



City of
HIALEAH



ALL ACTIVE EMPLOYEE NOTICE | AVISO PARA EMPLEADOS ACTIVOS

OPEN ENROLLMENT 2023 | INSCRIPCIÓN ABIERTA 2023

OPEN ENROLLMENT 2023

ACTIVE EMPLOYEES 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 EMPLOYEES. 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 BI-WEEKLY 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 EMPLEADOS ACTIVOS

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. 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 QUINCENAL.
- SIN CAMBIOS EN LOS PLANES DE APL GAP.
- SIN CAMBIOS EN LOS PLANES AETNA DENTALES Y 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 OUR BENEFIT COUNSELOR. WE WILL HAVE BENEFIT COUNSELORS ON-SITE AS WELL AS THROUGH OUR BENEFITS 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
CALENDAR YEAR DEDUCTIBLE (CYD):				
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	
COINSURANCE (COINS)	30%	20% In-Network / 40% Out-of-Network	10% In-Network / 30% Out-of-Network	
PRIMARY PHYSICIAN VISIT (PCP)	\$10 copay	\$25 copay (Retiree under 65) 20% after CYD (Retiree over 65)	\$25 copay (Retiree under 65) 10% after CYD (Retiree over 65)	
SPECIALIST VISIT	\$60 copay	\$50 copay (Retiree under 65) 20% after CYD (Retiree over 65)	\$50 copay (Retiree under 65) 10% after CYD (Retiree over 65)	
PCP REFERRAL REQUIRED	No	No	No	
VIRTUAL VISITS (E-VISITS)	\$10 copay	\$5 copay	\$5 copay	
LABWORK	Covered 100%, No Deductible	Covered 100%, No Deductible	Covered 100%, No Deductible	
INPATIENT HOSPITAL SERVICES	30% after CYD	20% after CYD	10% after CYD	
OUTPATIENT SURGERY				
Hospital:	30% after CYD	20% after CYD	10% after CYD	
Freestanding Facility:	\$250 copay	20% after CYD	10% after CYD	
MAJOR DIAGNOSTIC / COMPLEX IMAGING				
Hospital:	30% after CYD	20% after CYD	10% after CYD	
Freestanding Facility:	\$75 copay	\$100 copay	\$100 copay	
EMERGENCY ROOM	\$350 copay	\$250 copay (Retiree under 65) 20% after CYD (Retiree over 65)	\$250 copay (Retiree under 65) 10% after CYD (Retiree over 65)	
URGENT CARE	\$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	
RX DRUG DEDUCTIBLE	None	\$25	\$25	
PRESCRIPTION DRUG (RX): 30 DAYS				
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%	
OUT-OF-POCKET MAX:	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	
LIFETIME MAXIMUM	Unlimited	Unlimited	Unlimited	

2023 MEDICARE ADVANTAGE OPTION

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

2023 GAP PLAN OPTIONS

FEATURES:	American Public Life	
	Basic GAP Plan	Advanced GAP Plan
	Plan 1	Plan 2
In-Hospital Benefits:		
Max In-Hospital Benefits	\$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*
In-Hospital Ambulance Benefits	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>
Outpatient Benefits:		
Max Outpatient Benefits	\$250 per covered person per CY*	\$7,900 per covered person per CY*
Outpatient Ambulance Benefit	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>
Optional Benefit Riders:		
Physician or Specialty Outpatient Treatment	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	
CALENDAR YEAR DEDUCTIBLE (CYD):						
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	
Reimbursement Schedule:						
Preventive	Copay Schedule	Copay Schedule	100%		100%	
Basic Services	Copay Schedule	Copay Schedule	80%		80%	
Major Services	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	
Orthodontia:						
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
FREQUENCY SCHEDULE:	12/12/24/12
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
PLAN FEATURES:	
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
EYEGLASS LENSES OPTIONS:	
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
CONTACT LENSES OPTIONS:	
Elective	\$160 allowance
All Other Elective Contact Lenses	Additional 15% off balance over allowance
Necessary Contact Lenses	Covered 100%
FRAMES BENEFIT:	
Any Frame Allowance, Including Frames for Prescription Sunglasses	\$160 allowance, Additional 20% off balance
ADDITIONAL SERVICES:	
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 EMPLOYEE BI-WEEKLY RATES

HEALTH INSURANCE

	Open Access Plus (HMO) Plan with Aetna Healthcare	PPO Base Plan administered by United Healthcare	PPO Premier Plan administered by United Healthcare
Employee only	\$29.56	\$53.58	\$82.39
Employee and Spouse	\$79.79	\$124.26	\$191.11
Employee and Child(ren)	\$65.00	\$116.00	\$178.40
Employee and Family	\$101.58	\$174.19	\$267.90

GAP (GAP CAN ONLY BE USED WITH HMO PLAN)

	Basic GAP Plan through American Public Life with HMO Plan	Advanced GAP Plan through American Public Life with HMO Plan
Employee only	\$8.79	\$27.39
Employee and Spouse	\$18.96	\$49.30
Employee and Child(ren)	\$15.38	\$45.53
Employee and Family	\$34.32	\$75.32

DENTAL AND VISION

	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
Employee only	\$6.26	\$7.23	\$17.75	\$26.06	\$3.47
Employee and Spouse	\$11.03	\$13.61	\$33.41	\$49.07	\$6.59
Employee and Child(ren)	\$10.93	\$13.67	\$33.55	\$49.27	\$6.94
Employee and Family	\$16.17	\$21.39	\$52.52	\$77.14	\$10.20