#### REMINDER! Open Enrollment ends December 16, 2024.

This banner will appear when you log in to the portal. To enter the enrollment application, click on "**Click here to enroll!**".

This is a **MANDATORY** enrollment for Healthcare and Flexible Benefits. Your and your dependents' current healthcare plan and/or Flexible Benefits will **terminate on December 31, 2024;** therefore, you **must** enroll during this open enrollment period. However, if you are currently enrolled in a Disability (STD buy-up and/or LTD) plan, those benefits will continue for the 2025 plan year and premium increases will automatically be applied.

If you **do not enroll**, you will be automatically assigned to **Cigna SureFit Network** (employee only) healthcare plan.



# Step 2

At the beginning of your enrollment session, print your current 2024 Benefits Statement to evaluate if your current plans still meet your needs.

To proceed, you must click the "Click here to Continue" button.

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Open Enrollment: Step 1 of & (Your Current Be	nefits Statement)	
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	Date: 12/31/2024	
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#### **Step 3** Review your 2025 Benefits Statement.

This statement will display your benefits for the 2025 plan year if you **DO NOT enroll** during this open enrollment period. Please note it will reflect your per pay deductions based on your updated Benefit salary, as of June 30<sup>th</sup>, 2023.

Click the "Click here to Continue" button, to begin your enrollment.

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#### **Step 4** Review your personal data.

Please review your personal data. If any of your personal data is incorrect, contact Employee Services Helpline at 1.305.995.7888.

Click the "Click here to Continue" button to proceed to your enrollment.

Previous Click here to Continu	4 of 10 (Personal and	Address data)							
Your Benefits Education	2 Your Current Benefits Statement	3 Your 2019 Benefits Statement	4 Personal and Address data	6 Dependents and Beneficiaries	6 Health Plans	7 Insurance Plans	8 Flexible Spending Accounts	9 Miscellaneous Plans	10
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lease review your personal dat	a, If any of your personal data is inc	orrect, contact Employee Service	s at (305) 995-7888		If you w	ant to change your a	ddress information, please click	on the below button.	
					Change	Address Information	]		

## **Step 5** Update your dependent and/or beneficiary information.

To elect coverage for your eligible dependent(s) or elect a person as a beneficiary on a Life and/or Accidental Death and Dismemberment (AD&D) plan, you must first add their information in this section of the enrollment application. If you **DO NOT** have changes to the information displayed, click the **"Click here to Continue"** button to proceed to the next step.

Please note based on historical data, a list of people will automatically display. At this time, you may correct the address for any dependent/beneficiary already listed. If the record for a dependent and/or beneficiary **DOES NOT** display, you will need to **add** it. Adding a dependent or beneficiary record in this section **DOES NOT** provide them insurance coverage or names them as your beneficiary.

This is the list of people you will be able to select from during your enrollment session. If you need to make any other type of correction, please contact The Office of Risk & Benefits Management at 1.305.995.7129.

or

#### To add or change your charity organization, will or trust.

If you **DO NOT** have changes, click the **"Click here to Continue"** to proceed to the next step.

You may add or change a charity organization or add or change a will or trust designation by clicking on the add box.

If you would like to select a trust, will or charity organization as a beneficiary during your Employee Benefits enrollment process, please add their information in this section.

You do not need to include an address when adding a NATIONAL charity or organization.

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#### Review your selection carefully before you click "Save and Back".

## Step 6 Enroll or Waive Employee Healthcare Coverage. This is a MANDATORY enrollment.

You must click on **Enroll** to view the available healthcare options for 2025. Click the Employee only healthcare plan you wish to select.

If you wish to decline healthcare coverage, select Waive Employee Medical.

If you wish to have your per pay cost deducted from your paycheck on a post-tax basis, simply click the button next to post-tax deductions.

Please note a PCP is required for the SureFit plan; therefore, click on the box next to **PCP Name** and search for them by Name, Facility, City or Zip Code. Click next to their name to populate.

Click **Next** to continue.

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	Dependent Med	01/01/2025		Waive Dependent Medical	Waived Coverage						
	Dental	01/01/2025		Waive Dental Coverage	Waived Coverage						
	Vision	01/01/2025		Waive Vision Coverage	Waived Coverage						
	Identity Theft	01/01/2025		Waive Identity Theft Plan	Waived Coverage						
	Hospital Ind	01/01/2025		Waive Hosp. Indemnity Plan	Waived Coverage						

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**Enroll or Waive Dependent Healthcare Coverage.** If you wish to have your dependent(s) covered in a medical plan in 2025, YOU MUST ENROLL THEM. Otherwise, your dependent(s) will not be covered under your medical plan.

**NOTE:** Your healthcare plan selection prompted you to take an additional step to verify whether you wish to enroll your dependents. You **must** click on Enroll.

If you do not wish to cover your dependent for the upcoming plan year, you must select **Waive Dependent Medical**.

Based on your dependents' benefits eligibility, different levels of dependent coverage will appear highlighted on the screen. **Your per pay deduction amount is listed.** 

Click **Next** to continue.

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Change Vision	01/01/2021		EyeMed Vision Plan	Employee + Family	Johnny Smarts	6.46 USD Bi-weekly	
	01/01/2021		Identity Theft Plan	Employee Only			2.58 USD Bi-weekly
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If you cover your spouse or domestic partner on your healthcare plan, you need to respond to the Spousal/Domestic Partner Surcharge Affidavit. The Affidavit will appear after you have selected their medical coverage and clicked on "Next".

Click on the appropriate box that best describes your spouse's/domestic partners' medical coverage status and click **Accept**.

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•	1 2	Select a Dependent Med Plan					1
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stimated	d Total Pre-Tax Cost 208.37 Bi-weekly Est	n Plan Name	Option	Coverage	Pre-Tax Costs	Post-Tax Costs	
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efore yo	to begin your enrollment, please make sure you have a benefit selection, click the "Enroll" or "Change" h	Waive Dependent Medical	Waive Dependent Medical	Waived Coverage			
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Actions	at will appear.	If you cover your spouse/domestic partner on an M-DCP	S medical plan and your spouse/domestic pa	artner has coverage available from their o	own employer, an additional annual surcharge	of \$500 will be charged and deductions will	
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**Enroll or Waive Dental Coverage.** To select a dental plan, click on the **Enroll** button next to dental plans.

To select your dental plan for the upcoming plan year, click the plan you wish to enroll in and level of coverage you want Employee only coverage or Employee + Family coverage.

You must click on **Next** to continue.

**NOTE:** If you select DeltaCare DHMO Low or High, you will need to select a PDP. Click on the small box next to PDP Name and search for your dentist then click next to their name to populate.

Proceed to click on the **Enroll** button for Vision and Identity Theft coverage and make your benefits selection

			- Ion Hamo	option	oororago	110 100 0000	1 001 14A 00010
Open E	nrollment: Step 5 of 8 (Health Plan	1	DeltaCare USA DHMO Low	DHMO Low	Employee Only	3.72 USD Bi-weekly	
Previou	s Click here to Continue 🕨   Benefits Resources 🖌		DeltaCare USA DHMO Low	DHMO Low	Employee + Family	9.48 USD Bi-weekly	
I.	2		DeltaCare USA DHMO High	DHMO High	Employee Only	6.02 USD Bi-weekly	
Yo	ur Current Benefits Statement Your 2024 Benefit Stat		DeltaCare USA DHMO High	DHMO High	Employee + Family	15.38 USD Bi-weekly	
			Delta Dental PPO Strd	PPO Strd	Employee Only	8.98 USD Bi-weekly	
			Delta Dental PPO Strd	PPO Strd	Employee + Family	27.51 USD Bi-weekly	
Estimated	d Total Pre-Tax Cost 269.00 Bi-weekly Estimated		Delta Dental PPO High	PPO High	Employee Only	14.48 USD Bi-weekly	
			Delta Dental PPO High	PPO High	Employee + Family	43.30 USD Bi-weekly	
To enroll will assig	in a healthcare plan of your choice, you must click on the n you a participating provider based on your zip code.	۲ 	UHC Solstice DHMO Strd	UHC Solstice DHMO Strd	Employee Only	3.40 USD Bi-weekly	
			UHC Solstice DHMO Strd	UHC Solstice DHMO Strd	Employee + Family	8.71 USD Bi-weekly	
Acti	Plan Type St	8	UHC Solstice DHMO High	UHC Solstice DHMO High	Employee Only	4.56 USD Bi-weekly	
Change	Employee Med 01	1	UHC Solstice DHMO High	UHC Solstice DHMO High	Employee + Family	11.71 USD Bi-weekly	
	Flex Credit 01	1	UHC PPO Dental Strd	UHC PPO Dental Strd	Employee Only	8.53 USD Bi-weekly	
Change	Dependent Med 01	1	UHC PPO Dental Strd	UHC PPO Dental Strd	Employee + Family	26.14 USD Bi-weekly	
Enroll	Dental 01	1	UHC PPO Dental High	UHC PPO Dental High	Employee Only	16.35 USD Bi-weekly	
	Vision 01	,	UHC PPO Dental High	UHC PPO Dental High	Employee + Family	49.92 USD Bi-weekly	
	1500		Waive Dental Coverage	Waive Dental Coverage	Waived Coverage		
	Identity Theft 01	Dre	Tax or Post Tax Deduction				
	Hospital Ind 01						
		•	Pre-Tax Deduction				
		0	Post-Tax Deduction				

Step 10 Hospital Indemnity Coverage **Enroll or Waive Hospital Indemnity Coverage.** This benefit requires the employee and their dependents to have the same level of coverage. You must also list the dependents you wish to have covered on this plan at the time you make the selection. Click **Next.** 

Your Current Benefits Statement Your 2021 Benefit State	ment Personal and Address data Depend	4 6 ents and Beneficiaries Health Plans Insurance	Plans Flexible Spending Accounts	8 Review and Save		
timated Total Pre-Tax Cost 473.60 Biuweekiv Estim	Select a Hospital Ind Plan					×
	Plan Name	Option	Coverage	Pre-Tax Costs	Post-Tax Costs	1
fore you begin your enrollment, please make sure you have ac	Employee Only \$50 a day	Employee Only \$50 a day	Employee Only	0.84 USD Bi-weekly		
change a benefit selection, click the "Enroll" or "Change" but erefore it is a changes only enrollment for those plans if you o	Employee Only \$150 a day	Employee Only \$150 a day	Employee Only	2.48 USD Bi-weekly		ndent Medical. You ma
tton that will appear.	Employee & Family \$50 a day	Employee & Family \$50 a day	Employee + Family	2.11 USD Bi-weekly		
	Employee & Family \$150 a day	Employee & Family \$150 a day	Employee + Family	6.25 USD Bi-weekly		Post-Tax C
dospital Indemnity enrollment	Waive Hosp. Indemnity Plan	Waive Hosp. Indemnity Plan	Waived Coverage			
requires the employee and	Pre-Tax or Post-Tax Deduction					
hier family to have the same 01/	Rea Tax Deduction					
level of coverage. You must 01/	C Profile Deduction					
Iso list those dependents you 01/	C Post-lax Deduction					-
his plan at the time you make						
the selection.	If you select a plan that requires a deduction fro	m your paycheck and you wish to have the deduction t	aken on a post-tax basis, please selec	t the Post-Tax Deduction option. If a	Pre-Tax/Post-Tax Deduction option	2.58 USD
01/	does not appear, this premium deduction is only	eligible to be taken on a post tax basis.				
	Enroll Dependents					
	Johnny Smarts (Spouse)					
					Next Cancel	

You must click "Click Here to Continue" to proceed and view additional benefits.

## Step 11

**Enroll or Waive Disability Plans**. The School Board provides all Full-time employees with Short-term Disability (STD) Standard. If you would like to upgrade this coverage for an additional premium, you may do so at this time.

You may also purchase Long-term Disability (LTD) during this enrollment. If you did not select to enroll in the STD Upgrade or the LTD plan last year and wish to select it for 2025 plan year, you will be subject to Evidence of Insurability (EOI).

However, if you are currently enrolled in a Disability (STD buy-up and/or LTD) plan, those benefits will continue for the 2025 plan year and premium increases will be automatically applied.

Click Next.

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Overview							
imployee Self-Service > Overview							
Open Enrollment: Step 6	of 8 (Insurance Plans)						
Previous Click here to Continue	Benefits Resources						
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Before you begin your enrollment, p	lease make sure you have added the depen	dents and/or beneficiaries v	ou would want to select from duri	no the enrollment process.			
To change a benefit selection, click t	the "Enroll" or "Change" button. The medica	al plans effective January 1,	2021 are changing. It is MANDATO	ORY enrollment for the employee m	edical and dependent medical plans. The	Flexible Benefits i.e., dental, vision etc.	are remaining the same.
button that will appear.	nen ter these plans if you do not excer you	in plan and coverage level in	in temain die same as your currer	n teren in you select to change the	tonowing plans, you will be prompted to	re-entor in the corresponding pairs, cin	proyee only medical respondent medical roo may
Actions Plan Type	Select a Disability S Plan						Post."
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Change Disability L	NOTE: If you do not select to up	ograde, the first time you are	e eligible for the coverage, you wil	I be subject to Evidence of Insurab	ility.		
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mployee Self-Service > Overview							
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Your Current benents Statement	Tour 2021 Benefit Statement Personal an	id Address data Dependen	ts and beneficianes Pleann Plans	Insurance Plans Plexible Sp	ending Accounts Review and Save		
Estimated Total Pre-Tax Cost 473	.60 Bi-weekly Estimated Total Post-Tax Co	ost 9.18 Bi-weekly					
Before you begin your enrollment, pleas	se make sure you have added the dependents a	and/or beneficiaries you would	I want to select from during the enrol	liment process.			
To change a benefit selection, click the	"Enroll" or "Change" button. The medical plan	s effective January 1, 2021 are	changing. It is MANDATORY enrolling	ent for the employee medical and de	endent medical plans. The Flexible Benefits	i.e., dental, vision etc. are remaining the sa	me.
button that will appear.	interinte plans il you do not elect, your plan	and coverage level will rental	i the same as your current level. If yo	ou select to change the following plan	s, you will be prompted to re-enton in the co	rresponding plans, employee only medical	roependent medical. You may up so by clicking on the
Actions Plan Type	Starte On	Status	Plan Name	Coverage	Primary Beneficiaries	Pre-Tax Costs	Post-Tax Costs
Change Disability S	01/01/2021	Current	Waive STD Upgrades				
Disability S	01/01/2021	Pending EOI	STD			4.48 USD BI-weekly	
Change Disability L	01/01/2021		Waive LTD Plans				
Change Legal Plan	01/01/2021		Select a Disability L Plan				
Change Voluntary Life	01/01/2021		NOTE: If you do not select Long Terr	n Disability(LTD), the first time you ar	e eligible for the coverage, you will be subje	ct to Evidence of Insurability.	
Change AD&D	01/01/2021		Plan Name	a biosconffici bij die inet eine foe o	Pre-Tay Costs	Post. Tay Costs	
		and the second second second	ITD		Pieriax cons	25.26 LISD Biureakly	
			Waive LTD Plans			2320 000 0-00000	
			If you select a plan that requires a de does not appear, this premium dedu-	eduction from your paycheck and you ction is only eligible to be taken on a	wish to have the deduction taken on a post- post tax basis.	tax basis, please select the Post-Tax Deduc	tion option. If a Pre-Tax/Post-Tax Deduction option
							[Next Cancel

Completing your 2025 Enrollment.

Click on the **"Click here to Continue"** to review and submit your enrollment. To submit your enrollment elections, scroll down, review your benefits and click on the **Submit** button.

Your Current Benefits	2 Statement Your 2021 Bene	I Statement Personal and	Address data Dependents	4 6 and Beneficiaries Health Plans	6 Insurance Plans Flexibl	7 8 4		
timated Total Pre-Tax Co	st 473.60 Bi-weekly	Estimated Total Post-Tax Cos	t 9.18 Bi-weekly					
Plan Changes								
tan Type	Starts On	Status	Plan Name	Coverage	Dependents	Primary Beneficiaries	Pre-Tax Costs	Post-Tax Costs
ependent Med	01/01/2021	Changed	Dep. Med. SureFit	Spouse	Johnny Smarts		246.00 USD Bi-weekly	
pousal Surchar	01/01/2021	Changed	Spousal Surcharge	SP Surcharge			19.23 USD Bi-weekly	
isability S	01/01/2021	Pending EOI	STD				4.48 USD Bi-weekly	
is ability L	01/01/2021	Pending EOI	LTD					25.26 USD Bi-weekly
Inchanged Plans								
lan Type	Starts On Statu	s Plan Name		Coverage	Dependents	Primary Beneficiaries	Pre-Tax Costs	Post-Tax Costs
lex Credit	01/01/2021	Employee Medical Pla	n Elected					
mployee Med	01/01/2021	EE only SureFit		Employee Only				
ental	01/01/2021	DeltaCare USA DHM0	Low	Employee + Family	Johnny Smarts		9.48 USD Bi-weekly	
ision	01/01/2021	EyeMed Vision Plan		Employee + Family	Johnny Smarts		6.46 USD Bi-weekly	
lentity Theft	01/01/2021	Identity Theft Plan		Employee Only				2.58 USD Bi-weekly
ospital Ind	01/01/2021	Employee & Family St	ið a day	Employee + Family	Johnny Smarts		2.11 USD Bi-weekly	
isability S	01/01/2021	Waive STD Upgrades						
isability L	01/01/2021	Walve LTD Plans						
agal Plan	01/01/2021	Metlife Legal Plan						6.60 USD Bi-weekly
sluntary Life	01/01/2021	Voluntary Life		50,000.00 USD		Johnny Smarts (75%), Mathew Smarts (25%)	4.62 USD Bi-weekly	
D&D	01/01/2021	AD&D		500,000.00 USD		Johnny Smarts (100%)	3.00 USD Bi-weekly	
ledical FSA	01/01/2021	Medical FSA					28.85 USD Bi-weekly	
		Dan Care ESA					153.85 USD Bi-weekly	

#### **Employee Benefits Confirmation Statement**

Click to print a copy of your Employee Benefits Confirmation Statement by clicking on Print Benefits Confirmation Statement.

Overview				27 Print Benefits Confirm	nation Statement - SAP NetWeaver P	ortal - Google Chrome		- 0	×	
mployee Self-Service > Over	view			A Not secure   erp	qas15.dadeschools.net:50000/i	rj/servlet/prt/portal/prtroot/pcdl3	aportal_contentl2fevery_userl2fgenerall2fdefau	ItAjaxframe	wo	
Open Enrollment				Benefits Confin	rmation				_	
What do you want to do Print Benefits Confirm: Go to Benefits Particip Voluntary Benefits Enr Prescription Drug Crec	next? ation Statement ation Conview other			Form.pdf	~	1 / 3	¢. :	± 0	i	
Benefit Elections Sum Plan Type Flex Credit	mari Starts On 01/01/2021	Status Changed	Plan Name Employee Medical Plan Elected		<del>)</del>	nlovee Benefits Confirme	tion Statement			Post-Tax Co
Employee Med Dependent Med Spousal Surchar Hospital Ind	01/01/2021 01/01/2021 01/01/2021 01/01/2021	Changed Changed Changed Changed	EE only SureFit Dep. Med. SureFit Spousal Surcharge Employee & Family SS0 a day	<b>D</b> 01	ate 1/01/2021	proyee benefits countrina			kiy V	
Dental Vision Identity Theft	01/01/2021 01/01/2021 01/01/2021		DeltaCare USA DHMO Low EyeMed Vision Plan Identity Theft Plan	Li 65	n Smarts 511 SW 133 COURT	WORK LOCATIO 9903	N	,		2.58 USD B
Disability S Disability L Legal Plan	01/01/2021 01/01/2021 01/01/2021	Pending EOI Pending EOI	STD LTD Metife Legal Plan	M	IAMI, PL 33177	00230824	Lin Smarts			25 26 USD 8 6 60 USD 8
Volunt AD&D To Medic Staten	get your enrollme nent, double click	nt Confirmation on "Print Benefits	ry Life	IN	IPORTANT - PLEASE R LEASE REVIEW -	EAD!			y	
Dep. C Confirm confirm F	mation Statement' ming what you hav Please save it for	. This statement is ve just completed. your records.	are FSA	Bei	low is a summary of your 2021 bene coverage, dependents covered per pl d PDP (Primary Dental Provider), if	rfits. This information includes your sel an as well as your Primary Care Physic you enrolled in the Delta Dental DHM	lected plans, the applicable premium deductions, levels ian (PCP), if you enrolled in the Cigna SureFit plan, O plans.		kly	
	2	_		lf y dis you	you chose not to enroll during the 20 ability plan and you elected to enroll a are considered for coverage.	20 open enrollment in the Short Term l l during this enrollment period, you mu	Disability buy-up plan and/or in the Long Term st now complete Evidence of Insurability (EOI) before	+		
				Ify	you do not agree with the listed cover	rage, you may log into the application	and make changes up to your enrollment deadline.		•	

## Step 14 Voluntary Benefits Enrollment

To view and participate in the Voluntary Benefits Enrollment, please click on the link displayed.

pen Enrollment								
What do you want to do	next?							
Print Benefits Confirm	ation Statement							
Go to Benefits Partici	pation Overview							
Voluntary Benefits En	rolment							
Prescopeion Drug Cre	ciple Coverage Cice							
Benefit Elections Sun	nmary	-						
Plan Type	Starts On	States	Plan Name	Coverage	Dependents	Primary Beneficiaries	Pre-Tax Costs	Post-Tax Costs
Flex Credit	01/01/2021	Changed	Employee Medical Plan Elected					
Employee Med	01/01/2021	Changed	EE only SureFit	Employee Only				
Dependent Med	01/01/2021	Changed	Dep filed SureFit	Spouse	Johnny Smarts		246.00 USD Bi-weekly	
Spousal Surchar	01/01/2021	Changed	Spousal Surchase	SP Surcharge			19.23 USD Bi-weekly	
Hospital Ind	01/01/2021	Changed	Employee & Family \$50 anday	Employee + Family	Johnny Smarts		2.11 USD Bi-weekly	
Dental	01/01/2021		DeltaCare USA DHMO Low	Employee + Family	Johnny Smarts		9.48 USD Bi-weekly	
Vision	01/01/2021		EyeMed Vision Plan	Employee + Family	Johnny Smarts		6.46 USD Bi-weekly	
Identity Theft	01/01/2021		Identity Theft Plan	Employee Only				2.58 USD Bi-weekly
Disability S	01/01/2021	Pending EOI	STD				4.48 USD Bi-weekty	
Disability L	01/01/2021	Pending EOI	LTD					25.26 USD Bi-weekly
Legal Plan	01/01/2021		Metlife Legal Plan					6.60 USD Bi-weekly
Voluntary Life	01/01/2021		Voluntary Life	50,000.00 USD		Johnny Smarts (75%), Mathew Smarts (25%)	4.62 USD Bi-weekly	
ADSD	01/01/2021		AD&D	500,000.00 USD		Johnny Smarts (100%)	3.00 USD Bi-weekly	
Medical FSA	01/01/2021		Medical FSA				28.85 USD Bi-weekly	
Dep. Care FSA	01/01/2021		Dep. Care FSA				153.85 USD Bi-weekly	

Step 15 Prescription Drug Credible Coverage Notice Please click on link displayed to review the Prescription Drug Credible Coverage Notice.

oen Enrollment	<u>.</u>			Options *	
What do you want to do Print Benefits Confirm Go to Benefits Particip Voluntary Benefits Em Prescription Drug Cree	next? alion Statement salion Overview rollment dible Coverage Notice		_	Important Notice to those Covered under Sponsor Plans <u>1</u> / 3 C <u>2</u> <del>2</del>	
Benefit Elections Sum	nmary			Important Notice from Miami-Dade County Public Schools	
Plan Type	Starts On	Status	Plan Name	About Your Prescription Drug Coverage and Medicare	re-Tax Costs
Flex Credit	01/01/2021	Changed	Employee Medi	sister tour tocstipater and goverage and medicate	
Employee Med	01/01/2021	Changed	EE only SureFit	Please read this notice carefully and keep it where you can find it. This notice has	
Dependent Med	01/01/2021	Changed	Dep. Med. Sure	information about your current prescription drug coverage with Miami-Dade County	46.00 USD Bi-weekly
ipousal Surchar	01/01/2021	Changed	Spousal Surcha	Public Schools and about your options under Medicare's prescription drug	9 23 USD Bi-weekly
lospital Ind	01/01/2021	Changed	Employee & Fa	coverage. This information can help you decide whether or not you want to join a	11 USD Bi-weekly
ental	01/01/2021		DeltaCare USA	Medicare drug plan. If you are considering joining, you should compare your	48 USD Bi-weekly
'ision	01/01/2021		EyeMed Vision	current coverage, including which drugs are covered at what cost, with the	46 USD Bi-weekly
dentity Theft	01/01/2021		Identity Theft PI	coverage and costs of the plans offering Medicare prescription drug coverage in	
Disability S	01/01/2021	Pending EOI	STD	your area. Information about where you can get help to make decisions about your	48 USD Bi-weekly
Disability L	01/01/2021	Pending EOI	LTD	prescription and coverage is at the end of this notice.	
egal Plan	01/01/2021		Metilfe Legal PL	There are two important things you need to know about your current coverage and	
/oluntary Life	01/01/2021		Voluntary Life	Medicare's prescription drug coverage:	62 USD Bi-weekly
AD&D	01/01/2021		AD&D		00 USD Bi-weekly
Medical FSA	01/01/2021		Medical FSA	1. Medicare prescription drug coverage became available in 2006 to everyone with	8.85 USD Bi-weekly
Dep. Care FSA	01/01/2021		Dep. Care FSA	medicare. Fou can get this coverage in you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.	53.85 USD Bi-weekly
				2. Miami-Dade County Public Schools has determined that the prescription drug coverage offered by the Cigna medical plans are, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your eviction coverage is Creditable Coverage.	