



**RETIREE NOTICE | AVISO PARA EMPLEADOS RETIRADO**

**OPEN ENROLLMENT 2023 | INSCRIPCIÓN ABIERTA 2023**

**NON JOB-RELATED DISABILITY RETIREE**

**DISCAPACIDAD NO RELACIONADA CON EL TRABAJO**

# OPEN ENROLLMENT 2023

## RETIREE NOTICE

## OPEN ENROLLMENT HIGHLIGHTS 2023

### INTRODUCTION

THE CITY OF HIALEAH IS PROUD TO OFFER A COMPREHENSIVE PROGRAM OF BENEFITS DESIGNED TO SERVE THE NEEDS OF OUR RETIREES. THE INFORMATION YOU WILL FIND IN THIS NOTICE IS MEANT TO FAMILIARIZE YOU WITH THE OPEN ENROLLMENT PROCESS FOR 2023.

### WELCOME TO OPEN ENROLLMENT!

THIS IS YOUR OPPORTUNITY TO REVISIT YOUR BENEFIT CHOICES FOR THE UPCOMING PLAN YEAR.

DURING OPEN ENROLLMENT YOU MAY: CHANGE PLANS, ADD/DROP COVERAGE FOR YOURSELF, OR ADD/DROP COVERAGE FOR YOUR DEPENDENTS.

**REMINDER: EMPLOYEES ARE ONLY ALLOWED TO MAKE CHANGES DURING OPEN ENROLLMENT.**

### WHAT'S NEW - CHANGED - STAYED THE SAME FOR ANNUAL OPEN ENROLLMENT

- MINOR CHANGES TO MONTHLY DEDUCTIONS.
- NO CHANGE IN THE APL GAP PLANS.
- NO CHANGES TO THE AETNA DENTAL AND AETNA VISION PLANS.
- NO CHANGE IN THE AETNA (OPEN ACCESS PLAN), UHC PPO BASE PLAN, PREMIER PLANS OR MEDICARE ADVANTAGE.



# INSCRIPCIÓN ABIERTA 2023

## AVISO PARA RETIRADOS

## ASPECTOS DESTACADOS DE LA INSCRIPCIÓN ABIERTA

### INTRODUCCIÓN

LA CIUDAD DE HIALEAH ORGULLOSAMENTE LES OFRECE EL PLAN DE BENEFICIOS COMPLETO PARA SERVIR LAS NECESIDADES DE NUESTROS EMPLEADOS RETIRADOS. LA SIGUIENTE INFORMACIÓN QUE ENCONTRARÁ ES PARA QUE SE FAMILIARICE CON LOS PROCESOS DE LA INSCRIPCIÓN ABIERTA 2023

### ¡BIENVENIDOS A LA INSCRIPCIÓN ABIERTA!

ESTA ES SU OPORTUNIDAD DE REVISAR SUS ELECCIONES DE BENEFICIOS PARA EL SIGUIENTE AÑO.

DURANTE LA INSCRIPCIÓN ABIERTA PUEDE USTED: HACER CAMBIOS DE PLAN, AÑADIR O CANCELAR COBERTURA PARA USTED O SUS DEPENDIENTES.

**RECORDATORIO: LOS EMPLEADOS SÓLO PUEDEN HACER CAMBIOS DURANTE LA INSCRIPCIÓN ABIERTA.**

### QUE HAY NUEVO- CUALES SON LOS CAMBIOS Y QUE SIGUE IGUAL PARA LA INSCRIPCIÓN

- CAMBIOS MENORES EN LAS DEDUCCIONES MENSUALES.
- SIN CAMBIOS EN LOS PLANES DE APL GAP.
- SIN CAMBIOS EN LOS PLANES DE AETNA DENTALES Y DE AETNA VISIÓN.
- SIN CAMBIOS EN LOS PLANES DE AETNA (OPEN ACCESS PLAN), UHC PPO BASE, PREMIER Y MEDICARE ADVANTAGE.



# NOVEMBER 14TH - NOVEMBER 23RD

## RETIREE NOTICE

RETIREES MAKING CHANGES MUST GO THROUGH THE ENROLLMENT PROCESS WITH A BENEFIT COUNSELOR. WE WILL HAVE BENEFIT COUNSELORS ON-SITE AS WELL AS THROUGH OUR BENEFIT CALL CENTER.

### HOW TO ENROLL

ENROLL IN-PERSON BETWEEN 8 AM - 4 PM AT MILANDER CENTER FOR ART & ENTERTAINMENT FROM MONDAY, NOVEMBER 14TH - FRIDAY, NOVEMBER 18TH.

OR

ENROLL BY PHONE BY CALLING (954)715-7235 BETWEEN 9 AM - 5 PM.  
FROM MONDAY, NOVEMBER 14TH - FRIDAY, NOVEMBER 23RD



# 14 DE NOVIEMBRE-23 DE NOVIEMBRE

AVISO PARA RETIRADOS

LOS RETIRADOS QUE NECESITAN HACER CAMBIOS DEBEN PASAR POR EL PROCESO DE INSCRIPCIÓN CON NUESTRO ASESOR DE BENEFICIOS. TENDREMOS ASESORES DE BENEFICIOS EN EL SITIO, ASÍ COMO A TRAVÉS DE NUESTRO CENTRO DE LLAMADAS DE BENEFICIOS.

## COMO INSCRIBIRSE?

INSCRÍBASE EN PERSONA  
MILANDER CENTER FOR ARTS & ENTERTAINMENT,  
ENTRE LUNES 14 DE NOVIEMBRE – 18 DE NOVIEMBRE  
DE 8 AM -4 PM

O

INSCRÍBASE POR TELÉFONO LLAMANDO AL (954)715-7235  
ENTRE LUNES 14 DE NOVIEMBRE-MIÉRCOLES, 23 DE NOVIEMBRE  
DE 9 AM-5 PM



## 2023 MEDICAL PLAN OPTIONS

FEATURES:	Aetna		UnitedHealthcare	
	OPEN ACCESS EPO Option HMO		BASE Option PPO	PREMIER Option PPO
	In-Network ONLY		In-Network	In-Network
<b>CALENDAR YEAR DEDUCTIBLE (CYD):</b>				
Individual:	\$6,000	\$1,500 In / \$3,000 Out-of-Network	\$750 In / \$1,250 Out-of-Network	
Family:	\$12,000	\$4,500 In / \$9,000 Out-of-Network	\$1,500 In / \$3,750 Out-of-Network	
<b>COINSURANCE (COINS)</b>	30%	20% In-Network / 40% Out-of-Network	10% In-Network / 30% Out-of-Network	
<b>PRIMARY PHYSICIAN VISIT (PCP)</b>	\$10 copay	\$25 copay (Retiree under 65) 20% after CYD (Retiree over 65)	\$25 copay (Retiree under 65) 10% after CYD (Retiree over 65)	
<b>SPECIALIST VISIT</b>	\$60 copay	\$50 copay (Retiree under 65) 20% after CYD (Retiree over 65)	\$50 copay (Retiree under 65) 10% after CYD (Retiree over 65)	
<b>PCP REFERRAL REQUIRED</b>	No	No	No	
<b>VIRTUAL VISITS (E-VISITS)</b>	\$10 copay	\$5 copay	\$5 copay	
<b>LABWORK</b>	Covered 100%, No Deductible	Covered 100%, No Deductible	Covered 100%, No Deductible	
<b>INPATIENT HOSPITAL SERVICES</b>	30% after CYD	20% after CYD	10% after CYD	
<b>OUTPATIENT SURGERY</b>				
Hospital:	30% after CYD	20% after CYD	10% after CYD	
Freestanding Facility:	\$250 copay	20% after CYD	10% after CYD	
<b>MAJOR DIAGNOSTIC / COMPLEX IMAGING</b>				
Hospital:	30% after CYD	20% after CYD	10% after CYD	
Freestanding Facility:	\$75 copay	\$100 copay	\$100 copay	
<b>EMERGENCY ROOM</b>	\$350 copay	\$250 copay (Retiree under 65) 20% after CYD (Retiree over 65)	\$250 copay (Retiree under 65) 10% after CYD (Retiree over 65)	
<b>URGENT CARE</b>	\$50 copay	\$50 copay (Retiree under 65) 20% after CYD (Retiree over 65)	\$50 copay (Retiree under 65) 10% after CYD (Retiree over 65)	
FEATURES:	Aetna	Optum Rx		
	In-Network ONLY	In-Network	In-Network	
<b>RX DRUG DEDUCTIBLE</b>	None	\$25	\$25	
<b>PRESCRIPTION DRUG (RX): 30 DAYS</b>				
Preferred Tier 1:	\$0 / \$10 copay	\$10 copay	\$10 copay	
Preferred Tier 2:	\$50 copay	\$30 copay	\$30 copay	
Preferred Tier 3:	\$75 copay	\$50 copay	\$50 copay	
Preferred Tier 4:	20%	20%	20%	
<b>OUT-OF-POCKET MAX:</b>	Includes CYD, Coins & Copays	Includes CYD, Coins & Copays	Includes CYD, Coins & Copays	
Individual:	\$7,900	\$5,000 In / \$10,000 Out-of-Network	\$4,000 In / \$8,000 Out-of-Network	
Family:	\$15,800	\$15,000 In / \$30,000 Out-of-Network	\$12,000 In / \$24,000 Out-of-Network	
<b>LIFETIME MAXIMUM</b>	Unlimited	Unlimited	Unlimited	

## 2023 MEDICARE ADVANTAGE OPTION

FEATURES:	Medicare Advantage PPO Plan	
	UnitedHealthcare	
	In-Network / Out-of-Network	
<b>CALENDAR YEAR DEDUCTIBLE (CYD):</b>		
Individual:	\$0	
<b>MAXIMUM OUT-OF-POCKET:</b>	<i>Applies to all covered Medicare A and B benefits including deductible</i>	
Individual:	\$3,000	
<b>PRIMARY PHYSICIAN VISIT (PCP)</b>	\$15 copay	
<b>SPECIALIST VISIT</b>	\$15 copay	
<b>PCP SELECTION</b>	Optional	
<b>REFERRAL REQUIREMENT</b>	None	
<b>INPATIENT HOSPITAL SERVICES</b>	\$0 per stay	
<b>OUTPATIENT SURGERY</b>	\$0	
<b>MAJOR DIAGNOSTIC / TESTING / COMPLEX IMAGING</b>	\$15 copay	
<b>EMERGENCY CARE, WORLDWIDE</b>	\$50 copay	
<b>URGENTLY NEEDED CARE, WORLDWIDE</b>	\$15 copay	
<b>ROUTINE PHYSICAL / EYE / HEARING EXAMS</b>	Covered 100%	
<b>HOME HEALTH AGENCY CARE</b>	Covered 100%	
<b>PRESCRIPTION DRUG (RX): 30 DAYS</b>		
Retail / Preferred Mail Order Tier 1:	\$5 copay / \$10 copay	
Retail / Preferred Mail Order Tier 2:	\$20 copay / \$40 copay	
Retail / Preferred Mail Order Tier 3:	\$40 copay / \$80 copay	
<b>RX DRUG DEDUCTIBLE</b>	None	
<b>LIFETIME MAXIMUM</b>	Unlimited	

## 2023 GAP PLAN OPTIONS

FEATURES:	American Public Life	
	Basic GAP Plan	Advanced GAP Plan
	Plan 1	Plan 2
<b>In-Hospital Benefits:</b>		
<b>Max In-Hospital Benefits</b>	\$7,900 per person per CY* Max \$15,800 per family per CY*	\$7,900 per person per CY* Max \$15,800 per family per CY*
<b>In-Hospital Ambulance Benefits</b>	Up to \$7,900 per ground transport Up to \$7,900 per air transport <i>Limited to one trip per CY confined as an inpatient*</i>	Up to \$7,900 per ground transport Up to \$7,900 per air transport <i>Limited to one trip per CY confined as an inpatient*</i>
<b>Outpatient Benefits:</b>		
<b>Max Outpatient Benefits</b>	\$250 per covered person per CY*	\$7,900 per covered person per CY*
<b>Outpatient Ambulance Benefit</b>	Up to \$250 per ground trip Up to \$250 per air transport <i>Limited to one trip per CY* residing less than 18 hrs*</i>	Up to \$7,900 per ground trip Up to \$7,900 per air transport <i>Limited to one trip per CY* residing less than 18 hrs*</i>
<b>Optional Benefit Riders:</b>		
<b>Physician or Specialty Outpatient Treatment</b>	Physician - \$25 per visit Specialist - \$50 per visit <i>For treatment in hospital outpatient facility or physician's office 4 visits per person per year; up to 8 visits per year combined</i>	Physician - \$25 per visit Specialist - \$50 per visit <i>For treatment in hospital outpatient facility or physician's office 4 visits per person per year; up to 8 visits per year combined</i>

\*Calendar Year

\*Calendar Year

\*NOTE: The attached illustration is for comparison only. Please refer to the carrier's plan documents for detailed benefits, limitations and exclusions.

## 2023 DENTAL PLANS

FEATURES:	Aetna DHMO Base Plan 751	Aetna DHMO Premier Plan 56	Aetna Dental PPO Base Plan		Aetna Dental PPO Premier Plan	
	In-Network Only	In-Network Only	In-Network	Out-of-Network	In-Network Only	Out-of-Network
Provider Network	Aetna Dental Maintenance Organization	Aetna Dental Maintenance Organization	Dental PPO		Dental PPO	
<b>CALENDAR YEAR DEDUCTIBLE (CYD):</b>						
Individual:	N/A	N/A	\$50		\$50	
Family:	N/A	N/A	\$150		\$150	
Applied to Preventive	N/A	N/A	No		No	
Annual Maximum	Unlimited	Unlimited	\$1,200		\$5,000	
Out-of-Network Reimbursement	N/A	N/A	90th Percentile of Allowed Charges		90th Percentile of Allowed Charges	
<b>Reimbursement Schedule:</b>						
<b>Preventive</b>	Copay Schedule	Copay Schedule	100%		100%	
<b>Basic Services</b>	Copay Schedule	Copay Schedule	80%		80%	
<b>Major Services</b>	Copay Schedule	Copay Schedule	50%		50%	
Oral Evaluations	D0120 - \$0	D0120 - \$0	Preventive		Preventive	
Intraoral Series, X-rays	D0210 - \$0	D0210 - \$0	Preventive		Preventive	
Prophylaxis (Cleanings)	D1110 - \$0	D1110 - \$0	Preventive		Preventive	
Fluoride Treatment	D1208 - \$0	D1208 - \$0	Preventive		Preventive	
Sealants	D1351 - \$0	D1351 - \$0	Preventive		Preventive	
Restorations (Amalgam / Composite)	D2140 - \$0 / D2330 - \$0	D2140 - \$0 / D2330 - \$0	Basic		Basic	
Simple Extractions	D7140 - \$0	D7140 - \$0	Basic		Basic	
Periodontics Scaling/Planning	D4910 - \$33	D4910 - \$15	Basic		Major	
Endodontics (Root Canal)	D3310 - \$56	D3310 - \$0	Basic		Major	
Complex Extractions	D7241 - \$85	D7241 - \$60	Basic		Major	
Crowns	D2740 - \$259	D2740 - \$150	Major		Major	
Dentures	D5110 - \$318	D5110 - \$185	Major		Major	
Bridges	D5211 - \$318	D5211 - \$185	Major		Major	
<b>Orthodontia:</b>						
Child Ortho to Age 19	(Adult & Child) \$2,800 Max	(Adult & Child) \$2,300 Max	(Children) 50% to \$1,000 Max		(Children) 50% to \$2,000 Max	

## 2023 VISION PLAN - AETNA

FEATURES:	In-Network
Provider Network	Aetna Vision Preferred
<b>FREQUENCY SCHEDULE:</b>	<b>12/12/24/12</b>
Comprehensive Exam	Once every 12 months
Eyeglass Lenses	Once every 12 months
Eyeglass Frames	Once every 24 months
Contact Lenses (in lieu of glasses)	Once every 12 months
<b>PLAN FEATURES:</b>	
Exam	\$10 copay
Materials	Covered 100% after copay
Standard Contact Lens Fit	Member pays discounted fee of \$40
Premium Contact Lens Fit	Member pays 90% of retail
<b>EYEGLASS LENSES OPTIONS:</b>	
Single Vision Lenses	\$10 copay
Bifocal Lenses	\$10 copay
Trifocal Lenses	\$10 copay
Lenticular Lenses	\$10 copay
Standard Progressive Lenses	\$75 copay
Premium Progressive Lenses	20% discount off retail minus \$120 allowance plus \$75 copay
<b>CONTACT LENSES OPTIONS:</b>	
Elective	\$160 allowance
All Other Elective Contact Lenses	Additional 15% off balance over allowance
Necessary Contact Lenses	Covered 100%
<b>FRAMES BENEFIT:</b>	
Any Frame Allowance, Including Frames for Prescription Sunglasses	\$160 allowance, Additional 20% off balance
<b>ADDITIONAL SERVICES:</b>	
Laser Vision Discount at U.S. Laser Network (1-800-422-6600)	15% discount of retail or 5% discount off the promotional price

\*NOTE: The attached illustration is for comparison only. Please refer to the carrier's plan documents for detailed benefits, limitations and exclusions.

## 2023 MONTHLY RETIREE RATES

<b>NON JOB-RELATED DISABILITY RETIREE HEALTH INSURANCE</b>					
	Open Access Plus (HMO) Plan with Aetna Healthcare		PPO Base Plan administered by United Healthcare		PPO Premier Plan administered by United Healthcare
Retiree only	\$0		\$0		\$86.63
Retiree and Spouse					
0% credit (greater than \$4,500)	\$906.85		\$827.91		\$1,028.85
25% credit (\$3,250-\$4,500)	\$680.14		\$620.93		\$771.64
50% credit (\$2,000-\$3,250)	\$453.43		\$413.96		\$514.43
75% credit (\$0-\$2,000)	\$226.71		\$206.98		\$257.21
Retiree and Child(ren)					
0% credit (greater than \$4,500)	\$639.88		\$731.16		\$918.73
25% credit (\$3,250-\$4,500)	\$479.91		\$548.37		\$689.05
50% credit (\$2,000-\$3,250)	\$319.94		\$365.58		\$459.37
75% credit (\$0-\$2,000)	\$159.97		\$182.79		\$229.68
Retiree and Family					
0% credit (greater than \$4,500)	\$1,300.43		\$1,412.69		\$1,694.35
25% credit (\$3,250-\$4,500)	\$975.32		\$1,059.52		\$1,270.76
50% credit (\$2,000-\$3,250)	\$650.22		\$706.63		\$847.18
75% credit (\$0-\$2,000)	\$325.11		\$353.17		\$423.59
<b>OPTION FOR RETIREES OVER AGE 65 AND/OR MEDICARE ELIGIBLE</b>					
	Medicare Advantage National Service Area PPO Plan with Prescription Plan with United Healthcare				
Retiree only	\$0.00				
Retiree and Medicare eligible spouse					
0% credit (greater than \$4,500)	\$225.00				
25% credit (\$3,250-\$4,500)	\$168.75				
50% credit (\$2,000-\$3,250)	\$112.50				
75% credit (\$0-\$2,000)	\$56.25				
<b>GAP (GAP CAN ONLY BE USED WITH HMO PLAN)</b>					
	Basic GAP Plan through American Public Life with HMO Plan		Advanced GAP Plan through American Public Life with HMO Plan		
Retiree only	\$35.40		\$99.85		
Retiree and Spouse	\$74.55		\$198.36		
Retiree and Child(ren)	\$58.74		\$177.69		
Retiree and Family	\$122.86		\$292.18		
<b>DENTAL AND VISION</b>					
	Dental DMO Base Plan with Aetna Healthcare	Dental DMO Premier Plan with Aetna Healthcare	Dental PPO Base Plan with Aetna Healthcare	Dental PPO Premier Plan with Aetna Healthcare	Vision with Aetna Healthcare
Retiree only	\$13.57	\$15.66	\$38.45	\$56.47	\$7.52
Retiree and Spouse	\$23.90	\$29.49	\$72.39	\$106.31	\$14.27
Retiree and Child(ren)	\$23.68	\$29.61	\$72.69	\$106.75	\$15.03
Retiree and Family	\$35.04	\$46.35	\$113.80	\$167.13	\$22.10