcare</b>	Low Premium National PPO	\$ 45.00
	Comprehensive Plan 3 PPO	\$ 328.00

## UnitedHealthcare Medicare Supplement Plans Rates for Over Age 65 Retirees or Under Age 65 with Medicare Parts A & B

### Miami-Dade County Only

The rates shown are for residents of Miami-Dade County. Those residing outside of Miami-Dade County should check their personalized enrollment kit for their rates. Under Age 65 Medicare Eligible Retirees are not eligible for these plans as part of the group.

Age Range	Plan A	Plan F	Plan N
65 - 66	\$ 179.50	\$ 249.25	\$ 179.37
67 - 69	\$ 196.62	\$ 271.95	\$ 195.69
70 - 74	\$ 224.26	\$ 310.27	\$ 223.28
75 - 79	\$ 247.06	\$ 341.12	\$ 245.53
80+	\$ 271.47	\$ 373.52	\$ 269.19

NOTE: The M-DCPS rates displayed above are for illustrative purposes. These average rates are based on the listed age of retirees residing in Miami-Dade County, who are non-tobacco users. Individual rates are based on the applicant's date of birth, place of residence and tobacco usage.

## UnitedHealthcare Pharmacy Plans (Medicare Part D only)

Comprehensive Plan	Premier Plan
\$ 84.18	\$ 155.31





Contract Administrator  
FBMC Benefits Management, Inc.  
P.O. Box 1878 • Tallahassee, Florida 32302-1878  
FBMC Service Center 1.855.44FSRBC (1.855.443.7722) • 1.800.955.8771 (TDD)  
**[www.myFBMC.com](http://www.myFBMC.com)**

Information contained herein does not constitute an insurance certificate or policy. Certificates will be provided to participants following the start of the plan year, if applicable.