

2017 HIGHLIGHTS!

CIGNA HEALTHCARE PLANS:

Applies to Full-time Active Employees

Cigna LocalPlus

- Benefits and premiums remain the same.

Cigna Open Access Plus (OAP) 20:

- There will be a pharmacy co-payment increase for the Brand and Non Brand name medications at retail and mail-away.
- Premiums will remain the same

Cigna Open Access Plus (OAP) 10:

- Increase in both in-network and out-of-network deductible and maximum out-of-pocket (MOOP).
- Increase in physician office co-payment
- Increase in out-of-network co-insurance
- Increase in pharmacy co-payment for Brand and Non-Brand at retail and mail-away

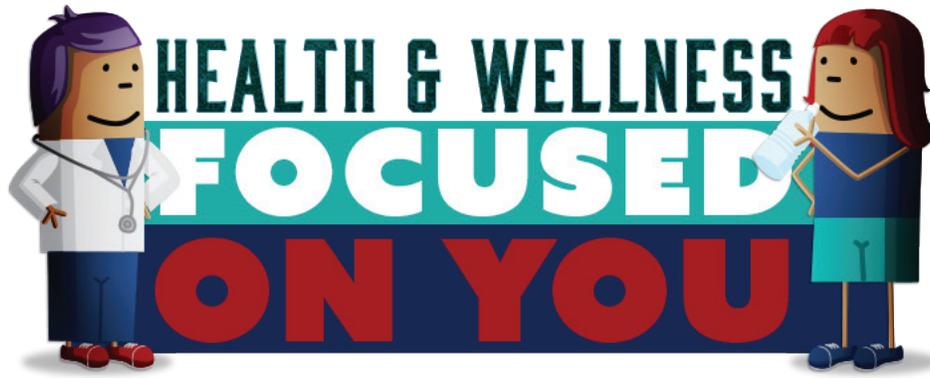
Note: Active employees will experience an increase in dependent premium. Effective 1/1/2017, this plan is not available to new participants.

The following plan enhancements apply to all three (3) Cigna Healthcare plans:

- The introduction of The Cigna 90 Now Broad Retail Network.
- CVS network will now be part of the pharmacy network

Adult Child Healthcare Coverage:

- Premium increase.



BENEFITS UPDATE

FULL-TIME ACTIVE EMPLOYEES

(At this time, open enrollment dates applies to all unions that have had successful negotiations. AFSCME enrollment is being offered pending successful ratification and Board approval)

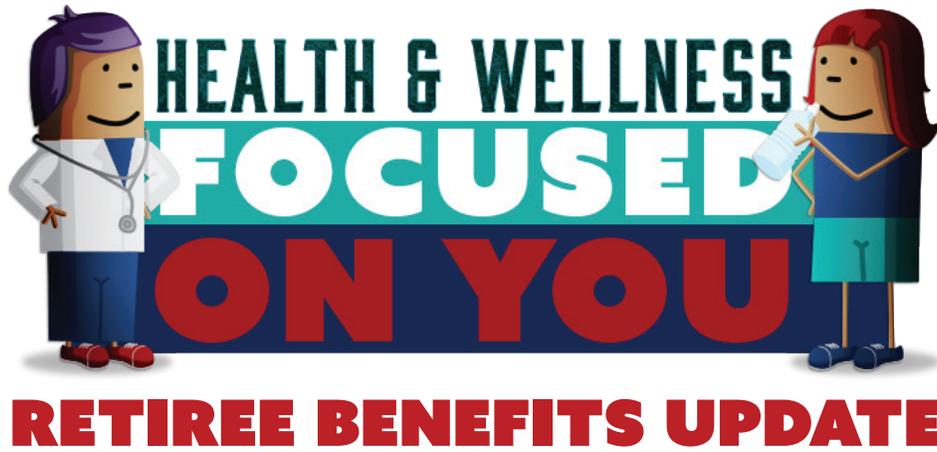
- The Board provides Cigna LocalPlus at no cost to the employee.
- Cigna LocalPlus is comprised of a network of physicians that have demonstrated the best outcomes.
- Cigna OAP 20 & OAP 10 has an employee cost share determined by the employee's benefits salary band.
- Employees are not required to select 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 is 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 benefits eligible employees are provided with Board-paid Standard Short-Term Disability (STD) coverage.
- The School Board provides a Term Life and Accidental Death and Dismemberment (AD&D) program with Metropolitan Life Insurance Company for all full-time employees. The coverage amount is either one or two times your annual base salary, rounded up to the next \$1,000. Administrators and Confidential Exempt employees receive two times the annual base salary. All other employees receive one times their annual base salary. The minimum benefit for employees represented by AFSCME is \$10,000. Additional life insurance may be purchased through payroll deduction to bring maximum benefits to an additional, one times



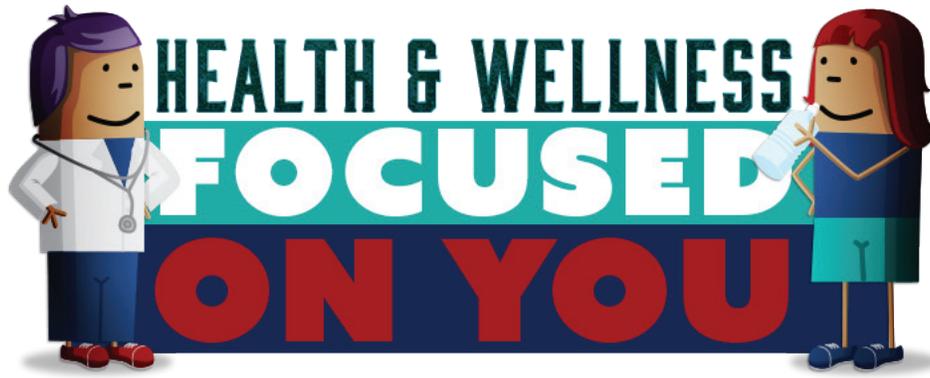
the amount provided by the School Board. You will be eligible to increase your coverage to a maximum of five times the annual base salary after the first year of participation in the optional life program. Evidence of Insurability will be required for any increases in coverage. To find out more about Board-Paid Term Life and Accidental Death and Dismemberment; contact the MetLife representative at 1.305.995.7029.

- All employees must view their 2017 benefits statement via the Internet. To make changes to your current benefits and view your benefits statement, log on to www.dadeschools.net.
 - Log-in to the Employee Portal
 - Enter your login username and password
 - Click on the "2017 Open Enrollment" link

- New-hire employees hired after January 1, 2017 will continue to have their healthcare coverage effective the day of hire and will be enrolled in the Cigna LocalPlus Plan from the date of hire and may be able to enroll in a plan of their choice, other than OAP 10, in the following plan year after satisfying 12-months of continuous employment in a benefits eligible position.



- 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.