



City of
HIALEAH



ALL ACTIVE EMPLOYEE NOTICE | AVISO PARA EMPLEADOS ACTIVOS

OPEN ENROLLMENT 2024 | INSCRIPCIÓN ABIERTA 2024

OPEN ENROLLMENT 2024

ACTIVE EMPLOYEES NOTICE

OPEN ENROLLMENT HIGHLIGHTS 2024

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 2024.

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

- MEDICAL PLAN BENEFITS WITH AETNA AND UHC WILL REMAIN THE SAME WITH A SLIGHT INCREASE IN RATES.
- GAP BASIC PLAN WILL HAVE A SLIGHT INCREASE IN BENEFITS AND RATES. GAP ADVANCE PLAN WILL REMAIN THE SAME IN BENEFITS AND HAVE A SLIGHT CHANGE IN RATES.
- DENTAL HMO WILL HAVE A SLIGHT CHANGE BENEFITS. DENTAL PPO WILL REMAIN THE SAME IN BENEFITS AND LOWER RATES BY CHANGING TO CIGNA.
- VISION BENEFITS WILL REMAIN THE SAME WITH A SLIGHT DECREASE IN RATES BY CHANGING TO CIGNA.
- ALL VOLUNTARY POLICIES WILL REMAIN WITH THE SAME CARRIERS.



OPEN ENROLLMENT 2024

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OPEN ENROLLMENT HIGHLIGHTS 2024

IMPORTANT NOTICE REGARDING DEPENDENT ELIGIBILITY VERIFICATION

EMPLOYEES MUST PROVIDE THE FOLLOWING DOCUMENTATION TO BENEFITS COUNSELORS IF THEY ARE INTERESTED IN HAVING DEPENDENTS CLAIMED ON THE INSURANCE PROGRAMS FOR 2024. DOCUMENTATION TO VERIFY ELIGIBILITY IS AS FOLLOWS:

- SPOUSE - COPY OF LEGAL GOVERNMENT-ISSUED MARRIAGE CERTIFICATE, SOCIAL SECURITY CARD, AND COPY OF MOST RECENT IRS TAX RETURN FRONT PAGE. EMPLOYEES MAY "BLACK OUT" FINANCIAL INFORMATION.
- DEPENDENT CHILD(REN) UNDER AGE 26 - COPY OF STATE ISSUED BIRTH CERTIFICATE(S) OR COPY OF LEGAL GUARDIANSHIP COURT DOCUMENTS LISTING THE EMPLOYEE AS LEGAL GUARDIAN. AND SOCIAL SECURITY CARD.
- STEP-CHILDREN UNDER AGE 26 - COPY OF STATE ISSUED BIRTH CERTIFICATE(S), SOCIAL SECURITY CARD, AND COPY OF STATE ISSUED MARRIAGE CERTIFICATE.
- CHILD(REN) UNDER LEGAL GUARDIANSHIP, CUSTODY OR FOSTER CARE UNDER AGE 26 - COPY OF COURT DOCUMENTS SHOWING LEGAL GUARDIANSHIP OR LEGAL CUSTODY OR FOSTER CARE PLACEMENT.
- CHILD(REN) ADOPTED OR IN THE PROCESS OF ADOPTION UNDER AGE 26 -COPY OF COURT DOCUMENTS OF THE LEGAL ADOPTION SHOWING RELATIONSHIP TO AND PLACEMENT IN THE EMPLOYEE'S HOUSE OR ADOPTION CERTIFICATE.

PLEASE PROVIDE ABOVE DOCUMENTATION VIA EMAIL: COH@USENROLLMENTSERVICES.COM

FAILURE TO PROVIDE VERIFICATION DOCUMENTATION FOR YOUR DEPENDENT WILL RESULT IN THE INABILITY TO ENROLL THEM IN THE CITY'S INSURANCE PROGRAMS FOR 2024.



INSCRIPCIÓN ABIERTA 2024

AVISO PARA EMPLEADOS ACTIVOS

ASPECTOS DESTACADOS DE LA INSCRIPCIÓN ABIERTA 2024

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 2024

¡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

- LOS BENEFICIOS DEL PLAN MÉDICO CON AETNA Y UHC PERMANECERÁN LOS MISMOS CON UN LIGERO AUMENTO EN LAS TARIFAS.
- PLAN BÁSICO GAP TENDRÁ UN LIGERO AUMENTO EN BENEFICIOS Y TARIFAS. EL PLAN GAP ADVANCE SEGUIRÁ EL MISMO EN BENEFICIOS Y TENDRÁ UN LEVE CAMBIO EN TARIFAS.
- DENTAL HMO TENDRÁ UN LEVE CAMBIO EN BENEFICIOS. DENTAL PPO PERMANECERÁ IGUAL EN BENEFICIOS Y TARIFAS MÁS BAJAS AL CAMBIAR A CIGNA.
- LOS BENEFICIOS DE VISIÓN PERMANECERÁN IGUAL CON UNA LIGERA DISMINUCIÓN EN LAS TARIFAS AL CAMBIAR A CIGNA.
- TODAS LAS PÓLIZAS VOLUNTARIAS PERMANECERÁN CON LAS MISMAS ASEGURADORAS.



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AVISO IMPORTANTE SOBRE LA VERIFICACIÓN DE ELEGIBILIDAD DE DEPENDIENTES

LOS EMPLEADOS DEBEN PROPORCIONAR LA SIGUIENTE DOCUMENTACIÓN A LOS CONSEJEROS DE BENEFICIOS SI ESTÁN INTERESADOS EN QUE SUS DEPENDIENTES RECLAMEN EN LOS PROGRAMAS DE SEGUROS PARA 2024. LA DOCUMENTACIÓN PARA VERIFICAR LA ELEGIBILIDAD ES LA SIGUIENTE:

- CÓNYUGE: COPIA DEL CERTIFICADO DE MATRIMONIO EMITIDO POR EL GOBIERNO LEGAL, TARJETA DE SEGURO SOCIAL Y COPIA DE LA PRINCIPAL DECLARACIÓN DE IMPUESTOS DEL IRS MÁS RECIENTE. LOS EMPLEADOS PUEDEN "TACAR" LA INFORMACIÓN FINANCIERA.
- HIJOS DEPENDIENTES MENORES DE 26 AÑOS: COPIA DEL ACTA DE NACIMIENTO EMITIDA POR EL ESTADO O COPIA DE LOS DOCUMENTOS DEL TRIBUNAL DE TUTELA LEGAL QUE LISTEN AL EMPLEADO COMO TUTOR LEGAL. Y TARJETA DEL SEGURO SOCIAL.
- HIJOS NO BIOLÓGICO MENORES DE 26 AÑOS: COPIA DEL ACTA DE NACIMIENTO EMITIDA POR EL ESTADO, TARJETA DE SEGURO SOCIAL Y COPIA DEL CERTIFICADO DE MATRIMONIO EMITIDO POR EL ESTADO.
- NIÑO(S) BAJO TUTELA LEGAL, CUSTODIA O CUIDADO DE CRIANZA MENORES DE 26 AÑOS: COPIA DE LOS DOCUMENTOS TRIBUNALES QUE DEMUESTRAN TUTELA LEGAL O CUSTODIA LEGAL O COLOCACIÓN EN CUIDADO DE CRIANZA.
- HIJO(S) ADOPTADO O EN PROCESO DE ADOPCIÓN MENORES DE 26 AÑOS: COPIA DE LOS DOCUMENTOS JUDICIALES DE LA ADOPCIÓN LEGAL QUE DEMUESTREN RELACIÓN Y COLOCACIÓN EN LA CASA DEL EMPLEADO O CERTIFICADO DE ADOPCIÓN.

POR FAVOR PROPORCIONE LA DOCUMENTACIÓN ANTERIOR POR CORREO ELECTRÓNICO: COH@USENROLLMENTSERVICES.COM

NO PROPORCIONAR LA DOCUMENTACIÓN DE VERIFICACIÓN PARA SUS DEPENDIENTE RESULTARÁ EN LA IMPOSIBILIDAD DE INSCRIBIRLOS EN LOS PROGRAMAS DE SEGUROS DE LA CIUDAD PARA 2024.



OCTOBER 24 - NOVEMBER 3RD

ACTIVE EMPLOYEE NOTICE

EMPLOYEES 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 TUESDAY, OCTOBER 24TH - FRIDAY, OCTOBER 27TH.

OR
ENROLL BY PHONE BY CALLING (954)715-7235
BETWEEN 9 AM - 5 PM.
FROM TUESDAY, OCTOBER 24 - FRIDAY, NOVEMBER 3RD



24 DE OCTUBRE- 3 DE NOVIEMBRE

AVISO PARA EMPLEADOS ACTIVOS

LOS EMPLEADOS 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 MARTES 24 DE OCTUBRE – VIERNES 27 DE OCTUBRE
DE 8 AM -4 PM

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INSCRÍBASE POR TELÉFONO LLAMANDO AL (954)715-7235
ENTRE MARTES 24 DE OCTUBRE-VIERNES, 3 DE NOVIEMBRE
DE 9 AM-5 PM



City of Hialeah 2024 Benefit Summaries

2024 MEDICAL PLAN OPTIONS			
	Aetna	UnitedHealthcare	
	OPEN ACCESS EPO Option HMO	BASE Option PPO	PREMIER Option PPO
FEATURES:	In-Network ONLY	In-Network ONLY	In-Network ONLY
CALENDAR YEAR DEDUCTIBLE	\$6,000 \$12,000	\$1,500 In / \$3,000 Out-of-Network \$4,500 In / \$9,000 Out-of-Network	\$750 In / \$1,250 Out-of-Network \$1,500 In / \$3,750 Out-of-Network
COINSURANCE	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 SERVICE	30% after CYD	20% after CYD	10% after CYD
OUTPATIENT SURGERY	30% after CYD \$250 copay	20% after CYD 20% after CYD	10% after CYD 10% after CYD
MAJOR DIAGNOSTIC / COMPLEX IMAGING	30% after CYD \$75 copay	20% after CYD \$100 copay	10% after CYD \$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)
	Aetna	Optum RX	
FEATURES:	In-Network ONLY	In-Network ONLY	In-Network ONLY
RX DRUG DEDUCTIBLE	None	\$25	\$25
PERSCRIPTION DRUG (RX): 30 DAYS	\$0 / \$10 copay \$50 copay \$75 copay 20%	\$10 copay \$30 copay \$50 copay 20%	\$10 copay \$30 copay \$50 copay 20%
OUT-OF-POCKET MAX:	Includes CYD, Coins & Copays \$7,900 \$15,800	Includes CYD, Coins & Copays \$5,000 In / \$10,000 Out-of-Network \$15,000 In / \$30,000 Out-of-Network	Includes CYD, Coins & Copays \$4,000 In / \$8,000 Out-of-Network \$12,000 In / \$24,000 Out-of-Network
LIFETIME MAXIMUM	Unlimited	Unlimited	Unlimited
2024 MEDICARE ADVANTAGE OPTION			
	Medicare Advantage PPO Plan Cigna In-Network / Out-of-Network		
FEATURES:			
CALENDAR YEAR DEDUCTIBLE	\$0		
	Applies to all covered Medicare A and B benefits including deductible		
MAXIMUM OUT-OF-POCKET:	\$3,000		
PRIMARY PHYSICIAN VISIT (PCP)	\$15 copay		
SPECIALIST VISIT	\$15 copay		
PCP SELECTION	Optional		
REFERRAL REQUIREMENT	None		
INPATIENT HOSPITAL SERVICE	\$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, & DENTAL	Covered 100%		
HOME HEALTH AGENCY CARE	Covered 100%		
PERSCRIPTION DRUG (RX): 30 DAYS	\$5 copay / \$10 copay \$20 copay / \$40 copay \$40 copay / \$80 copay		
RX DRUG DEDUCTIBLE	None		
LIFETIME MAXIMUM	Unlimited		

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

2024 APL GAP Plan Options		
FEATURES:	BASIC GAP PLAN	Advanced GAP Plan
In-Hospital Benefits:	Plan 1	Plan 2
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 Limited to one trip per CY confined as an inpatient*	Up to \$7,900 per ground transport Up to \$7,900 per air transport Limited to one trip per CY confined as an inpatient*
Outpatient Benefits:		
Max Outpatient Benefits	\$2,500 per covered person per CY*	\$7,900 per covered person per CY*
Outpatient Ambulance Benefit	Up to \$2,500 per ground trip Up to \$2,500 per air transport Limited to one trip per CY* residing less than 18 hrs*	Up to \$7,900 per ground trip Up to \$7,900 per air transport Limited to one trip per CY* residing less than 18 hrs*
Optional Benefit Riders:		
Physician or Specialty Outpatient Treatment	Physician - \$25 per visit Specialist - \$50 per visit For treatment in hospital outpatient facility or physician's office 4 visits per person per year; up to 8 visits per year combined	Physician - \$25 per visit Specialist - \$50 per visit For treatment in hospital outpatient facility or physician's office 4 visits per person per year; up to 8 visits per year combined
* Calendar Year		
NOTE: The attached illustration is for comparison only. Please refer to the carrier's plan documents for detailed benefits, limitations and exclusions.		

2024 Dental Plans			
FEATURES:	Cigna		
	Cigna DHMO P5X00	DPPO Low	DPPO High
Provider Network	In Network Only	In-Network Out of Network	In-Network Out of Network
CALENDAR YEAR DEDUCTIBLE (CYD):	Cigna Dental DHMO	Dental PPO	Dental PPO
Individual:	N/A	\$50	\$50
Family:	N/A	\$150	\$150
Applied to Preventive	N/A	No	No
Annual Maximum	Unlimited	\$1,200	\$5,000
Out-of-Network Reimbursement	N/A	90 th Percentile of Allowed Charges	90 th Percentile of Allowed Charges
Reimbursement Schedule:			
Preventive:	Copay Schedule	100%	100%
Basic Services:	Copay Schedule	80%	80%
Major Services:	Copay Schedule	50%	50%
Oral Evaluations	D0120 - \$0	Preventive	Preventive
Intraoral Evaluations	D0210 - \$0	Preventive	Preventive
Intraoral Series, X-rays	D1110 - \$0	Preventive	Preventive
Fluoride Treatment	D1208 - \$0 - \$15	Preventive	Preventive
Sealants	D1351 - \$10	Preventive	Preventive
Restorations (Amalgam/Composite)	D2140 - \$0 / D2330 - \$0	Basic	Basic
Simple Extractions	D7140 - \$5	Basic	Basic
Periodontics Scaling/Planning	D4910 - \$ 30 - 55	Basic	Basic
Endodontics (Root Canal)	D3310 - \$80	Basic	Basic
Complex Extractions	D7241 - \$110	Basic	Basic
Crowns	D2740 - \$225	Major	Major
Dentures	D5110 - \$150	Major	Major
Bridges	D5211 - \$150	Major	Major
Orthodontia:			
Child Ortho to Age 19	Child - \$1,344 / Adult - \$1944	Children Only 50% up to \$1,000 Maximum	Children Only 50% up to \$2,000 Maximum

2024 Cigna Vision Plan		
FEATURES:	In Network	Out of Network
Provider Network	EyeMed Vison	
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 lie of glasses)	Once every 12 months	
PLAN FEATURES:		
Exam	\$10 Copay	Up to \$45 Allowance
Materials	Covered after applicable copay	Allowance based on service
Standard Elective Contact Lens Fit	\$160 Allowance	Up to \$125 Allowance
Therapeutic Contact Lens Fit	Covered 100%	Up to \$210 Allowance
EYEGLASS LENSES OPTIONS:		
Single Vision Lenses	\$10 Copay	Up to \$32 Allowance
Bifocal Lenses	\$10 Copay	Up to \$55 Allowance
Trifocal Lenses	\$10 Copay	Up to \$65 Allowance
Lenticular Lenses	\$10 Copay	Up to \$80 Allowance
Standard Progressive Lenses	\$75 Copay	Not Covered
Premium Progressive Lenses:		
Progressives Tier 1:	Premium Tier 1 \$85 plus \$10 copay	\$55 Allowance
Tier 2:	Premium Tier 2 \$95 plus \$10 copay	
Progressives Tier 3:	Premium Progressives Tier 3 \$110 plus \$10 copay	
Tier 4:	Premium Progressives Tier 4 20% discount off retail minus \$120 allowance plus \$75 copay	
Elective	\$160 Allowance	Up to \$125 Allowance
Necessary Contact Lenses	Therapeutic – Covered 100%	Not Covered
Any Frame Allowance	Up to \$160 Allowance – 20% off balance over \$160 Allowance	Up to \$89 Allowance
Including Frames for Prescription Sunglasses	Not Covered	Not Covered
Laser Vision Discount	\$1,000 discount available through Healthy Rewards	Not Covered

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

2024 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	\$32.49	\$55.02	\$82.39
Employee and Spouse	\$87.69	\$127.62	\$191.11
Employee and Child(ren)	\$71.44	\$119.14	\$178.40
Employee and Family	\$111.64	\$178.90	\$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	\$9.34	\$24.43
Employee and Spouse	\$19.88	\$52.01
Employee and Child(ren)	\$17.34	\$45.36
Employee and Family	\$25.76	\$67.38

DENTAL AND VISION

	Dental DMO Plan with Cigna Healthcare	Dental PPO Base Plan with Cigna Healthcare	Dental PPO Premier Plan with Cigna Healthcare	Vision with Cigna Healthcare
Employee only	\$4.83	\$15.89	\$23.33	\$2.89
Employee and Spouse	\$8.87	\$29.91	\$43.92	\$5.49
Employee and Child(ren)	\$12.66	\$30.03	\$44.10	\$5.79
Employee and Family	\$18.37	\$47.02	\$69.05	\$8.51