Full-time Employees Open Enrollment Frequently Asked Question

(At this time, open enrollment dates only apply to Unions that have had successful negotiations.)

1. What is the Open Enrollment Period?

The Open Enrollment period is a period of time, determined by your employer, during which you are allowed to make any changes to your current benefits.

Note: No changes are allowed after the commencement of a new plan year, unless you experience a qualifying event.

2. When are benefits for the new plan year effective and for how long?

The benefits are effective January 1, 2018 through December 31, 2018.

3. Must all eligible employees enroll for benefits effective January 1, 2018?

No. You only need to re-enroll during this Open Enrollment period if you are making a change to your current benefits.

4. What happens if I do not re-enroll by the enrollment deadline?

If you do not re-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.
  NOTE: 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.
- ✓ 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.

5. How will I know when I can enroll?

You will be permitted to enroll during the Open Enrollment Period, November 27, 2017 through December 11, 2017. You will receive an email specifying your Bargaining Unit's enrollment dates.

6. When is the last day to make a change for benefits effective January 1, 2018?

If making changes, you must complete your online enrollment selections by 10 p.m. on December 11, 2017.

7. When is the online enrollment application available?

The application is available during the Open Enrollment period 24 hours/7 days a week.

8. What if I do not have a computer or Internet access available?

During the Open Enrollment period: if you do not have access to the Internet, you may visit an Open Enrollment Representative for assistance at:

School Board Annex Building
1501 NE 2nd Avenue, Room 335
Miami, Florida 33132
(7:30 a.m. – 4:30 p.m.)

or

School Board Administration Building (SBAB)
1450 NE 2 Avenue, Room 109
Miami, Florida 33132

or

Miami Killian Senior High School
10655 SW 97th Avenue, Teachers' Lounge
Miami , Florida 33176
(7:30 a.m. - 4 p.m.)

or

Hialeah Senior High School
251 East 47 St
Hialeah FL 33013
(7:30 am – 4:00 pm)

Additionally, you may have access to the Internet by using the Media Center of your school or nearby school or a public library.

9. What if I enroll and I want to change my benefits selections?

You may log into the enrollment site and change your benefits selections as many times as you want throughout the Open Enrollment period. Your last saved and submitted selections will be your benefits, effective January 1, 2018. Changes made during the Open Enrollment period of November 27, 2017 through December 11, 2017, until 10 p.m., will be effective January 1, 2018. For full-time employees, the first deductions will be taken on the payroll date January 5, 2018.

10. What changes can I make during Open Enrollment?

During this period, you may make changes to your current benefits, delete, or add eligible dependent.

11. Can I select coverage for myself through one healthcare plan and another for my family?

No. You and your eligible dependent(s) must be covered with the same healthcare plan.

12. Can I select coverage for myself through one flexible benefit plan provider and another for my family?

No. You and your eligible dependent(s) must be covered with the same flexible benefits plan and provider.

13. Can I decline healthcare coverage?

Yes. You may decline healthcare coverage. You must provide proof of other group or state-funded program coverage. Enrollment in an individual healthcare plan does not qualify. Additionally, you must agree to the provision set forth in the affidavit.

14. If I decline healthcare coverage, what happens to the Board contribution towards my healthcare coverage?

In lieu of healthcare coverage, you will receive $100 per month paid bi-weekly through the payroll system, based on our deduction pay schedule (subject to withholding and FICA) as follows:

10-month employees will receive their payments in 20 pay checks.
11-month employees will receive their payments in 24 pay checks.
12-month employees will receive their payments in 26 pay checks.

If you do not provide proof of other group healthcare coverage or state-funded healthcare coverage, you will be automatically assigned to the Cigna LocalPlus (Employee-only) healthcare plan and standard Short-term Disability.

If electing to decline healthcare coverage during this Open Enrollment, you are required to submit proof of enrollment in another group or state-funded program, even if previously submitted.

15. Will I be able to view and print a confirmation of my 2018 benefits selections?

Yes. Prior to enrollment you can view your 2018 Benefits Confirmation Statement and verify you are enrolling in the benefits you need for the next year. The 2018 Benefits Confirmation Statement will reflect the new rates for 2018. If you make changes to your benefits during the enrollment process, you will be able to view and print your updated 2018 Benefits Confirmation Statement immediately after benefits selections are successfully saved. A benefits notice is automatically generated and presented at the end of your enrollment sessions.

16. What do I need to submit to ensure that my dependent(s) will have coverage?

If not previously submitted, you will need to submit dependent eligibility verification before the start of the 2018 Plan Year. Otherwise, your dependent's coverage may be terminated. Any dependent child who turned 26 in the year 2017 (born in 1991) cannot be covered or added for 2018 as a regular dependent. If a covered dependent is disabled, proof must be submitted in order for coverage to continue beyond 26 years of age.

17. Will my current Adult Child dependent's coverage continue?

Yes. Your currently enrolled dependent adult child's, age 26-30, coverage will continue. However, you must submit dependent eligibility documentation with the completed enrollment form by the enrollment deadline. A dependent adult child, who reaches age 30, will have his coverage terminated at the end of the calendar year in which he reached the age of 30.

18. Will OAP 10 and OAP 20 continue to be offered at a cost to the employee for employee-only coverage?

Yes. OAP 10 and OAP 20 will continue to be offered with an employee cost share, based on the employee's benefits salary. OAP 10 will only be available to those currently enrolled in the plan.

19. Is there a free healthcare option being offered?

Yes. The Cigna LocalPlus Plan, employee-only coverage, is being offered at no cost to all benefits eligible employees.

20. If enrolling in the Cigna LocalPlus Plan, will I be required to select a Primary Care Physician?

You are not required to select a Primary Care Physician (PCP). However, we encourage all covered members to establish a relationship with a physician. If you do not have a physician, choose a participating in-network physician and schedule your appointment in 2018.

Again this year, employees represented by the AFSCME Union will be required to select a PCP at the time of enrollment. At this time, your enrollment is pending final negotiation, ratification and Board approval.

21. How do I view the Cigna Healthcare or Flexible Benefit Plan provider directories?

To view participating providers in Cigna: log in to **www.cigna.com** and click on "Find a Provider".

To view participating providers in the Flexible Benefits Plans: log in to **www.dadeschools.net**, click on "2018 Benefits" and click on the "Resources" links under each benefit.

22. How do I prove that my spouse/domestic partner has or does not have group coverage available through her/his employer?

During the online enrollment, the application will display an Affidavit and you will be given the opportunity to click on the box that best describes the status of your dependent's group coverage.

- If you cover your spouse/domestic partner on your healthcare plan and your spouse/domestic partner has coverage available from his/her own employer, an additional annual surcharge of $500 will be charged. The annual surcharge will be billed on a bi-weekly basis according to your pay schedule.

- If you cover your spouse/domestic partner on your healthcare plan and your spouse/domestic partner does not have an employer sponsored healthcare plan available to him/her, the spousal surcharge will not be applied.

23. If I take a Board-approved leave of absence, whom do I contact about my benefit?

Once your leave is approved and the Office of Risk and Benefits Management receives notification, you will be eligible for applicable benefits in accordance to your Bargaining Unit and type of leave. You will be billed for employer-paid benefits in accordance to the type of leave and labor contact. Additionally, you will be billed for all employee-paid benefits.

Miami-Dade County Public Schools implements the Family and Medical Leave Act of 1993 (FMLA) through provisions contained in the School Board Rules and collective bargaining agreements.

For questions regarding your benefits while on leave, please call the Leave Billing Specialist at 305-995-7458.

24. What happens to my benefits if I terminate employment?

Your coverage will cease at the end of the calendar month in which employment terminates. Benefits will remain in effect through August 31st for 10-month employees who terminate employment during the last month of the school year.

Note: An individual who loses coverage under the plan becomes entitled to elect COBRA. The individual has the right to continue his or her medical, dental, and vision coverage under COBRA law for a period of 18 months and/or Medical FSA deposits until the end of the plan year following termination of employment. The individual must notify the COBRA specialist at the Office of Risk and Benefits Management at 305-995-1285 or 305-995-7137.

25. If I am hired during this Open Enrollment period, must I enroll for the current plan year as well as the next plan year?

New hires will be enrolled in the Cigna LocalPlus plan (employee-only) from date of hire through the end of the calendar year and may be able to enroll in a plan of their choice in the following year after satisfying 12 months of continuous employment in a benefits-eligible position. However, you must enroll during this Open Enrollment period for employee-paid benefits effective January 1, 2018.