



## **CITY OF HIALEAH • RISK MANAGEMENT DEPARTMENT**

### **2017 OPEN ENROLLMENT FOR ALL FULL-TIME EMPLOYEES AND PART-TIME EMPLOYEES ELIGIBLE FOR HEALTH INSURANCE**

The City is conducting open enrollment for the various insurance programs (HMO Low Option, HMO High Option, Base Plan, Premier Plan, Dental, Vision, and GAP) with benefit counselors from Colonial Life who will visit each City department from Monday, October 24, 2016 through Friday, November 18, 2016. For calendar year 2017, there are no rate changes with the Base Plan or Premier Plan and only minor changes to the Plans as required by federal law, including the Patient Protection and Affordable Care Act (PPACA). There are no rate changes with the HMO Low Option and HMO High Option, and only minor changes to the Plans because of the transition from Coventry Healthcare to Aetna Healthcare and because of any new federal law requirements. Anyone who desires to make a change must do so during the open enrollment and must remain within that plan until the next open enrollment scheduled by the City. If you have dependents on your insurance plans, you must provide documentation to verify their eligibility during this open enrollment (see below). All elections for insurance coverage are effective January 1, 2017.

#### **Important Notice Regarding Dependent Eligibility Verification**

Employees must provide the following documentation to benefit counselors if they are interested in having dependents claimed on the insurance programs for 2017. Documentation to verify eligibility is as follows:

- 1) Spouse – Copy of Marriage Certificate
- 2) Child(ren) – Copy of Birth Certificate, Adoption Certificate, Court Order establishing legal guardianship
- 3) Stepchild(ren) – Copy of Birth Certificate and Marriage Certificate
- 4) Grandchild(ren) – Copy of Birth Certificate of child and copy of legal guardianship, adoption, or foster care document from the Courts. Grandchildren are covered up to 18 months of age.

**FAILURE TO PROVIDE VERIFICATION DOCUMENTATION FOR YOUR DEPENDENTS WILL RESULT IN THE INABILITY TO ENROLL THEM IN THE CITY'S INSURANCE PROGRAMS FOR 2017.**

#### **GAP, Dental, Vision, and Supplemental Life Insurance**

Anyone currently enrolled with the GAP Plan with American Public Life will need to enroll during open enrollment or their coverage will terminate as of December 31, 2016. Metropolitan Life Insurance Company is providing a new supplemental term life insurance plan with increments of \$10,000.00 to a maximum of five times the employee's salary or \$500,000.00.

#### **Patient Protection and Affordable Care Act (PPACA) and Health Insurance Marketplace**

Please be advised that there may be more affordable and suitable options for your dependents' health insurance coverage through the health insurance marketplace with coverage starting January 1, 2017. Your dependents may be eligible for coverage through the Marketplace with lower costs on deductibles, copayments, and coinsurance depending on their income. More information is available regarding the Health Insurance Marketplace at [www.healthcare.gov](http://www.healthcare.gov).

#### **Questions and Additional Information**

If you have any questions regarding any of the above information, please call the Risk Management Office at (305) 883-8059 or (305) 883-8048. Please visit the Risk Management Page of the City's website at [www.hialeahfl.gov](http://www.hialeahfl.gov) to view the Summary Plan Descriptions, Summaries of Benefits and Coverages, and other descriptions or updates regarding the City's different insurance programs.



## CIUDAD DE HIALEAH • DEPARTAMENTO DE GESTIÓN DE RIESGO

### INSCRIPCIÓN ABIERTA DE 2017 PARA TODOS LOS EMPLEADOS A TIEMPO COMPLETO Y LOS EMPLEADOS A TIEMPO PARCIAL ELEGIBLES PARA SEGURO MÉDICO

La Ciudad está llevando a cabo la inscripción abierta para los diversos programas de seguros (HMO de “Baja Opción”, HMO de “Alta Opción”, Plan Básico, Plan Premier, Plan Dental, Plan de la Vista y el “GAP”) con los consejeros de beneficios de Colonial Life que van a visitar cada departamento de la Ciudad desde el lunes 24 de octubre de 2016 hasta el viernes 18 de noviembre de 2016. Para el año calendario 2017 no habrá cambios de tarifa en el Plan Básico ni en el Plan Premier y solamente cambios menores en los Planes que exijan las leyes federales, que incluyen la Ley de Protección del Paciente y de Cuidado de Salud Asequible (“Patient Protection and Affordable Care Act” o “PPACA”). No habrá cambios en las tarifas del HMO de “Baja Opción” ni en el HMO de “Alta Opción”, y solamente cambios menores en los Planes causados por la transición de Coventry Healthcare a Aetna Healthcare o por los nuevos requisitos de las leyes federales. Toda persona que desee hacer un cambio deberá hacerlo durante la inscripción abierta y deberá permanecer en ese plan hasta el próximo período de inscripción abierta que programe la Ciudad. Si usted tiene dependientes en sus planes de seguros, deberá entregar documentación para verificar su elegibilidad durante este período de inscripción abierta (vea a continuación). Todas las coberturas de seguro que se escojan entran en vigor el 1º de enero de 2017.

#### Aviso importante con respecto a la verificación de la elegibilidad de dependientes

Los empleados deberán proporcionar la siguiente información a los consejeros de beneficios si tienen interés en reclamar dependientes en los programas de seguros del 2017. La documentación para verificar la elegibilidad es la siguiente:

- 1) Cónyuge – Copia del Certificado de Matrimonio
- 2) Hijo(s) – Copia del Certificado de Nacimiento, Certificado de Adopción, Orden Judicial que designa al Tutor Legal
- 3) Hijastro(s) – Copia del Certificado de Nacimiento y del Certificado de Matrimonio
- 4) Nieto(s) – Copia del Certificado de Nacimiento del niño y copia del documento emitido por las Cortes que establece el tutor legal, la adopción o el cuidado de crianza (“foster care”) del niño. Los nietos están cubiertos hasta la edad de 18 meses.

#### **EL NO PROPORCIONAR DOCUMENTOS DE VERIFICACIÓN PARA SUS DEPENDIENTES CAUSARÁ EL NO PODER INSCRIBIRLOS EN LOS PROGRAMAS DE SEGUROS DE LA CIUDAD PARA EL 2017.**

#### Planes “GAP”, Dental, de la Vista de Planes Suplementarios de Seguros de Vida

Toda persona que esté actualmente inscrita en el Plan “GAP” con American Public Life tendrá que inscribirse durante el período de inscripción abierta o, si no, su cobertura terminará el 31 de diciembre de 2016. Metropolitan Life Insurance Company está brindando un nuevo plan de seguro de vida a término fijo con incrementos de \$10,000.00 hasta un máximo de cinco veces el salario del empleado o \$500,000.00.

#### La Ley de Protección al Paciente y Cuidado de Salud Asequible (“PPACA”) y el Mercado de los Seguros de Salud

Tenga presente que en el mercado de los seguros de salud puede haber opciones de cobertura más asequibles y convenientes para sus dependientes con las coberturas que comienzan el 1º de enero de 2017. Quizá sus dependientes sean elegibles a cobertura en el Mercado de Seguros de Salud (conocido en inglés como el “Marketplace”), con costos más bajos en deducibles, copagos y coseguros dependiendo de sus ingresos. Hay más información disponible sobre el Mercado de los Seguros de Salud en [www.healthcare.gov](http://www.healthcare.gov).

#### Preguntas e información adicional

Si tiene preguntas acerca de cualquier aspecto de esta información, llame a la Oficina de Gestión de Riesgos al (305) 883-8059 o al (305) 883-8048. Visite la Página de Gestión de Riesgos en el sitio web de la Ciudad en [www.hialeahfl.gov](http://www.hialeahfl.gov) para ver las Descripciones de los Resúmenes de los Planes, los Resúmenes de los Beneficios y Coberturas, y demás descripciones o actualizaciones de los diferentes programas de seguros de la Ciudad.



## OPEN ENROLLMENT FOR YOUR INSURANCE BENEFITS

### IMPORTANT REMINDERS

- THE 2017 OPEN ENROLLMENT FOR YOUR INSURANCE BENEFITS BEGINS MONDAY OCTOBER 24TH AND CONCLUDES ON FRIDAY NOVEMBER 18<sup>TH</sup>
- BENEFIT COUNSELORS WILL MEET WITH YOU AT A TIME AND DATE THAT HAS BEEN PRE-ARRANGED WITH YOUR DEPARTMENT HEAD – PLEASE KEEP AN EYE OUT FOR NOTICES THAT TELL YOU WHICH DATES HAVE BEEN SET ASIDE FOR YOUR DEPARTMENT OR, ASK YOUR DEPARTMENT HEAD
- EVERY EMPLOYEE THAT IS ELIGIBLE FOR BENEFITS MUST MEET WITH A BENEFIT COUNSELOR TO ACCEPT, CONTINUE, CONFIRM, CHANGE, DECLINE OR WAIVE ANY COVERAGE – ACCORDING TO THE PATIENT PROTECTION AND AFFORDABLE CARE ACT FOR 2017 WE MUST HAVE RECORD OF YOUR BENEFIT COVERAGE OR DESIRE TO WAIVE COVERAGE
- YOUR ENROLLMENT DECISIONS WILL BE CAPTURED ELECTRONICALLY – YOU WILL NOT HAVE PAPER APPLICATIONS TO FILL OUT!
- BECAUSE OF HEALTHCARE REFORM REQUIREMENTS AND THE BENEFIT PLAN OPTIONS YOU HAVE – YOU MUST MAKE ARRANGEMENTS TO MEET WITH A BENEFIT COUNSELOR
- IF YOU ARE GOING TO ENROLL ANY ELIGIBLE DEPENDENTS..... YOU MUST BRING A COPY OF THE APPROPRIATE LEGAL DOCUMENT THAT CERTIFIES THE DEPENDENCY OF YOUR SPOUSE, CHILD, ADOPTED CHILD OR OTHER LEGAL DEPENDENT RELATIONSHIP – *WE WILL BE CONFIRMING THE ELIGIBILITY OF EACH COVERED PERSON ON THE PLAN*
- BENEFIT COUNSELORS ARE BEING PROVIDED TO YOU BY THE CITY – THEY CAN ANSWER THE QUESTIONS YOU HAVE REGARDING YOUR COVERAGE CHOICES AND WHAT WORKS BEST FOR YOU



## **2017 DEPENDENT VERIFICATION REQUIREMENTS**

**As a City of Hialeah Employee or Retiree it is required that you provide proof of ELIGIBILITY if you are claiming a Dependent for the 2017 plan year. If you cannot provide evidence of eligibility for a claimed dependent satisfactory to the City, the Dependent will not be allowed to participate in the City-Sponsored insurance and benefit plan options.**

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**Employees and Retirees must provide the following documentation to benefit counselors if they are interested in having dependents claimed on the insurance programs for 2017. If you are unable to meet with a benefit counselor to have your dependents verified, you must email the appropriate documentation to Lourdes Munder, Risk Management Specialist II, at [LMunder@hialeahfl.gov](mailto:LMunder@hialeahfl.gov). Documentation to verify eligibility is as follows:**

- 1) Spouse – Copy of Marriage Certificate**
  - 2) Child(ren) – Copy of Birth Certificate, Adoption Certificate, Court Order establishing legal guardianship**
  - 3) Stepchild(ren) – Copy of Birth Certificate and Marriage Certificate**
  - 4) Grandchild(ren) – Copy of Birth Certificate of child and copy of legal guardianship, adoption, or foster care document from the Courts. Grandchildren are covered up to 18 months of age.**
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***FAILURE TO PROVIDE VERIFICATION DOCUMENTATION FOR YOUR DEPENDENTS WILL RESULT IN THE INABILITY TO ENROLL THEM IN THE CITY'S INSURANCE PROGRAMS FOR 2017.***

## 2017 EMPLOYEE BI-WEEKLY PREMIUM RATES

### HEALTH INSURANCE

	HMO Low Option with Aetna Healthcare	HMO High Option with Aetna Healthcare	Base Plan administered by United Healthcare	Premier Plan administered by United Healthcare
Employee only	\$32.44	\$40.70	\$50.71	\$80.52
Employee and Spouse	\$66.91	\$80.75	\$123.63	\$193.00
Employee and Child(ren)	\$59.92	\$73.72	\$114.90	\$180.17
Employee and Family	\$119.42	\$148.15	\$173.31	\$270.55

### GAP (GAP CAN ONLY BE USED WITH HMO PLANS)

	GAP through American Public Life with HMO Low Option		GAP through American Public Life with HMO High Option	
	Ages 18-54	Ages 55+	Ages 18-54	Ages 55+
Employee only	\$8.79	\$16.74	\$16.04	\$24.05
Employee and Spouse	\$18.96	\$33.52	\$28.86	\$43.29
Employee and Child(ren)	\$21.38	\$29.46	\$31.27	\$39.29
Employee and Family	\$34.32	\$48.89	\$44.10	\$58.53

### DENTAL AND VISION

	Dental HMO Solstice S700B-SHP/ D1068 with United Healthcare	Dental HMO Solstice S500B/ D1067 with United Healthcare	Dental PPO 30 with United Healthcare	Vision with United Healthcare
Employee only	\$6.15	\$6.78	\$17.25	\$2.65
Double	\$10.74	\$11.87	\$33.63	\$5.31
Family	\$15.95	\$17.51	\$59.89	\$7.12

# Now's your chance to boost your life insurance with a special offer.

Exclusive for City of Hialeah employees:

Sample A. Sample  
1234 Main Street  
Anytown, US 12345-6789



Apply from  
October 24 – November 18

[Sample A. Sample]:

Chances are you may not have enough life insurance coverage for yourself or your loved ones.<sup>1</sup>

That's why the City of Hialeah has partnered with MetLife to give you this opportunity to get the coverage you need. The City of Hialeah provides you with basic life and AD&D insurance, but more than 70 million Americans say they don't have enough life insurance.<sup>1</sup>

Now you can get extra protection with no or fewer medical questions to answer when you apply. Applying for \$200,000 or less of coverage does not require any medical questions. Higher amounts, up to \$500,000, only require 5 medical questions. We're making it:

**Simple:**

- Answer 5 easy medical questions
- Only takes a few minutes to apply
- No health exam

**Affordable:**

- Competitive rates available through our group plan
- Cover yourself and your loved ones
- Low monthly payroll deductions

Don't miss out on this special opportunity to get extra protection for you and your loved ones.

**P.S. This offer may not be repeated or renewed. So please apply by November 18, 2016.**

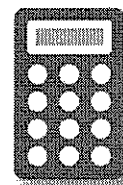
Have questions? Call (877) 638-4671  
Monday – Friday, 8 a.m. – 11 p.m. Eastern

See how affordable it can be to get coverage:

Age	Rate
Under 25	\$0.070
25-29	\$0.070
30-34	\$0.080
35-39	\$0.091
40-44	\$0.137
45-49	\$0.210
50-54	\$0.322
55-59	\$0.540
60-64	\$0.812
65 & Above	\$1.431

*The rates shown are the monthly cost per \$1,000 of coverage.*

### What's the right amount?



We recommend 60% of your annual income times the number of years until you retire.<sup>2</sup> To help you see how much, try our calculator at [www.metlifeeasier.net](http://www.metlifeeasier.net).

# MetLife®

## 2017 MEDICAL PLAN SUMMARIES

	AETNA		UNITED HEALTHCARE	
	HMO - LOW OPTION HNONOA-5000	HMO - HIGH OPTION HNONOA-3500	BASE OPTION PPO	PREMIER OPTION PPO
	In-Network	In-Network	In-Network	In-Network
<b>CALENDAR YEAR DED. (CYD):</b>				
Individual:	\$5,000	\$3,500	\$1,000 In / \$2,000 Out-of-Network	\$500 In / \$750 Out-of-Network
Family:	\$10,000	\$7,000	\$3,000 In / \$6,000 Out-of-Network	\$1,000 In / \$2,250 Out-of-Network
<b>COINSURANCE (COINS)</b>	40%	30%	20%	10%
<b>PRIMARY PHYSICIAN VISIT (PCP)</b>	\$10 co-pay	\$20 co-pay	\$25 co-pay	\$25 co-pay
<b>SPECIALIST VISIT</b>	\$75 co-pay	\$60 co-pay	\$50 co-pay	\$50 co-pay
<b>PCP REFERRAL REQUIRED</b>	NO	NO	NO	NO
<b>VIRTUAL VISITS (E-VISITS)</b>	\$75 co-pay	\$60 co-pay	\$25 co-pay	\$25 co-pay
<b>IN-PATIENT HOSPITAL SERVICES</b>	40% AFTER CYD	30% AFTER CYD	20% AFTER CYD	10% AFTER CYD
<b>OUT-PATIENT SURGERY</b>				
Hospital:	40% AFTER CYD	30% AFTER CYD	20% AFTER CYD	10% AFTER CYD
Freestanding Facility:	\$250 co-pay	\$300 co-pay	20% AFTER CYD	10% AFTER CYD
<b>MAJOR DIAGNOSTIC/COMPLEX IMAGING</b>	\$75 co-pay	\$75 co-pay	20% AFTER CYD	10% AFTER CYD
<b>EMERGENCY ROOM</b>	\$300 co-pay	\$300 co-pay	\$250 co-pay	\$250 co-pay
<b>URGENT CARE</b>	\$50 co-pay	\$60 co-pay	\$50 co-pay	\$50 co-pay
<b>PRESCRIPTION DRUG (RX): 30 DAYS</b>				
Preferred Tier 1:	\$3 / \$10 co-pay	\$3 / \$10 co-pay	\$10 co-pay	\$10 co-pay
Preferred Tier 2:	\$40 co-pay	\$40 co-pay	\$30 co-pay	\$30 co-pay
Preferred Tier 3:	\$60 co-pay	\$60 co-pay	\$50 co-pay	\$50 co-pay
Preferred Tier 4:	20%	20%	20%	
<b>RX DRUG DEDUCTIBLE</b>	NONE	NONE	\$25	\$25
<b>OUT-OF-POCKET:</b>	Includes CYD, Coins, & Copays	Includes CYD, Coins, & Copays	Includes CYD, Coins, & Copays	Includes CYD, Coins, & Copays
Individual:	\$6,350	\$4,500	\$4,000 In / \$8,000 Out-of-Network	\$3,000 In / \$6,000 Out-of-Network
Family:	\$12,700	\$9,000	\$12,000 In / \$24,000 Out-of-Network	\$9,000 In / \$18,000 Out-of-Network
<b>LIFETIME MAXIMUM</b>	Unlimited	Unlimited	Unlimited	Unlimited

## 2017 GAP PLAN SUMMARIES

### American Public Life

	GAP with HMO High Option	GAP with HMO Low Option
	Plan 1	Plan 2
<b>In Hospital Policy:</b>		
<b>Max In-Hospital Benefits</b>	\$4,500 per person per CY* Max \$13,500 per family per CY*	\$6,350 per person per CY* Max \$19,050 per family per CY*
<b>In-Hospital Ambulance Benefits</b>	Up to \$350 per ground transport Up to \$1,000 per air transport Limited to one trip per CY confined as an inpatient*	Up to \$350 per ground transport Up to \$1,000 per air transport Limited to one trip per CY confined as an inpatient*
<b>Outpatient Policy:</b>		
<b>Max Outpatient Benefits</b>	\$250 per covered person per CY*	\$250 per covered person per CY*
<b>Outpatient Ambulance Benefit</b>	Up to \$350 per ground trip Up to \$1000 per air transport Limited to one trip per CY* residing less than 18 hrs*	Up to \$350 per ground trip Up to \$1000 per air transport Limited to one trip per CY* residing less than 18 hrs*
<b>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</i>	Physician - \$25 per visit Specialist - \$50 per visit <i>For treatment in hospital outpatient facility or physician's office</i>

\*Calendar Year

## 2017 DENTAL PLAN SUMMARIES

### UNITED HEALTHCARE / SOLSTICE DENTAL

	UHC PPO 0P630/U90	SOLSTICE D1068 (Low)	SOLSTICE D1067 (High)
Dental Services	In Network	In Network	In Network
Provider Network	Options PPO 30	DMO	DMO
<b>Plan Features:</b>			
Deductible ( <i>Individual/ family</i> )	\$50/\$150	NA	NA
Applied to Preventive	N	NA	NA
Annual Maximum	\$1,200 / \$1,200	Unlimited	Unlimited
Out-of-Network Reimbursement	UCR 90th	NA	NA
<b>Reimbursement Schedule:</b>			
Preventive	100/100%	Copay Schedule	Copay Schedule
Basic Services	80/80%	Copay Schedule	Copay Schedule
Major Services	50/50%	Copay Schedule	Copay Schedule
Oral Evaluations	Preventive	D0120 - \$0	D0120 - \$0
Intraoral Series, X-rays	Preventive	D0210 - \$0	D0210 - \$0
Prophylaxis (Cleanings)	Preventive	D1110 - \$0	D1110 - \$0
Flouride Treatment	Preventive	D1208 - \$0	D1208 - \$0
Sealants	Preventive	D1351 - \$0	D1351 - \$0
Restorations ( <i>Amalgams or Composite</i> )	Basic	D2140 - \$0 or D2330 - \$30	D2140 - \$0 or D2330 - \$25
Simple Extractions	Basic	D7140 - \$20	D7140 - \$10
Periodontics Scaling/Planning	Major	D4910 - \$50	D4910 - \$45
Endodontics (Root Canal)	Major	D3310 - \$110	D3310 - \$100
Complex Extractions	Major	D7241 - \$135	D7241 - \$128
Crowns	Major	D2740 - \$245	D2740 - \$240
Dentures	Major	D5110 - \$325	D5110 - \$260
Bridges	Major	D5211 - \$400	D5211 - \$260
<b>Orthodontia:</b>			
Child Ortho to Age 19	50% to max \$1,000	D8080 - \$2250	D8080 - \$2050

## 2017 VISION PLAN OPTION

### UNITED HEALTHCARE

#### PPO VISION

	In Network
<b>Frequency Period:</b>	12/12/24/12
Comprehensive Exam	Once every 12 months
Spectacle Lenses	Once every 12 months
Frames	Once every 24 months
Contact Lenses in Lieu of Eye Glasses	Once every 12 months
<b>Plan Features:</b>	
Exam Co-pay	\$10 co-pay
Materials Co-pay	\$25 co-pay
<b>Eyeglass Lenses Options:</b>	
Single Vision Lenses	Covered 100% after co-pay
Bifocal Lenses	Covered 100% after co-pay
Trifocal Lenses	Covered 100% after co-pay
Lenticular Lenses	Covered 100% after co-pay
<b>Contact Lenses Options:</b>	
Elective	Covered 100% after co-pay. Up to 6 boxes disposable contacts
All Other Elective Contact Lenses	\$150 Allowance
Necessary Contact Lenses	Covered 100% after co-pay
Frame Retail Allowance	Up to \$100, then 30% discount off frame coverage
Laser Vision Discount	15% discount off usual and customary prices, or 5% off promotional prices at select provider locations