

2018 HIGHLIGHTS! CIGNA HEALTHCARE PLANS:

**Applies to Full-time Active Employees, Part-Time Employees,
COBRA Participants and Retirees (not Medicare Recipients)**

Cigna LocalPlus

- Premiums remain the same.

Cigna Open Access Plus (OAP) 20:

- Premiums will remain the same.

Cigna Open Access Plus (OAP) 10:

- Benefits and premiums remain the same.

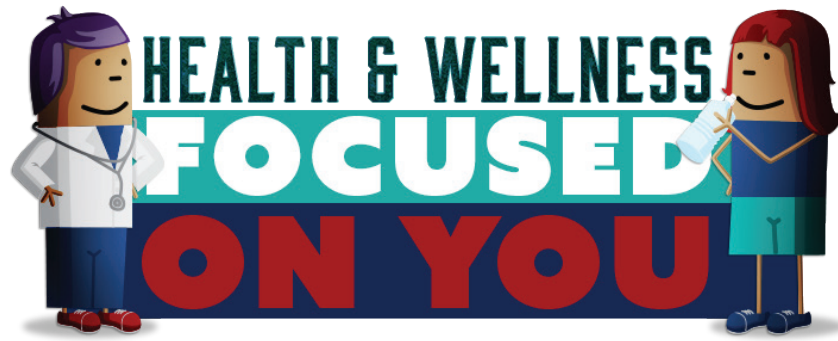
Note: Full-time active employees - If you experience a change in salary band, as a result of last year's negotiations, you may have an increase in both employee and dependent healthcare deductions. The Board continues to subsidize dependent coverage. *OAP 10 is only available to those currently enrolled in the plan.

The following plan enhancements apply to Cigna LocalPlus and Cigna OAP 20 Healthcare plans:

- 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

Adult Child Healthcare Coverage:

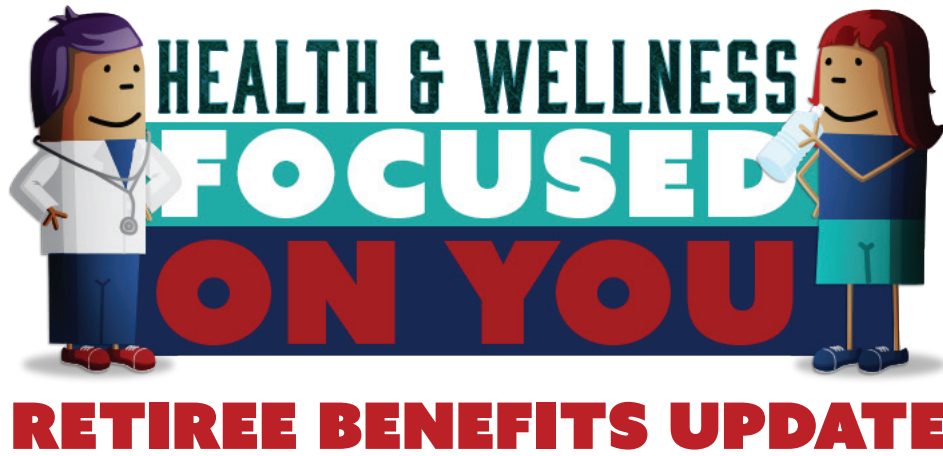
- Premiums will remain the same.



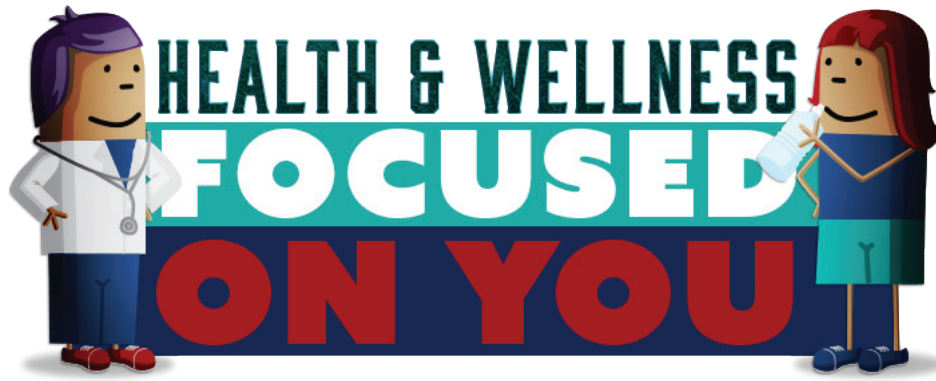
BENEFITS UPDATE FULL-TIME ACTIVE EMPLOYEES

(At this time, open enrollment dates applies to all unions that have had successful negotiations.)

- The Board provides Cigna LocalPlus at no cost to the employee.
- Cigna LocalPlus is comprised of a network of physicians that have demonstrated the best outcomes.
- Cigna OAP 20 & OAP 10 has an employee cost share determined by the employee's benefits salary band.
- Employees are not required to select a primary care physician and referrals are not needed when seeking services from a specialist.
- All University of Miami physicians continue to be in the Cigna LocalPlus network. Primary medical care at UHealth Medical Center at Miami Jackson Senior High School for all Cigna healthcare plans continue to be provided at a \$10 co-payment.
- In accordance with the Affordable Care Act (ACA) medical, Rx costs, deductibles and co-insurance are counted toward your Annual Maximum Out-of-Pocket (MOOP). Employees save more because once the MOOP has been reached; the employee will be covered 100 percent and will have no other healthcare costs to pay.
- All employees must view their 2018 benefits statement via the Internet. To make changes to your current benefits and view your benefits, log on to www.dasdeschools.net.
 - Log-in to the Employee Portal
 - Enter your login username and password Click on the "2018 Open Enrollment" link
- 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.



- Review your current benefits.
- Evaluate the plan offerings to determine which benefits best meets your needs.
- Contact your provider prior to making changes to your current benefits to verify they are a participating provider in the plan. Remember to always verify provider participation prior to scheduling an appointment or receiving services.
- If making changes to your current benefits, complete the Open Enrollment and/or FRS forms enclosed in your enrollment package. Keep a copy of your enrollment form for your records.
- Provide your email address, if not previously submitted.
- If covering a dependent, a valid Social Security Number must be provided.
- If covering a dependent, documentation of proof of eligibility must be provided, if not previously submitted.
- If selecting DeltaCare USA Dental DHMO plan, you must select a dental provider and facility number and must also live in the State of Florida.
- If selecting UnitedHealthcare DHMO plan, you must live in the State of Florida.



UNDER AGE 65 OR OVER AGE 65 AND NOT MEDICARE ELIGIBLE

- Cigna Healthcare plans continue to be offered to retirees and dependents that are Under Age 65 or Over Age 65 and not Medicare eligible.
- If enrolling in a Cigna Healthcare plan, you and your eligible dependent must enroll in the same healthcare plan.

NOTE: If you and your dependent are Medicare eligible due to age or Medicare entitlement, you must enroll in both Medicare Parts A & B. Failure to enroll in Medicare Parts A & B will result in disenrollment from the Cigna Healthcare plan.

- Cigna LocalPlus is comprised of a network of physicians that have demonstrated the best outcomes.
- Retirees are not required to select a primary care physician and referrals are not needed when seeking services from a specialist.
- All University of Miami physicians continue to be in the Cigna LocalPlus network. Primary medical care at UHealth Medical Center at Miami Jackson Senior High School for all Cigna healthcare plans continue to be provided at a \$10 co-payment.
- In accordance with the Affordable Care Act (ACA) medical, Rx costs, deductibles and co-insurance are counted toward your Annual Maximum Out-of-Pocket (MOOP). Employees save more because once the MOOP has been reached; the employee will be covered 100 percent and will have no other healthcare costs to pay.