

OPEN ENROLLMENT

WE'VE GOT YOU COVERED 2024



Retiree Participants

Your 2024 Open Enrollment Period is October 30 to November 13, 2023
Your Period of Coverage is January 1 to December 31, 2024

What's New for 2024

HEALTH – Two plans are offered: CDH and HDHP IN/Out-of-Network (OON) with price increases.

- HDHP Annual deductible increased to \$1,600 Single/\$3,200 Family per IRS requirements.
- Rates increasing. (See page 3.)

DENTAL – Two plans (Humana DHMO and UHC DPPO). Only the UHC plan will have an increase. The Humana plan will remain the same cost.

VISION – Humana is the vision provider as of July 1, 2023. No rate increase.

NOTE: If not currently enrolled in Health, Dental, and/or Vision, coverage may not be added during Open Enrollment.

IMPORTANT: The County's Group Health Plan is not a Medicare plan.

We highly recommend researching Medicare options as there may be less expensive and more comprehensive plans.

Contact Valery Insurance Agency at 1-800-330-8445 or via email at info@valeryagency.com for assistance before you turn age 65.

It is time to review your benefits and make any changes for the coming year!

At Open Enrollment, as a retiree, you may continue, cancel or decrease current coverage. You may not add coverage. Once a coverage is cancelled, it may not be reinstated or added at a later date. Any changes to your Retiree benefits will require your written authorization.

❖ Premium changes required due to any changes you make will be effective January 1, 2024. If you have FRS deductions for premium payments, any required changes will be submitted to FRS in December for your January deduction. A new FRS Deduction Authorization form is not needed.

❖ If you currently do not have your premiums deducted from your Florida Retirement System (FRS) monthly benefit check, and would like to, please request an FRS Deduction Authorization Form from BOI and return it to BOI. Your deductions will start as soon as possible. Please be aware that you must make your payments via personal check or money order until the FRS deductions begin.

Coverage Change:

❖ Any coverage you choose to cancel cannot be reinstated at a future time. ***Your current coverage will automatically rollover unless BOI is notified in writing to change or cancel coverage.***

❖ Enroll in Medicare Part A and B as soon as you are eligible as the County's Group Health Plan will automatically become secondary to Medicare on the first of the following month. Provide BOI with a copy of your Medicare Card showing you are enrolled in Parts A and B.

PLAN OPTIONS FOR 2024

HEALTH PLANS

The County offers two types of health plans, both with a national network: a Consumer Driven Health (CDH) Plan and a High Deductible Health Plan (HDHP) through UnitedHealthcare.

Highlights of HDHP IN/OON Plan

The HDHP OON plan has lower monthly premiums but more out-of-pocket at the time of use until the annual deductible is met if the services are not preventive.

In Network: All health (including prescription) services are subject to a combined annual deductible and coinsurance maximum based on the tier of coverage except for mandated preventive services or designated preventive prescriptions (see Preventive Rx list at Broward.org/OpenEnrollment then select Pharmacy, Preventive Drug List).

- Once the annual deductible is met, you pay 20% coinsurance, and the Plan pays 80% of the eligible discounted/contracted plan rates (in-network).
- When you reach the out-of-pocket maximum, the Plan pays 100% of eligible in-network medical and prescription expenses for the remainder of the calendar year.
- Virtual/Telehealth Visits for medical and behavioral health.
- Preventive services and designated preventive prescriptions are covered at 100%.
- 30-day Specialty pharmacy home delivery.
- If you have dependents not living at home or attending college, check UnitedHealthcare's national network to ensure coverage is available to meet your dependent(s) needs.

Out of Network: Out-of-network coverage has a higher deductible and coinsurance (you pay 40% coinsurance, and the Plan pays 60%). There are no contracted rates with out-of-network providers and facilities. Prescriptions and Preventive Services are not covered out of network. See UHC's Benefits Guide for additional details.

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 are subject to an annual deductible/co-insurance (Outpatient or inpatient services or procedures, ambulance, etc.)
- Virtual visits for medical services \$40 copay.
- 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.
- Prescriptions covered in-network only. Large national network of participating pharmacies.
- 90-day maintenance medication available through retail or mail order.
- Restricted generic policy (generics will be dispensed if available unless the doctor indicates on the prescription "Dispense As Written" (DAW1) due to medical necessity. If drug is not on the Formulary, doctor will be required to submit a Prior Authorization request detailing the medical necessity for the non-formulary drug and that member has tried one formulary drug unsuccessfully. Member will pay a higher copay.
- Some prescriptions require Prior Authorizations and are shown on the Formulary with a PA.
- No Out-of-network coverage for health or pharmacy except due to a true medical emergency. See UHC's Benefits Guide for additional details.

HEALTH PLAN COMPARISON-2024

Services	HDHP IN/OON		CDH
	(In-Network)	(Out-of-Network)	(In-Network Only)
Network Name	Choice +	Not Applicable	Choice
Annual Deductible	\$1,600 Single / \$3,200 Family	\$3,000 Single / \$6,000 Family	\$1,300 per member, max \$2,600 per Family
Annual Coinsurance	\$1,825 Single / \$3,650 Family You pay 20%	\$3,000 Single / \$6,000 Family You pay 40%	\$1,500 per member, max \$3,000 per Family You pay 20%
Annual Maximum Out of Pocket	\$3,425 Single / \$6,850 Family Medical & Rx combined	\$6,000 Single/ \$12,000 Family Medical & Rx combined	Medical: \$2,800 per member, max \$5,600 Family Rx: \$3,000 per member, max \$6,000 per Family
Pharmacy Benefits	20% after deductible* * Preventive Rx List no cost	No out-of-network coverage	Fixed copay structure* * Preventive Rx List no cost
Preventative Care	100% coverage	40% after deductible	\$0 copay
Primary Care Visit	20% after deductible	40% after deductible	\$25 copay
Specialists Visit	20% after deductible	40% after deductible	\$50 copay
Virtual Visit	20% after deductible	40% after deductible	\$40 copay
Urgent Care	20% after deductible	40% after deductible	\$50 copay
Diagnostic tests, labs, X-rays at free-standing facilities	20% after deductible	40% after deductible	20% or \$100, whichever is less
Emergency Room	20% after deductible	20% after deductible	\$250 copay
Ambulance	20% after deductible	20% after deductible	20% after deductible
Inpatient/Outpatient Hospital Services	20% after deductible	40% after deductible	20% after deductible
Chiropractic*	20% after deductible	40% after deductible	\$50 copay
Physical, Occupational, Speech & Cognitive therapy**	20% after deductible	40% after deductible	\$50 copay
Mental Health-Outpatient Visit	Deductible, then 20 visits at no charge	40% after deductible	First 20 visits – no charge, then \$25 copay
Mental Health-Virtual Visit	20% after deductible	40% after deductible	First 20 visits – no charge combined with Outpatient Visits, then \$40 copay
Durable medical equipment	20% after deductible	40% after deductible	20% after deductible
Basic Dental and Vision Rider Embedded in health coverage	Included—No cost	No out-of-network coverage	Included—No cost

* Maximum 24 visits per calendar year, based on medical necessity

** Maximum 60 visits combined per calendar year, based on medical necessity

Review:

2024 Preventive Drug List, 2024 Formulary and 2024 Formulary Exclusion list at broward.org/OpenEnrollment. Contact your doctor if your prescription needs to be changed for January 1, 2024.

SPECIAL PROGRAMS

Advocate4Me and Nurseline	Assistance with understanding your health plan, claims and estimating costs ahead of time.	Contact Member Services
Bariatric Program	If approved for weight loss surgery, additional, separate \$4,500 deductible applies. No Out of Network coverage.	Contact Member Services before beginning program
Cancer Resource Services	Personal support from an experienced cancer nurse.	Contact Member Services or visit myuhc.phs.com/cancerprogram
Healthy Baby/Pregnancy Support	Resources and tools to stay healthy and manage your health.	Contact Member Services
Neonatal Resource Services (NRS)	Neonatal specialists and nurses to help ensure the right plan of care for your NICU infant.	Contact Member Services
Orthopedic Support Solution	Provides assistance for surgical and non-surgical treatment.	Contact Member Services

ONSITE HEALTHCARE REPRESENTATIVES/ADVOCATES

Need assistance with your UHC health, pharmacy, dental PPO, claims or providers? Contact one of the UHC on-site Health Care Advocates:

Neerie Kolehma Ph: 954-357-7191 Email: Neerie_kolehma@uhc.com
Chris Sands Ph: 954-357-7192 Email: Chris_Sands@uhc.com

EXCLUSIONS AND LIMITATIONS

All health plans have specific Exclusions and Limitations. Please contact the on-site UnitedHealthcare Advocate for more information.

RETIREE-PAID TERM LIFE AND AD&D INSURANCE

Retiree Age	Life and AD&D Monthly Rate per \$1,000*		Dependent Life Insurance (does not include AD&D Insurance)	Fixed Benefit	Monthly Premium
Under 60	\$1.578		Spouse/Domestic Partner	\$12,500.00	\$3.75
60-64	\$1.782		Dependent Child	\$12,500.00	\$2.20
65-69	\$3.090				
70+	\$4.614				

- Includes \$0.03 per \$1,000 for AD&D Insurance

Contact The Standard at 1-855-554-2926 for assistance with your life insurance coverage and beneficiaries.

DENTAL PLANS (if currently enrolled)

DHMO DENTAL Plan – Humana/CompBenefits

HIGHLIGHTS

- 3rd regular cleaning at no cost.
- Free oral cancer screening (age 18 and older).
- Pre/Postnatal deep cleaning at no cost.
- Implant Rider covering 50% up to a max of \$1,500 per year, \$10,000 per lifetime.
- In-network coverage only, South Florida network.
- 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.

If moving outside of Humana's South Florida DHMO dental network, dental coverage must be changed to DPPO Plan under UHC. Contact BOI for assistance.

DPPO DENTAL PLAN – UnitedHealthcare

HIGHLIGHTS

- Larger network in Florida and nationally.
- 3rd regular cleaning at no cost.
- MaxMultiplier Program.
- No waiting periods for major services and orthodontia.
- On-site Healthcare Advocates.
- In- or out-of-network coverage.
- Maximum annual benefit of \$1,500 per person in-network, \$1,000 per person out-of-network.
- Orthodontia coverage for children only (coverage ends when child turns age 19, regardless of where he/she is in treatment process).
- Some exclusions and limitations.

VISION PLAN – Humana

HIGHLIGHTS

- In- and out-of-network coverage with a National Network.
- Two comprehensive eye exams per calendar year for diabetics.
- Children's Eye Care Program includes a second eye exam each year for covered child up to age 13.
- Exams, Eyeglass Frames, Lenses and Contact Lens coverage.
- Large network of providers.

For more information on plans, go to Broward.org/OpenEnrollment or email benefits@broward.org. When emailing, please let us know you are a retiree.

***2023 coverages will automatically rollover for 2024 with an increase in premium for Health and Dental PPO.
Notify Benefits Outsource Inc. (BOI) of any changes for 2024 coverage by November 13, 2023.***

IMPORTANT

Dependents

Newly enrolled dependents without the required documentation (marriage certificate, birth certificate, etc.) on file with BOI by 11/13/2023 will be removed from medical, dental, and vision plans and will not be covered for 2024.

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

Over Age Dependents

The **\$43.33 monthly surcharge for Over Age Dependents'** health coverage remains the same. Over Age-Dependent must meet the following criteria:

- (a) Is unmarried and does not have a dependent of his/her own;
- (b) Is a resident of the State of Florida or a full-time or part-time student; and
- (c) Is not provided/offered coverage as a named subscriber, insured, enrollee, or covered person under any other group, blanket, or franchise health insurance policy or individual health benefits plan, or is not entitled to benefits under Title XVIII of the Social Security Act
- (d) Has been continuously covered by other creditable coverage without a gap in coverage of more than 63 calendar days. (Proof of prior coverage required.)

Avoid Late Payments:

- Pay through FRS
- ACH from your Bank Account
- Pay by check to BOI

Payment is due on the 1st of the month with a 30-day grace period.

2024 OPEN ENROLLMENT VIRTUAL & LIVE PRESENTATIONS and VENDOR FAIRS
Schedules are available now for Presentations and Vendor Fairs.
Information on website as of October 24th
at **[Broward.org/OpenEnrollment](https://www.broward.org/OpenEnrollment)**

Enrollment begins on October 30th and ends on
November 13th.

To make any changes or waive coverage, contact BOI by November 13th.

2024 RETIREE INSURANCE MONTHLY RATES

¹ Tiers of coverage with an Over Age-Dependent include the \$43.33 monthly surcharge

HEALTH (Medical & Pharmacy)	None on Medicare	One on Medicare	Two on Medicare
UHC HDHP OON (In / Out of Network)			
Retiree	671.30	526.52	
Retiree + SP/DP	1,443.86	1,226.85	1,009.68
Retiree + CH	1,234.66	1,028.36	
Retiree + CH with Over Age Dep*	1,277.99	1,071.69	
Retiree + Family	2,110.60	1,860.80	1,716.02
Retiree + Fam with Over Age Dep*	2,153.93	1,904.13	1,759.35
UHC CDH (In Network)			
Retiree	1,090.72	805.64	
Retiree + SP/DP	2,345.94	1,901.37	1,676.27
Retiree + CH	2,005.91	1,604.80	
Retiree + CH with Over Age Dep*	2,092.57	1,648.13	
Retiree + Family	3,428.97	2,847.65	2,692.04
Retiree + Fam with Over Age Dep*	3,515.63	2,890.98	2,735.37

TIER OF COVERAGE	DENTAL		HUMANA VISION
	HUMANA DHMO	UHC DPPO	
Retiree	11.74	35.66	8.91
Retiree + Spouse/DP	21.10	70.79	17.85
Retiree + Child(ren)	23.49	83.03	16.92
Family	28.17	118.15	26.61

Reminder:

1. County health and pharmacy plans are not Medicare plans.
2. When Medicare-eligible, the County's plan will automatically pay as secondary with a reduced premium. Enroll in Medicare before your Medicare-eligibility date and research your Medicare options.
3. County's pharmacy plan meets the Creditable Coverage requirements under Medicare.
4. Any coverage canceled by you or for non-payment cannot be reinstated.
5. Payment is due on the 1st of the month with a 30-day grace period.
6. Information on the County's benefits plans can be found 24/7 on our website at Broward.org/benefits. Not all benefits are available to Retirees.

Stay Safe This Flu Season – get a flu shot.

Flu shots are available at no cost at the pharmacy, Publix, Walmart, Target, etc. Remember to present your UnitedHealthcare health card when you get your flu shot. Flu shots are available at Open Enrollment Vendor Fairs.



RESOURCES:

Eligibility, billing, payment or FRS deduction questions or issues:

Contact	Phone	Email	Website
Benefits Outsource, Inc. (BOI)	954-680-7626 888-877-2780	benefits@boibenefits.com	https://boibenefits.wealthcarecobra.com

UnitedHealthcare (UHC), Health, Dental DPPO or HUMANA DHMO or Vision claim assistance, provider assistance, Explanation of Benefits:

Health and Pharmacy	1-866-873-3903 1-954-357-7191 1-954-357-7192	Customer Service Onsite Healthcare Advocate Onsite Healthcare Advocate	Myuhc.com
Basic Dental Plan embedded in Medical Coverage (Solstice)	1-877-816-3596 1-954-357-7191 1-954-357-7192	Customer Service Onsite Healthcare Advocate Onsite Healthcare Advocate	Myuhc.com
Basic Vision Plan embedded in Medical Coverage	1-888-563-4497 1-954-357-7191 1-954-357-7192	Customer Service Onsite Healthcare Advocate Onsite Healthcare Advocate	Myuhc.com
Behavioral Health Care		Secure messaging through myuhc.com	Myuhc.com
Virtual Visits		Access through Myuhc.com	Myuhc.com
Vision Plan (standalone)	877-398-2980	Customer Service	Myhumana.com
DPPO Dental Plan (standalone)	1-800-445-9090 1-954-357-7191 1-954-357-7192	Customer Service Onsite Healthcare Advocate Onsite Healthcare Advocate	

Humana DHMO

DHMO Dental Plan	1-800-979-4758	Customer Service	Myhumana.com
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Medicare information

Social Security Admin.	1-800-772-1213		www.ssa.gov
Valery Insurance Agency	1-800-330-8445	Info@valeryagency.com	



Want to receive information throughout the year? Provide BOI with your email. The County does not maintain your data; we request it from BOI as needed.

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