



RETIREE OVER AGE 65 OR UNDER AGE 65 AND MEDICARE ELIGIBLE  
 OPEN ENROLLMENT DEADLINE: **MARCH 13, 2020**  
 BENEFITS EFFECTIVE: APRIL 1, 2020 – DECEMBER 31, 2020

**IMPORTANT HEALTHCARE (NON-MEDICARE) OPEN ENROLLMENT INFORMATION**

We previously notified you that once we reached successful bargaining with the Unions you would be notified of your dependents’ healthcare open enrollment dates. At this time, while we continue to negotiate with each of the bargaining units, the current Cigna healthcare plans will continue to be offered for the remainder of the 2020 benefits plan year.

Therefore, this is a **CHANGES ONLY enrollment**. There will be no plan design and premium changes for the remainder of the 2020 plan year. If you would like to continue with your dependent’s current healthcare benefit, you **DO NOT** need to return an enrollment form. However, if you would like to make changes to your dependents’ current healthcare benefit, you must complete the enclosed 2020 Health Benefits Open Enrollment form and return it in the enclosed self-addressed return envelope by the enrollment deadline of **March 13, 2020**.

For additional information about your 2020 healthcare benefits and rates, visit [www.dadeschools.net](http://www.dadeschools.net), under Highlights, 2020 Benefits.

**OVER AGE 65 OR UNDER AGE 65 MEDICARE ELIGIBLE:**

The enrollment period for School Board sponsored Medicare Group Healthcare plan has ended. For questions regarding your Medicare healthcare plan or to cancel your participation, you must contact the Medicare healthcare company directly.

**FLEXIBLE BENEFITS:**

If you were eligible to enroll in flexible benefits and elected benefits, the Enrollment Summary Report you received confirmed your enrollment for the 2020 plan year. At this time, the 2020 Flexible Benefits only enrollment period has ended.

**RETIREE BENEFITS FAIRS**

We invite you to attend one of the below Retiree Benefits Fairs. Presentations will be held at 9 a.m. and 2 p.m. We will have Benefits Representatives on-site who can provide enrollment assistance and answer questions regarding your dependent’s Cigna (non-Medicare) healthcare plan; therefore, we encourage you to bring your enrollment package.

**March 4, 2020**  
**Session 1: 9 a.m. to 11 a.m.**  
**Session 2: 2 p.m. to 4 p.m.**

Shula’s Hotel & Golf Club  
 6842 Main Street  
 Miami Lakes, FL 33014

**March 6, 2020**  
**Session 1: 9 a.m. to 11 a.m.**  
**Session 2: 2 p.m. to 4 p.m.**

School Board Administration Building (SBAB)  
 (Auditorium)  
 1450 NE 2nd Avenue  
 Miami, FL 33132

**ENROLLMENT ASSISTANCE:**

During the enrollment period, Benefits Representatives will be available at the Office of Risk and Benefits Management, 1501 NE 2nd Avenue, Suite 335, Miami, FL 33132, Monday – Friday, 8:00 a.m. – 5:00 p.m., to provide enrollment assistance in a Cigna Healthcare (non-Medicare) plan. For your convenience, you can schedule an appointment at <https://www.myenrollmentschedule.com/retiree>.

For general questions regarding the 2020 healthcare open enrollment, please call the hotline number at (305) 995-2777 or (305) 995-1799, Monday – Friday, 7 am – 7 pm, ET. For questions regarding your Cigna healthcare plan, please call (800) 806-3052 24 hours/seven days a week

## **RATES FOR DEPENDENTS UNDER AGE 65 OR OVER AGE 65 AND NOT MEDICARE ELIGIBLE**

Cigna healthcare plans continue to be offered to dependents that are under age 65 or over age 65 and not Medicare eligible.

|                                | OAP 10*           | OAP 20            | LOCALPLUS         |
|--------------------------------|-------------------|-------------------|-------------------|
| <b>DEPENDENT(S):</b>           |                   |                   |                   |
| <b>Spouse/Domestic Partner</b> | <b>\$1,069.00</b> | <b>\$1,016.00</b> | <b>\$1,015.00</b> |
| <b>Child(ren)</b>              | <b>\$752.00</b>   | <b>\$715.00</b>   | <b>\$714.00</b>   |
| <b>Family</b>                  | <b>\$2,140.00</b> | <b>\$2,032.00</b> | <b>\$2,029.00</b> |

\*This plan is not available to new enrollees.

**NOTE:** If your dependent is Medicare eligible due to age or Medicare entitlement, they 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.

### **ADULT CHILD (AGES 26-30) HEALTHCARE:**

Your current adult child healthcare coverage will continue; however, every year you must submit proper dependent documentation establishing the eligibility of your adult child. Your completed adult child documentation must be received by the enrollment deadline. You and your adult child dependent must be enrolled in the same healthcare plan. For questions regarding your adult child enrollment, please call 305-995-2883, Monday – Friday, 8:00 am – 4:30 pm, EST.

| ADULT CHILD | OAP 10*         | OAP 20          | LOCALPLUS       |
|-------------|-----------------|-----------------|-----------------|
|             | <b>\$643.00</b> | <b>\$610.00</b> | <b>\$609.00</b> |

\*This plan is not available to new enrollees.

## **PREMIUM PAYMENT OPTIONS (YOUR CURRENT PAYMENT METHOD WILL CONTINUE):**

**FRS:** If you are currently having FRS deductions for your dependent and wish to continue your participation, a new M-DCPS-FRS Payroll Deduction Authorization Form is **not** needed. If you are enrolling in FRS for the first time, complete the enclosed corresponding FRS Payroll Deduction Authorization Form and return it with your enrollment form in the enclosed envelope. There is normally a delay between the time your request is processed and the time the deductions start; therefore, you will be billed by M-DCPS for FRS deductions not taken from your retirement check. If premiums are not paid for the period of time deductions are not taken from your FRS check, benefits will be cancelled.

**Direct Payment:** If you are currently on direct pay, payment coupons for the remainder of the year will automatically be sent reflecting your monthly premium. Personal checks, money orders or cashier's check must be made payable to: School Board of Miami-Dade County, FL. Send payments to: Office of Risk and Benefits Management, PO Box 12241, Miami, FL 33101.

**Automated Clearing House (ACH):** Automatic Payments deducted directly from your bank account. If you want this payment method, please contact Sandra Gaitan at 305-995-7018 to request an ACH Authorization Form. If you are currently participating in ACH, your participation will automatically continue.



# OVER AGE 65 RETIREE HEALTH BENEFITS 2020 OPEN ENROLLMENT



**This is a Changes Only enrollment. If you are not making any changes to your dependents' current healthcare coverage, you DO NOT need to submit this enrollment form.**

Please print in **ALL CAPS** using a ballpoint pen. Refer to your online 2020 Benefits at [www.dadeschools.net](http://www.dadeschools.net) for a complete description of benefits and rates.

|                       |     |            |           |                  |                       |                  |  |               |       |  |
|-----------------------|-----|------------|-----------|------------------|-----------------------|------------------|--|---------------|-------|--|
| Last Name             |     | First Name |           | MI               | Birth Date (MM/DD/YY) |                  | Gender<br><input type="checkbox"/> M<br><input type="checkbox"/> F | Email Address |       |  |
| Home Address (Street) |     |            |           | City             |                       | County           | State  | Zip           | Phone |  |
| FOR OFFICE USE ONLY:  | SSN | EFFECTIVE  | FRS Cigna | 1st QA-By & Date | Entered By & Date     | 2nd QA-By & Date | BU   |               |       |  |

| 1. TYPE OF DEPENDENT COVERAGE  | 2. TYPE OF COVERAGE:  | MONTHLY COST |
|--|---|--------------|
| <b>Cigna Healthcare Plans:</b><br><input type="checkbox"/> LocalPlus <input type="checkbox"/> Open Access Plus 20 <input type="checkbox"/> Open Access Plus 10<br>(This plan is not available to new enrollees.) | <input type="checkbox"/> Spouse/Domestic Partner <input type="checkbox"/> Family<br><input type="checkbox"/> Child(ren) <input type="checkbox"/> Family with Domestic Partner |              |

**3. FRS DEDUCTION**      Check box if you want your premium payments directly deducted from your FRS check.

DEDUCT DEPENDENT HEALTHCARE PREMIUM DIRECTLY FROM MY FRS CHECK.

If you are enrolling for FRS deductions, you must complete the enclosed payroll authorization form, and return it with this form. There may be a delay between the time you sign the authorization form and the time the deductions are started. Therefore, you will be billed for the months that a deduction is not taken from your retirement check.

- Current law provides that if your health insurance premium is directly deducted from your Florida Retirement System (FRS) check, your State subsidy, (\$5.00 per month per year of service, up to \$150.00) will be tax-free.
- Current direct pay participants will be sent payment coupons by the School Board if electing Cigna healthcare coverage for dependent(s).

**FOR DEPENDENT COVERAGE, PLEASE COMPLETE THE INFORMATION BELOW AND YOU MUST SUBMIT DEPENDENT DOCUMENTATION FOR ALL COVERED DEPENDENTS, IF NOT PREVIOUSLY SUBMITTED.**

**4. DEPENDENT INFORMATION**      Complete this section only when enrolling dependent(s) that are not Medicare Eligible.

| ELIGIBLE DEPENDENT'S NAME |            |    | BIRTH DATE | RELATIONSHIP | GENDER | SOCIAL SECURITY # |
|---------------------------|------------|----|------------|--------------|--------|-------------------|
| Last Name                 | First Name | MI |            |              | M/F    |                   |
|                           |            |    |            |              |        |                   |
|                           |            |    |            |              |        |                   |
|                           |            |    |            |              |        |                   |

**5. BENEFITS CANCELLATION**      Complete this section only if you wish to cancel your dependents' Cigna Healthcare coverage.

I request to **CANCEL MY DEPENDENTS' CIGNA HEALTHCARE PLAN**

I acknowledge and understand that the benefits and premiums provided to me may be changed, subject to the provisions of the Health/FlexPlan and applicable state laws, based upon:

1. The claims experience of the group upon which my existing premiums are based and
2. My former employer's right to modify the benefits provided to the group of which I am a part and to separate and/or combine the claims experience of the Retiree group with that of the active employee group for premium determination purposes.

I hereby authorize Miami-Dade County Public Schools to bill me in advance for coverage checked above and in consideration of the Board making group coverage available through direct billing. I hereby appoint the Board to serve as trustee to receive dividends, premium refunds, rate reductions or any funds that might be returned and to use these funds in the best interest of former employees, in accordance with section 627.569, Florida Statutes, as amended. **I understand that my signed, completed form must be returned no later than the deadline indicated on the enclosed memo to insure proper processing.** I understand that as sponsor, my coverage must be maintained in order for dependent coverage to be effective. I also understand that it is my responsibility to notify the Employee Benefits Department of full-time re-employment with the Board or of non-eligibility of a dependent. Premium billing will be done by the individual company for retiree coverage. The Board intends to continue these plans, but reserves the right to discontinue or change them for employees and retirees and their covered dependents, at any time as a result of collective bargaining or Board rule change.

|                    |                   |             |             |
|--------------------|-------------------|-------------|-------------|
| <b>SIGN HERE</b> → | RETIREE SIGNATURE | DATE SIGNED | ENROLLED BY |
|                    |                   |             |             |

WHITE: FBMC | YELLOW: AR | PINK: HEALTHCARE | GOLDEN: RETIREE



# INS DOC

## FLORIDA RETIREMENT SYSTEM PENSION PLAN Insurance Payroll Deduction Authorization Form

### MIAMI - DADE COUNTY SCHOOL BOARD

Approved Deduction Name

**M-DCPS-Direct Bill**

**(305) 995-4287**

Retiree Contact Person

Retiree Contact Person's Telephone No

**The payee must authorize new insurance deductions OR the restart of a previously closed deduction. The payee is the person receiving the FRS pension payment.**

PAYEE SSN: \_\_\_\_\_

DEDUCTION CODE **386** (Health)

PAYEE NAME: \_\_\_\_\_

I hereby authorize the Division of Retirement to deduct my insurance premiums from my monthly Florida Retirement System (FRS) benefit check and make any subsequent premium changes as directed by my insurance provider. I understand that my insurance provider is responsible for notifying me of premium changes as they occur and for any refunds (if applicable). If I am changing insurance companies I will notify the existing company of the cancellation or changes.

**Payee's Signature:** \_\_\_\_\_

Signature required if no premium deduction (for above deduction code) from previous month's pension payment.

Address: \_\_\_\_\_

Date: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date Member Retired: \_\_\_\_\_

**Insurance office use only. The Division of Retirement will not use this information.**

Insurance provider staff must fax or mail a completed authorization form for all new deductions (or restarted deductions) to the Division of Retirement. MAIL: Division of Retirement, Retired Payroll Section, PO Box 9000, Tallahassee, FL 32315-9000; **FAX: 850-410-2010**

THE SCHOOL BOARD OF MIAMI-DADE COUNTY

## Statement on the Collection, Use or Release of Social Security Numbers of Employees and Others\*\*\*

The School Board of Miami-Dade County is authorized to collect, use or release social security numbers (SSN) of employees, employee dependents, and other individuals\*\*\* for the following purposes, which are noted as either required or authorized by law to be collected. The collection of social security numbers is either specifically authorized by law or imperative for the performance of the District's duties and responsibilities as prescribed by law [Fla. Stat. §119.071(5) (a) 2 & 3].

1. **Employment eligibility, report to IRS, SSA, UC, and FAWI , including for W-4's and I-9's** [Required by federal statute and regulation 26 U.S.C. 6051 and 26 C.F.R. 31.6011(b)-2, 26 C.F.R. 301.6109-1 and 31.3402(f)(2)-1, and Fla. Stat. § 119.071(5) (a) 6]
2. **Receipts to employees for wages and Statements required in case of sick pay paid by third parties** [Required by federal statute 26 U.S.C. 6051 and Fla. Stat. § 119.071(5) (a) 6]
3. **Verification of an alien's eligibility for employment, including I-9** [Authorized by 8 U.S.C. 1324 a(b) and 8 C.F.R. 274a.2]
4. **Income tax withholding (including for annuity and sick leave)/Payroll deductions on Form W-2** [Required by 26 U.S.C. 3402, 26 C.F.R. 31.6051-1 and Fla. Stat. § 119.071(5) (a) 6]
5. **Teacher retirement system benefits and contributions** [Authorized by Fla. Stat. § 238.01 et seq., including 238.07, and Fla. Stat. § 119.071(5) (a) 6]
6. **Retirement contributions required for enrollment in Florida Retirement System (FRS) Investment Plan, second election retirement plan enrollment, or for participation in and contributions to FRS** [Required by Fla. Admin. Code 19-11.010, 19-11.006 and 19-11.007 and Fla. Stat. § 119.071(5) (a) 2 & 6 or required by Fla. Stat. § 121.051 and 121.071 and Fla. Admin. Code 19-13.003 and Fla. Stat. § 119.071(5) (a) 2 & 6]
7. **Reports pertaining to deferred vested retirement programs** [Required by 26 C.F.R. 301.6057-1 and Fla. Stat. §119.071(5) (a) 6]
8. **Payments and plan relating to the retiree prescription drug subsidy under 42 C.F.R. § 423.34 and 42 C.F.R. § 423.886** [Authorized by 42 C.F.R. 423.884 and Fla. Stat. § 119.071(5) (a) 6]
9. **Educator Certification or licensure application, renewal, or add-on, or non-employee registration for professional development for in-service points or incentive pay** [Required by Fla. Stat. §§ 1012.56, and 119.071(5) (a) 6, and/or authorized by Fla. Stat. §§ 1012.21 and 119.071(5) (a) 6 ]
10. **Criminal history, Level 1 and level 2 background checks / Identifiers for processing fingerprints by Department of Law Enforcement, if SSN is available** [Required by Fla. Admin. Code 11C-6.003 and Fla. Stat. § 119.071(5) (a) 6]
11. **Registration information regarding sexual predators and sexual offenders** [Authorized by Fla. Stat. § 943.04351 and required by Fla. Stat. § 119.071(5) (a) 2 & 6]
12. **Reports on staff required to be submitted to Florida Department of Education (DOE), including but not limited to Out-of-County/Out-of-State Verification of Highly Qualified** [Authorized and required by Fla. Stat. § 119.071(5) (a) 2 & 6 and/or EDGAR at 34 CFR 80.40(a) or Fla. Stat. § 1008.32]
13. **Social security contributions** [Required by Fla. Admin. Code 60S-3.010 and Fla. Stat. § 119.071(5) (a) 2 & 6]
14. **State directory of new hires (including for determining support obligations and eligibility for several federal and state programs)** [Required by federal law 42 U.S.C. 653a and Fla. Stat. § 409.2576 and Fla. Stat. § 119.071(5) (a) ]
15. **Notice to Payor and Income Deduction notices for child support, or for alimony and child support** [Required by Fla. Stat. § 61.1301 (2)(e) and Fla. Stat. § 119.071(5) (a)]
16. **Child support enforcement** [Required by 45 C.F.R. 307.11 and Fla. Stat. § 61.13, 742.10 or 409.256.3 or 742.031]
17. **Garnishment payment pursuant to a Notice of Levy** [Required by Fla. Admin. Code 12E-1.028m and Fla. Stat. § 119.071(5) (a)]
18. **Request from depository for support payments** [Required by Fla. Stat. § 61.181 (3)(b) and Fla. Stat. § 119.071(5) (a)]
19. **Record of remuneration paid to employees** [Required by federal regulation 20 C.F.R. 404.1225, Fla. Admin. Code 60BB-2.032, and Fla. Stat. § 119.071(5) (a) 6]
20. **Unemployment benefits and short term compensation plan** [Required by Fla. Stat. Ch. 443, including 443.1116, and Fla. Stat. § 119.071(5)(a)6]
21. **Unemployment reports from District** [Required by Fla. Admin. Code 60BB-2.023 and Fla. Stat. § 119.071(5) (a) 6]
22. **Income information disclosure to HUD** [Required by federal regulation 24 C.F.R. 5.214 et seq. and Fla. Stat. § 119.071(5)(a)6]

23. **Vendors/Consultants that District reasonably believes would receive a 1099 form if a tax identification number is not provided including for IRS form W-9.** [Required by 26 C.F.R. § 31.3406-0, 26 C.F.R. § 301.6109-1, and Fla. Stat. § 119.071(5) (a) 2 & 6
24. **Tort claims and tort notices of claim against the School Board** [Required by Fla. Stat. § 768.28 (6), and Fla. Stat. § 119.071(5) (a) 6]
25. **Reporting to and reports of worker's compensation injury or death, including for DWC-1** [Required by Fla. Stat. §440.185 and Fla. Admin. Code 69L-3.003 et seq. and Fla. Stat. § 119.071(5) (a) 6]
26. **Worker's compensation petitions for benefits and responses thereto** [Authorized by Fla. Admin. Code 60Q-6.103 and Fla. Stat. § 119.071(5) (a) 6]
27. **The disclosure of the social security number is for the purpose of the administration of retirement or health benefits for a District employee or his or her dependents** [Required by Fla. Stat. § 119.071(5)(a) 6]
28. **The disclosure of the social security number is for the purpose of the administration of a pension fund administered for the District employee's retirement fund, deferred compensation plan, or defined contribution plan** [Required by Fla. Stat. § 119.071(5)(a)6]
29. **Use of motor vehicle information from the Department of Motor Vehicles for the District to carry out its functions and to verify the accuracy of information submitted by agent or employee to District, including to prevent fraud, in connection with insurance investigations, and to verify a commercial driver's license** [Authorized allowed by federal law 18 U.S.C. 2721 et seq. and Fla. Stat. § 119.071(5) (a) 6]
30. **Authorization for direct deposit of funds by electronic or other medium to a payee's account** [Required by Fla. Admin. Code 6A-1.0012 and Fla. Stat. § 119.071(5) (a) 6]
31. **Identification of blood donors** [Authorized by 42 U.S.C. 405 (c)(2)(D)(i)]
32. **Employee's and former employee's request for report of exposure to radiation** [Authorized by 41 C.F.R. 50-204.33 and .3]
33. **Collection and/ or disclosure are imperative or necessary for the performance of the District's duties and responsibilities as prescribed by law, including but not limited for password identification to the District's network** [Authorized by Fla. Stat. § 119.071(5) (a) 6 and required by Fla. Stat. § 119.071(5) (a) 2]
34. **The disclosure of the social security number is expressly required by federal or state law or a court order** [Required by Fla. Stat. §§ 1012.56 and 119.071(5) (a) 6]
35. **The individual expressly consents in writing to the disclosure of his or her social security number** [Allowed by Fla. Stat. § 119.071(5) (a) 6]
36. **The disclosure of the social security number is made to prevent and combat terrorism to comply with the USA Patriot Act of 2001, Pub. L. No. 107-56, or Presidential Executive Order 13224** [Required by Fla. Stat. § 119.071(5) (a) 6 ]
37. **The disclosure of the social security number is made to a commercial entity for the permissible uses set forth in the federal Driver's Privacy Protection Act of 1994, 18 U.S.C. Sec. 2721 et seq.; the Fair Credit Reporting Act, 15 U.S.C. Sec. 1681 et seq.; or the Financial Services Modernization Act of 1999, 15 U.S.C. Sec. 6801 et seq., provided that the authorized commercial entity complies with the requirements of paragraph 5 in Fla. Stat. § 119.071** [Allowed by Fla. Stat. § 119.071(5)(a)6 ]
38. **The disclosure of the social security number is for the purpose of the administration of the Uniform Commercial Code by the office of the Secretary of State** [Required by Fla. Stat. § 119.071(5)(a)6]

*\*\*\*Note, this form states the reasons for collecting, using or releasing the social security numbers only of employees and individuals other than students, parents and volunteers. A separate written statement sets forth the reasons for collecting, using or releasing the social security numbers of students and parents, and a separate written statement exists for collecting, using or releasing the social security numbers of volunteers as part of the volunteer application.*

School Board Attorney's Office

New: October 1, 2009

Revised: April 12, 2010