

CITY OF MIAMI SPRINGS
Open Enrollment 2020-21

FREQUENTLY ASKED QUESTIONS

What is Open Enrollment?

Open Enrollment is the period in which you can make changes to your benefits for the upcoming year. Additionally, you may add or remove eligible dependents from coverage as appropriate.

When is Open Enrollment?

This year's open enrollment period will run from September 18, 2020, to September 28, 2020. Any changes to your plans will become effective on October 1, 2020. Although all enrollment/change forms received during the enrollment period will be processed, **we recommend that you notify HR of any medical insurance changes by September 23, 2020.**

What's new in benefits for City of Miami Springs employees in 2020-21?

There is one significant change: Humana will be replacing UnitedHealthcare as the City's medical insurance provider effective October 1, 2020.

Why did the City change medical insurance providers?

In June, UnitedHealthcare offered a best/lowest renewal rate that was 19.5% higher than our current rates. As a result, the City advertised a request for proposals on our current medical plans. In addition to providing equivalent plans and comparable services, Humana offered a 9.8% increase in premiums versus UHC's sealed bid-offer of a 14.4% increase. Humana was assessed to be the lowest, most responsive, and most responsible bidder for our group medical plans, and the City Council approved the new contract.

Are there any changes to the Cigna Dental and Humana Vision plans?

No. There were no changes made to the Cigna Dental and Humana Vision plans. The providers, plans, and premiums for our dental and vision insurance plans will remain the same in 2020-21.

I don't want to make any changes to my plans and coverage for 2020-21. What do I need to do to keep things the same?

If you take no action, you will automatically be enrolled in the same or equivalent plan(s) with the same coverage that you currently have.

Do I need to select a primary care provider for my new Humana medical plan?

No. A primary care provider designation is not necessary for your new Humana medical plan. All four Humana medical plans are open access plans.

How do I make changes to my plans?

Change requests must be completed in writing. Please complete and submit the applicable enrollment/change form. Forms are available on the HR Department's web page and from HR staff. Completed forms can be submitted via email to benefits@miamisprings-fl.gov, sent by interoffice mail, sent by US mail, or dropped off at the HR Department office.

Which Humana medical plan is equivalent to my current UnitedHealthcare plan?

This chart shows the equivalent Humana plan. If you take no action on your medical coverage, you will be enrolled in the equivalent Humana plan.

UNITEDHEALTHCARE		HUMANA
High HMO/Police HMO	➔	HMO Gold Plan/Police HMO
Low HMO	➔	HMO Silver Plan
POS Plan	➔	POS Plan
UHC Choice Plan	➔	N/A
N/A	➔	HMO Bronze Plan

How can I find out if my doctor or facility is a Humana in-network provider?

1. You can search the Humana network of providers by visiting www.humana.com.
2. Under **MEMBER RESOURCES**, click on **FIND A DOCTOR**.
3. Select **INSURANCE THROUGH EMPLOYER**.
4. Enter the zip code and select the network to search:
 - For the HMO plans, the network will be **HMO PREMIER**.
 - For the POS plan, the network will be **NATIONAL POS OPEN ACCESS**.

Will I be receiving a Humana Member ID card?

Yes. But because of the short time frames with which we are working, your card will not be immediately available. You will be provided with a letter of coverage from Humana that will document your new coverage until a Member ID Card can be generated.

You are **STRONGLY** encouraged to download the **MYHUMANA** app on your phone.

What if I am in the middle of receiving medical treatment from a healthcare provider who is NOT in Humana's network? Can an exception be made so that I can continue to receive necessary treatment from an out-of-network provider for my serious medical condition?

Yes, Humana has a "**Transition of Care**" exception process. When an employee or a covered family member makes a formal request for the Transition of Care, Humana clinical staff will decide whether to temporarily authorize care from an out-of-network provider while paying the charges at the in-network benefit level. Conditions that may qualify for Transition of Care exceptions are pregnancies beyond 20 weeks, cancer therapy, post-operative periods, dialysis, planned non-elective procedures, home health therapy, and durable medical equipment (DME) services. Individuals needing an exception should complete Humana's Request for **Transition of Care Form**, which is available from Humana and the Miami Springs HR Department.

Will I be given credit for the amount I spent towards the annual deductible and the annual out-of-pocket limit on my UHC plan for calendar year 2020?

Yes. Humana will give you credit for the money you spent towards the annual deductible and the annual out-of-pocket limit with UHC for calendar year 2020. Those balances will reset to zero on January 1, 2021, when the new calendar year begins.

What about my prescriptions? Will I have any problems filling them in October?

There are many people working on short notice and on very tight deadlines to make the City's transition to Humana as seamless as possible. However, we expect that some plan members may experience some issues filling prescriptions in early October. For some prescriptions, Humana may require a new script from your doctor. If possible, we encourage plan members to refill prescriptions before the end of September and obtain prescriptions from their treating physicians.

How can I contact the HR Department about my benefits?

While City Hall is undergoing repairs, the HR Department is temporarily located at the Miami Springs Recreation Center. Email is the best way to contact us.

Miami Springs HR Department
1401 Westward Drive
Miami Springs, FL 33166
(305) 805-5009/08
Email: benefits@miamisprings-fl.gov
www.miamisprings-fl.gov/humanresources