



2018 OPEN ENROLLMENT
NEWLY ELIGIBLE ACTIVE ADULT CHILD DEPENDENT
ENROLLMENT DEADLINE: DECEMBER 11, 2017
BENEFITS EFFECTIVE: JANUARY 1, 2018 – DECEMBER 31, 2018

*****IMPORTANT NOTICE*****

Dear M-DCPS Employee:

Our records indicate that your child dependent currently enrolled under your healthcare plan turned age 26 during this plan year. In order to continue coverage for the 2018 plan year, you must request a newly eligible adult child dependent package and return it, along with the required documentation, by the enrollment deadline. Failure to return the package by the deadline will result in the termination of your dependent's healthcare coverage effective December 31, 2017.

Important Rules Governing Dependent Coverage:

A provision in the Patient Protection and Affordable Care Act (PPACA) Healthcare Reform allows for an employee's dependent to be covered under their healthcare plan until the dependent reaches age 26. However, the School Board will continue to provide coverage as a regular child through the end of December 31, 2017. At that time, the dependent will be deemed an adult child. Under Florida law, a dependent adult child **ages 26-30** may be considered an eligible dependent for the purpose of "health" insurance.

You may **only** continue or add your dependent coverage until the end of the calendar year if the child:

- is dependent upon you for support;
- is not provided coverage as a named subscriber, insured, enrollee or covered person under any other group, blanket, or franchise health insurance policy or individual health benefits plan, or is not entitled to benefits under Title XVIII of the Social Security Act.

To obtain the Newly Eligible Adult Child Dependent package, visit www.dadeschools.net, under Highlights click on 2018 Benefits, then click on the Notices/Forms icon, then click on the "Newly Eligible Adult Child Dependent Package". The completed package must be submitted with the following dependent eligibility documentation:

- Affidavit of Eligibility
- Birth certificate or court documentation of adoption/guardianship/legal custody
- Social Security Number
- Driver License

Adult Child Dependent Healthcare Premiums:

CIGNA HEALTHCARE	PER PAY RATE ADULT CHILD DEPENDENT		
	10 Month	11 Month	12 Month
*Open Access Plus (OAP) 10	\$385.80	\$321.50	\$296.77
Open Access Plus (OAP) 20	\$366.00	\$305.00	\$281.54
LocalPlus	\$365.40	\$304.50	\$281.08

*OAP 10 will only be offered to dependents currently enrolled in this plan. AFSCME employees are not eligible for OAP 10.

If you have questions or need additional information, please contact the Office of Risk and Benefits Management at 305-995-1273 or 305-995-2883, Monday – Friday, 8:00 a.m. – 4:30 p.m. Your completed enrollment form and required documentation must be received by the December 11, 2017 deadline for coverage effective January 1, 2018.