



Your Open Enrollment period is: **October 15, 2018 through November 2, 2018.**
 Your Period of Coverage is: January 1, 2019, through December 31, 2019.

Welcome to Broward County's Open Enrollment for 2019.

WHAT'S NEW for 2019!

- ★ No Health premium increases for 2019!
- ★ Small reduction in funding of the HSA for the HDHP Plans
- ★ Shorter open enrollment period
- ★ Vendor Fairs, Flu Shots and Presentations Schedules available in the Events tab at broward.org/benefits

REMINDER:

Waiving County health coverage?

- ✓ Complete your waiver through the online system by Nov. 2nd through 5 p.m.
- ✓ Provide proof of other group coverage by January 11, 2019.

For more information, go to Broward.org/Benefits

FANTASTIC NEWS! The Broward County Board of Commissioners approved staff recommendations concerning the County's group health plans for 2019, which included:

UnitedHealthcare (UHC) enhancements:

- ✓ **Real Appeal®** a convenient, digital, interactive, weight loss benefit available at no cost if you are enrolled in any of the UHC health plans. This plan is designed to solve the typical barriers to managing your health.
- ✓ **Diabetes Health Plan** is for pre-diabetics and diabetics and offers enhanced benefits within the UHC CDH and HDHP plans for members who routinely follow medically proven steps to help manage their condition (such as regular blood tests, routine exams, and preventative screenings and use wellness coaching). Enrollment will be automatic with an opt-out-provision.

Community Care Plan enhancements:

- ✓ **New Name** – Community Care Plan **Select** Network (Narrow Network)
- ✓ **Adding a HDHP Plan** – same cost, HSA funding and plan design as current HDHP Base offered under UHC.
- ✓ **CareGuardian program** – enhanced benefits for members who elect to participate in program for Asthma/COPD, Diabetes, High Blood Pressure or High-Risk Pregnancy.
- ✓ **WellSteps** – online wellness program with activities to earn rewards.
- ✓ **New pharmacy vendor** – CCP is changing from EnvisionRx to Southern Scripts as of January 1, 2019.

Dental Plans – no plan changes or premiums increases

Vision Plan – enhancement for child vision services, no premium increases

Legal Plan – enhanced services, no premium increases.

Life, Long Term Disability and Personal Income Protection Plans – no plan design changes or premium increases.

Broward.org/Benefits for plan information.

It is your responsibility to verify your 2019 coverage is correct.

HEALTH PLAN OPTIONS FOR 2019

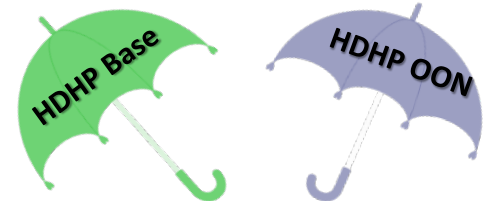
The two health insurance carriers, UHC and CCP, information will be broken out for each carrier.

UNITEDHEALTHCARE PLANS (NATIONAL NETWORK):

- High Deductible Health Plan Base Plan (HDHP Base)
- High Deductible Health Plan In/Out of Network Plan (HDHP OON)
- Consumer Driven Health Plan (CDH)

HDHP and CDH Plans

- No changes in plan design, deductibles, coinsurance, copays, and out-of-pocket or premium.
- Annual eye exam at no cost at a participating optometrist
- Discount dental plan included at participating dental providers
- Real Appeal® a weight loss program at no cost to employees **NEW**
- Diabetes Health Plan for pre-diabetic and diabetic members **NEW**

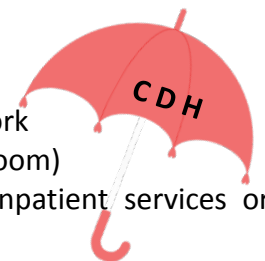


Highlights of HDHP Plans

- All health and prescription services are subject to the annual deductible and coinsurance based on tier of coverage except for mandated preventive services or designated preventive prescriptions (see Preventive Rx list at Broward.org/Benefits, then select Pharmacy).
- Medical and prescription expenses will be applied toward meeting the annual deductible and coinsurance amount based on tier of coverage (Employee Only coverage or Employee + Dependents coverage).
- Once the annual deductible is met, the health and pharmacy plans pay 80% and you pay 20% coinsurance of the eligible discounted costs (in-network).
- When you reach the out-of-pocket maximum, the Plan pays 100% of eligible in-network health and prescription expenses for the remainder of the calendar year.
- Preventive services and designated preventive prescriptions are covered at 100%.
- If you have students attending college outside of UnitedHealthcare's National Network, you will need to enroll in the HDHP Out of Network Plan.

Highlights of CDH Plan

- Preventive services, when billed by Provider as Preventive, covered 100% in-network
- Some services received for a copay (Primary, Specialist, Urgent Care, Emergency Room)
- Some services subject to the annual deductible/co-insurance (Outpatient or inpatient services or procedures)
- Behavioral health/Substance Abuse out-patient services first 20 visits covered at no cost, then \$25 copay
- Diagnostic tests at a participating freestanding facility capped at \$100 per test



Networks

- HDHP Base Plan and CDH - UnitedHealthcare's National Choice Network-Open Access*
- HDHP Out of Network – UnitedHealthcare's National ChoicePlus Network-Open Access*

*Open Access means a referral to see most network specialists is not required. However, certain services require Prior Authorization.

Need assistance with UnitedHealthcare's Medical or Vision plans?

Contact one of the UHC on-site Reps: Danila Montgomery 954-357-7191 | Marc Dormeus 954-357-7192

Look up providers, cost comparisons, facility comparisons, claims history and more at myuhc.com

OPTUMRX PHARMACY PLAN - UHC Plans (HDHP Base Plan, HDHP In/Out of Network Plan, and CDH Plan)

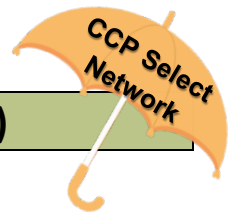
Pharmacy benefits for the UHC plans are provided under the County's self-insured plan through OptumRx (HDHP Base Plan, HDHP Out of Network Plan, CDH Plan) There are some annual changes to the formulary for 2019.

Review the 2019 Formulary and Exclusions at Broward.org/OpenEnrollment.

- Maintenance medications can only be filled for 30 days x 3 fills, then must be filled as 90 day.
- 90-day mandatory maintenance medication program at retail or mail order.
- Large network of participating pharmacies (Walgreens, Target, CVS, Publix super markets, etc.).
- Restricted generic policy (generics will be dispensed if available unless the doctor indicates "Dispense As Written" (DAW1) due to medical necessity on the prescription. (Member will pay a higher copay on CDH High Plan. Drug will not be covered under the Preventive Drug List at no cost for the HDHP plans).
- 30-day Specialty pharmacy home delivery. Contact Briova Rx at 1-855-427-4682 or briovarx.com for more information regarding specialty pharmacy.
- Some prescriptions require Prior Authorization. Physician should contact OptumRx at 1-877-665-6609 to provide medical history and medical necessity.

CCP Select (Narrow) Network Plans through Community Care Plan (CCP)

Plan is administered by Community Care Plan, not UnitedHealthcare



All services must be obtained by providers, facilities and hospitals within the following four hospital groups:

- Memorial Healthcare System
- Cleveland Clinic Florida
- Holy Cross
- North Broward Hospital Group

About CCP

The Community Care Plan is a community-based health plan owned by Broward Health and Memorial Healthcare System. The CCP Select Network plan is built around a total care philosophy. Members will receive one-on-one member support through CCP's personalized Concierge Care Coordination (C3) program which helps members receive quality care at the right time and in the right place.

Members enrolling in either of the CCP Select Network plans will receive a one-on-one onboarding experience with a Care Coordinator who will get to know you, learn about your health care needs and provide you with information on all the services they offer to their members.

NEW FOR 2019 – CCP will be offering a HDHP plan with the same plan design, rates and County HSA funding as the UHC HDHP Base Plan.

CCP WELLNESS PROGRAM- "WellSteps" – NEW FOR 2019

WellSteps is a wellness program focused on achieving and maintaining good health. The program is designed to educate, engage, involve and empower members to take control of their daily activities to maintain optimal health.

CCP WELLNESS PROGRAM- "CareGuardian" – NEW FOR 2019

Enhanced benefits for members who elect to participate in the Program for managed care for Asthma/COPD, Diabetes, High Blood Pressure or High-Risk Pregnancy.

NO OUT OF NETWORK COVERAGE (you are always covered for a true medical emergency).

PHARMACY PLAN - CCP SELECT NETWORK PLAN – NEW VENDOR FOR 2019

Pharmacy benefits are provided through the CCP Select Network Plan’s pharmacy vendor, Southern Scripts, not OptumRx. **IMPORTANT: There will be some differences between the CCP formulary and the OptumRx formulary.** Check with CCP to see if your prescription is covered under their plan.

- Maintenance medications can only be filled for 30 days x 3 fills, then must be filled as 90 day.
- 90-day mandatory maintenance medication program at retail or mail order
- Large network of participating pharmacies (CVS, Publix super markets, etc.)
- Restricted generic policy (generics will be dispensed if available unless the doctor indicates “Dispense As Written” (DAW1) due to medical necessity on the prescription. (Member will pay a higher copay on CDH High Plan. Drug will not be covered under the Preventive Drug List at no cost for the HDHP plans)
- 30-day Specialty pharmacy home delivery.
- Clinical Prior Authorization Program.

HDHP, CDH AND CCP SELECT NETWORK PLAN COMPARISONS

(For more details go to Broward.org/Benefits)

| | UNITEDHEALTHCARE PLANS | | | COMMUNITY CARE PLANS | |
|--|--|--|--|---|---|
| | Choice National Network | Choice Plus National Network | | Select Network | |
| COVERAGE | HDHP BASE | HDHP IN/OUT-OF-NETWORK | CDH | CCP CDH | CCP HDHP |
| Preventive Care at no cost | Yes | Yes In-Network Only | Yes | Yes | Yes |
| Preventive Prescriptions at no cost* | Yes | Yes In-Network Only | No | No | Yes |
| Out of Network Coverage | No | Yes | No | No | No |
| Copays | No, Deductible, then 20% coinsurance | No, Deductible, then 20% coinsurance | PCP \$25 Spec \$50 Urgent Care \$50 Emerg Room \$250 Rx-Generic \$7/\$14 Rx-Preferred \$30/\$60 Rx-Non-Pref \$45/\$90 Specialty \$75/NA | PCP \$25 Spec \$50 Urgent Care \$50 Emerg Room \$250 Rx-Generic \$7/\$14 Rx-Preferred \$30/\$60 Rx-Non-Pref \$50/\$100 Specialty \$75/NA | No, Deductible, then 20% coinsurance |
| Annual Deductible | \$1,350/\$2,700 | In- \$1,500/\$3,000 Out-3,000/\$6,000 | \$1,300/\$2,600 | \$1,300/\$2,600 | \$1,350/\$2,700 |
| Coinsurance | \$2,075/\$4,150 | In- \$1,500/\$3,000 Out-\$3,000/\$6,000 | \$1,500/\$3,000 | \$1,500/\$3,000 | \$2,075/\$4,150 |
| Max out of Pocket | \$3,425/\$6,850 | In-\$3,000/\$6,000 Out-6,000/\$12,000 | \$2,800/\$5,600 | \$2,800/\$5,600 | \$3,425/\$6,850 |
| Prescriptions Apply to Annual Deductible & Coinsurance | Yes | Yes In-Network Only | No \$3,000/\$6,000 | No \$3,000/\$6,000 | Yes |

*Preventive medications are defined as those prescribed to prevent the occurrence or recurrence of a chronic disease or condition, such as high blood pressure, high cholesterol, diabetes, asthma, osteoporosis, and heart disease. See applicable category on HDHP Preventive Drug list for covered generic and formulary medications.

DENTAL PLANS

DHMO DENTAL Plan – Humana/CompBenefits – See Humana’s Dental brochure at Broward.org/Benefits for more information. **NO PLAN DESIGN OR PREMIUM CHANGES FOR 2019**

Highlights:

- In-network coverage only
- No referral for specialty services
- Must select a Primary Care Dentist or Facility
- Covered services based on Fee Schedule, all other services received at a discount
- Orthodontia coverage for children and adults
- No claim forms to file

PPO HIGH DENTAL PLAN – Humana – See Humana’s Dental brochure at Broward.org/Benefits for more information. **NO PLAN DESIGN OR PREMIUM CHANGES FOR 2019**

Highlights:

- In- or out-of network coverage
- Extensive national network
- Maximum annual benefit of \$1,500 per person in-network, \$1,000 per person out-of-network
- Orthodontia coverage for children (must be banded by 17th birthday)
- Some exclusions and limitations (missing tooth)

VISION PLAN – UnitedHealthcare – See UHC’s material at Broward.org/Benefits for more information.

NO PLAN DESIGN OR PREMIUM CHANGES FOR 2019

Highlights:

- In- and out-of-network coverage
- Children’s Eye Care Program includes a second eye exam each year for covered child up to age 13 **NEW**
- Exams, Eyeglass Frames Lenses and Contact Lens coverage
- Large network of providers

LEGAL INSURANCE – U.S. Legal – See material at Broward.org/Benefits

ENHANCED PLAN DESIGN; NO PREMIUM CHANGES FOR 2019

U.S. Legal was awarded a new contract and will continue to offer their Family defender Plan at the same premium with enhancements to the follow services:

- Family Law increased to 20 hours
- Identity Theft Restoration Program
- Administrative legal dispute arising out of Social Security, Veteran’s Affairs & Medicaid benefits

TOBACCO CESSATION PHARMACY WAIVER

The County will continue to waive the copay or cost for prescription or generic Over-the-Counter smoking cessation products up to two annual cycles per person per year. Over-the-Counter generic products (gum, patches, etc.) require a prescription to be eligible for coverage through the pharmacy plan.



IMPORTANT

Enrollment Confirmation

After you submit your enrollment online, a confirmation of enrollment will be sent to the email you provided. After your online enrollment review your Benefits Summary Statement: check your enrolled plans, dependents, and if applicable, the contributions to your spending accounts. Keep your Benefits Summary in a safe place. When you receive your first paycheck on January 4th, compare your Benefits Summary with your *ePay* statement. If there is any difference, email benefits@broward.org or call 954-357-6700. *Note: this is not an opportunity to make changes to elections, only to fix system errors.*

Dependents

Newly enrolled **Domestic Partner or children of Domestic Partner** without the required documentation will be removed from medical, dental, and vision effective Nov 3, 2018.

If enrolling a registered **Domestic Partner, child of a Domestic Partner or an Over Age Dependent (age 26 to 30)**, per IRS rules, your premium will be split between pre-tax and after-tax, and you will pay Imputed Income Tax on the portion of the County subsidy attributable to tier of coverage your DP, child of DP or Over Age Dependent is enrolled in.

The Payroll Deduction for employees who enroll their Domestic Partner, child(ren) of their Domestic Partner, and/or Over Age Dependent in medical coverage are subject to Imputed Income tax. View the pre-tax and after-tax rates and imputed income amounts at Broward.org/Benefits.

If you are enrolling new dependents, please provide the **Social Security number** and date of birth for each enrolled dependent. This is now required due to the annual Health Care Reform reporting.

The working **spouse surcharge of \$20** bi-weekly for spouses who have insurance available through their employer's plan (including the County) remains the same.

The **\$20 surcharge for Over Age Dependents'** medical coverage remains the same.

2017-2018 New Hires

If this is your first Open Enrollment, this is a reminder that not all of your coverage rolls over to the next calendar year. You will need to go to the Benefits website and log-in at the Open Enrollment portal and make your 2019 coverage selections for health, dental, vision, and legal.

Important Dates:

| Events | Due Date |
|---|----------|
| ➤ Submit enrollment/waiver of coverage online by 5:00pm. | 11/02/18 |
| ➤ Provide proof of relationship documentation for newly added dependents. | 11/02/18 |
| ➤ Provide proof of Over Age Dependent (age 26-30) <i>financial</i> dependence. | 11/02/18 |
| ➤ Deadline to Complete 2019 Engagement Incentive to receive HSA funding. | 12/31/18 |
| ➤ Review new deductions on 1 st <i>ePay</i> statement in January. | 1/04/19 |
| ➤ Provide proof of other group health coverage. | 1/11/19 |
| ➤ Provide proof of Over Age Dependent (age 26-30) <i>student</i> status. | 1/11/19 |
| ➤ For new medical enrollees, the deadline to complete 2019 Engagement Incentive to receive HSA funding. | 3/31/19 |

2019 HEALTH, DENTAL AND VISION BIWEEKLY RATES

Employees who waive medical insurance will receive waiver credit: Full-time \$119.23; Part-time 20 \$59.61

| | | FULL TIME | | | | PART TIME 20 | | | |
|----------------|--|-------------------------------|----------|-------------------|----------------|-------------------------------|----------|-------------------|----------------|
| | | UHC HDHP Base | | | | UHC HDHP Base | | | |
| | | Premium | Subsidy | Payroll Deduction | Annual HSA/HRA | Premium | Subsidy | Payroll Deduction | Annual HSA/HRA |
| Employee | | \$233.94 | \$228.94 | \$5.00 | \$1,200.00 | \$233.94 | \$169.32 | \$64.62 | \$1,200.00 |
| Emp+Spouse | | \$503.17 | \$488.17 | \$15.00 | \$2,400.00 | \$503.17 | \$428.55 | \$74.62 | \$2,400.00 |
| Emp+Child(ren) | | \$430.27 | \$420.27 | \$10.00 | \$2,400.00 | \$430.27 | \$360.65 | \$69.62 | \$2,400.00 |
| Emp+Family | | \$735.52 | \$675.52 | \$60.00 | \$2,400.00 | \$735.52 | \$615.90 | \$119.62 | \$2,400.00 |
| | | UHC HDHP OON (OUT OF NETWORK) | | | | UHC HDHP OON (OUT OF NETWORK) | | | |
| | | Premium | Subsidy | Payroll Deduction | Annual HSA/HRA | Premium | Subsidy | Payroll Deduction | Annual HSA/HRA |
| Employee | | \$266.80 | \$251.42 | \$15.38 | \$1,200.00 | \$266.80 | \$191.80 | \$75.00 | \$1,200.00 |
| Emp+Spouse | | \$573.82 | \$538.62 | \$35.20 | \$2,400.00 | \$573.82 | \$479.00 | \$94.82 | \$2,400.00 |
| Emp+Child(ren) | | \$490.68 | \$462.00 | \$28.68 | \$2,400.00 | \$490.68 | \$402.38 | \$88.30 | \$2,400.00 |
| Emp+Family | | \$838.79 | \$768.30 | \$70.49 | \$2,400.00 | \$838.79 | \$708.68 | \$130.11 | \$2,400.00 |
| | | UHC CDH PLAN | | | | UHC CDH PLAN | | | |
| | | Premium | Subsidy | Payroll Deduction | Annual HSA/HRA | Premium | Subsidy | Payroll Deduction | Annual HSA/HRA |
| Employee | | \$380.10 | \$310.21 | \$69.89 | \$0.00 | \$380.10 | \$250.59 | \$129.51 | \$0.00 |
| Emp+Spouse | | \$817.45 | \$664.66 | \$152.79 | \$0.00 | \$817.45 | \$605.04 | \$212.41 | \$0.00 |
| Emp+Child(ren) | | \$699.03 | \$570.02 | \$129.01 | \$0.00 | \$699.03 | \$510.40 | \$188.63 | \$0.00 |
| Emp+Family | | \$1,194.96 | \$949.35 | \$245.61 | \$0.00 | \$1,194.96 | \$889.73 | \$305.23 | \$0.00 |
| | | CCP HDHP | | | | CCP HDHP | | | |
| | | Premium | Subsidy | Payroll Deduction | Annual HSA/HRA | Premium | Subsidy | Payroll Deduction | Annual HSA/HRA |
| Employee | | \$233.94 | \$228.94 | \$5.00 | \$1,200.00 | \$233.94 | \$169.32 | \$64.62 | \$1,200.00 |
| Emp+Spouse | | \$503.17 | \$488.17 | \$15.00 | \$2,400.00 | \$503.17 | \$428.55 | \$74.62 | \$2,400.00 |
| Emp+Child(ren) | | \$430.27 | \$420.27 | \$10.00 | \$2,400.00 | \$430.27 | \$360.65 | \$69.62 | \$2,400.00 |
| Emp+Family | | \$735.52 | \$675.52 | \$60.00 | \$2,400.00 | \$735.52 | \$615.90 | \$119.62 | \$2,400.00 |
| | | CCP CDH | | | | CCP CDH | | | |
| | | Premium | Subsidy | Payroll Deduction | Annual HSA/HRA | Premium | Subsidy | Payroll Deduction | Annual HSA/HRA |
| Employee | | \$335.45 | \$286.02 | \$49.43 | \$0.00 | \$335.45 | \$226.40 | \$109.05 | \$0.00 |
| Emp+Spouse | | \$721.45 | \$612.65 | \$108.80 | \$0.00 | \$721.45 | \$553.03 | \$168.42 | \$0.00 |
| Emp+Child(ren) | | \$616.92 | \$525.54 | \$91.38 | \$0.00 | \$616.92 | \$465.92 | \$151.00 | \$0.00 |
| Emp+Family | | \$1054.61 | \$873.32 | \$181.29 | \$0.00 | \$1054.61 | \$813.69 | \$240.91 | \$0.00 |

ANNUAL HEALTH SAVINGS ACCOUNT GUIDELINES

| MEDICAL PLAN | TIER OF COVERAGE | COUNTY FUNDED | ELIGIBLE EMPLOYEE CONTRIBUTION - UNDER AGE 55 | TOTAL 2019 CONTRIBUTION ALLOWED BY IRS | CATCH UP CONTRIBUTION FOR MEMBERS AGE 55+ |
|--------------|-------------------|---------------|---|--|---|
| HDHP | Employee Only | \$1,200 | \$2,300 | \$3,500 | \$1,000 |
| | Employee + Family | \$2,400 | \$4,600 | \$7,000 | \$1,000 per member age 55+ * |

County Funding for HSA will be posted to your PayFlex account by 1/11/2019

| | | Employee | Emp+Spouse/DP | Emp+Child(ren) | Emp+Family |
|-------------------|---------------|----------|---------------|----------------|------------|
| HUMANA | Dental – DHMO | \$5.59 | \$10.05 | \$11.18 | \$13.41 |
| | Dental – PPO | \$15.61 | \$30.98 | \$36.34 | \$51.71 |
| UNITED HEALTHCARE | Vision | \$3.16 | \$6.32 | \$5.99 | \$9.42 |

2019 Open Enrollment Vendor Fairs

| DATE | LOCATION | BLDG./ROOM | TIME | Notes |
|--|--|---|------------------|---|
| Monday October 22nd | Elderly & Vets 2995 N. Dixie Hwy Oakland Park | Conference Rooms | 9:00AM – 12:00PM | |
| | Family Success Administration Div. 900 NW 31st Avenue Fort Lauderdale, FL 33311 | Edgar P. Mills Center Conference Room 1-14 | 1:30 – 4:00PM | |
| Tuesday October 23rd | Traffic Engineering Division 2300 W Commercial Blvd Fort Lauderdale, | Training Room | 7:00 – 10:00AM | |
| | Central Broward Park 3700 NW 11 th Place Lauderhill | Main Hall | 12:30 – 4:30PM | |
| Wednesday October 24th | Aviation - Facilities Maint. Division 3400 SW 2 nd Avenue Fort Lauderdale, | FMD Building Break Room | 6:30 – 9:00AM | Enrollment Assist |
| | Animal Care 2400 SW 42 nd Street Dania Beach | Multipurpose | 11:00AM – 2:00PM | |
| | Aviation - Facilities Maint. Division 3400 SW 2 nd Avenue Fort Lauderdale | FMD Building Break Room | 3:00 - 5:00PM | Enrollment Assist |
| Thursday October 25th | Emergency Management Division 201 NW 84th Avenue Plantation, FL 33324 | Community Room | 9:00AM-12:00PM | |
| | Water & Wastewater Services 2555 W Copans Road Pompano Beach | Building 2 Training Room | 1:30 – 4:00PM | |
| Friday October 26th | Governmental Center 115 S Andrews Avenue Fort Lauderdale | Wellness Resource Center | 9:00AM – 3:00PM | |
| Monday October 29th | Mass Transit Division 3201 W Copans Road Pompano Beach | Driver's Room | 11:00AM – 3:00PM | Enrollment Assist |
| Tuesday October 30th | Government Center West 1 University Drive Plantation | Wellness Resource Center | 9:00AM – 3:00PM | |
| Wednesday October 31st | Highway & Bridge Maintenance 1600 NW 30 th Avenue Pompano Beach | HBMD Meeting Hall | 7:00 – 11:00AM | Enrollment Assist, Presentation Also |
| | Port Everglades 1850 Eller Drive Fort Lauderdale | Conf Rm 301 | 1:30 – 4:00PM | |
| Thursday November 1st | RTT Plantation 1800 NW 66 th Avenue Plantation | Conference Room | 8:30 – 11:30 AM | |
| | Aviation Dept. – Administration 2200 SW 45 th Street, Suite 101 Dania Beach | 1A, 2B, Break, Lobby | 1:00PM - 4:00PM | |
| Friday November 2nd | Mass Transit Division 5440 Ravenswood Road Fort Lauderdale | Driver's Room | 11:00AM – 3:00PM | Enrollment Assist Also |

Biometric Screening, Flu Shots, Informal Walk-In Event: Chat with your benefit plan representatives!