

2018 BENEFITS INFORMATION

Enrollment Facts for Active Benefits Eligible Employees:

This is a changes only enrollment. If you **do not** enroll during this open enrollment period, the following will occur:

- Your current healthcare coverage will continue; plan design changes will automatically be adjusted.
- Your dependent(s)' healthcare coverage will continue; plan design changes will automatically be adjusted.
- If you are opting out of healthcare, this election will continue and you will have to submit proof of other group or state-funded healthcare coverage.
- Your disability benefit will continue.
- Yours and your dependent(s)' flexible benefits will continue, premium changes will automatically be adjusted.
- Your current Flexible Spending Accounts (FSA) contribution will continue. During this open enrollment period you may increase your Medical FSA contribution to \$2,650 (formerly \$2,600).
- If you are being deducted the spouse/domestic partner annual surcharge, the deductions will continue.

All Cigna healthcare plan (OAP 10*, OAP 20, and LocalPlus) rates will remain the same for employee and dependent healthcare coverage. However, if you experience a change in salary band, as a result of last year's negotiations, you may have an increase in both employee and dependent healthcare deductions. The Board continues to subsidize dependent coverage.

NOTE: *OAP 10 is only available to those currently enrolled in the plan.

What's Changing?

Healthcare:

Plan designs for both the Cigna LocalPlus and OAP 20 plans will remain the same with the exception of the following enhancements:

- Decrease Urgent Care Center co-pay from \$70 to \$55
- Decrease Physical Therapy, Speech Therapy and Occupational Therapy co-pay from \$50 to \$35
- Decrease Seven Classes of Generic Drug co-pay to \$0

Flexible Benefits:

- Decrease in Premium for UnitedHealthcare Indemnity PPO High Dental plan
- Increase in Premiums for MetLife Voluntary Group Life Insurance

Spousal/Domestic Partner Surcharge:

If you currently cover your spouse/domestic partner on an M-DCPS healthcare plan and are being deducted the spouse/domestic partner surcharge, the annual surcharge of \$500, billed on a bi-weekly basis according to your pay schedule, will continue.

Deductions Per Pay Period	Deducciones Por Periodo de Pago	Dediksyon Pou Chak Peryòd Peye
10-month employees: \$25.00	Empleado de 10 meses: \$25.00	10 mwa anplwaye: \$25.00
11-month employees: \$20.84	Empleado de 11 meses: \$20.84	11 mwa anplwaye: \$20.84
12-month employees: \$19.23	Empleado de 12 meses: \$19.23	12 mwa anplwaye: \$19.23

However, if your spouse/domestic partner no longer has an employer sponsored healthcare plan available to him/her, please use the online enrollment application to update the status of their coverage.

During the online enrollment, click on the box next to the question that best describes the status of your spouse/domestic partner's coverage:

- My spouse/domestic partner does not have healthcare coverage available from his/her own employer and I choose to cover him/her through an M-DCPS plan (spousal/domestic partner surcharge will not be applied)
- My spouse/domestic partner does have healthcare coverage available through his/her own employer, but declines (opt-out) that coverage and I choose to cover him/her through and M-DCPS healthcare plan.
- My spouse/domestic partner does have healthcare coverage available through his/her own employer and he/she has elected that coverage; however, I choose to cover him/her through an M-DCPS healthcare plan.

Employees Hired After January 1, 2017:

- Employees hired after January 1, 2017 may be able to enroll in a plan of their choice in the following year after satisfying 12 months of continuous employment benefits in a benefits-eligible position.
- Employees hired during the Open Enrollment period have been enrolled in the Cigna LocalPlus Plan for both plan years 2017 and 2018. You must enroll online during this enrollment period for employee-paid benefits effective January 1, 2018 or you will not be allowed to make any changes after the deadline unless you experience an event that qualifies as an eligible Change in Status.

Dependent Documentation:

Proper dependent eligibility documentation is required for all dependents covered under a School Board plan and the documentation required is based on the type of dependent you are covering. For a complete list of the dependent documentation requirements, please visit www.dadeschools.net and under **Highlights** click on **2018 Benefits** then click on the **Notices/Forms** icon. All documentation will be treated as highly confidential. If documentation is not submitted your dependent coverage will be terminated. If documentation has already been provided you do not need to submit it again. If documentation has not been submitted you will receive a letter requesting it.