









### **WELCOME TO YOUR 2026 OPEN ENROLLMENT**

This is a **mandatory** Employee Benefits Enrollment. You and your dependents' current healthcare plan and/or Flexible Benefits will terminate on December 31, 2025; therefore, you must enroll during this open enrollment period. If you are currently enrolled in a Disability (STD buy-up and/or LTD) plan, those benefits will continue for the 2026 plan year.

This is your opportunity to enroll in benefits and add eligible dependents.





### **ASK YOURSELF! ARE YOU ENROLLED IN THE RIGHT HEALTHCARE PLAN?**

You can **save money** by selecting a healthcare plan that aligns with your needs. To determine if you're in the right plan, evaluate your medical needs, out-of-pocket expenses, and if your preferred doctors and/or hospitals are in the network.

#### UNDERSTAND YOUR HEALTH NEEDS AND BUDGET

- Assess your current health: Do you have a chronic condition, or are you generally healthy and only visit the doctor for annual check-ups?
- Consider upcoming needs: Do you anticipate any planned surgeries or need regular prescription medications?
- Evaluate your budget: Determine your comfort level with a higher bi-weekly premium versus the costs you'll pay for services like copays and deductibles when you access care.
- **Network:** Are your preferred doctors, specialists, and/or hospitals in the network? Providers in the networks can change each year, so it's important to do your homework first to ensure your needs are still met.





## DID YOU KNOW?

#### **ALL THREE PLANS OFFER:**

- No Referrals
- \$0 Telemedicine (unlimited)
- \$0 CareATC Onsite Clinic
- · Same Formulary
- \$0 Behavioral Health (unlimited)

Even if you're planning to stay enrolled in the same healthcare plan, you should still take time to review a few things before enrollment.

- Review your coverage options.
- Consider your family's needs.
- Check the premiums, co-payments, and deductibles of the plans.
- Check the provider networks.

Don't just select a healthcare plan without reviewing your options.

#### SUREFIT NETWORK (EMPLOYEE ONLY BOARD-PAID)

- PCP Required (no referrals needed)
- Narrow (Tri-County) Network
- No Out-of-Network Benefits
- \$1,500 In-Network Individual
   Out-of-Pocket Max
- \$3,000 In-Network Family Outof-Pocket Max
- \$20 Primary Care Physician
   (PCP) Co-Pay
- \$40 Urgent Care Co-Pay

#### LOCALPLUS NETWORK (EMPLOYEE COST SHARE)

- PCP Not Required
- South Florida Provider Network (travels with you)
- In & Out-of-Network Benefits
- \$4,500 In-Network Individual
   Out-of-Pocket Max
- \$9,000 In-Network Family Outof-Pocket Max
- \$30 Primary Care Physician (PCP)
   Co-Pay
- \$45 Urgent Care Co-Pay

### OAP EXTENDED NETWORK (EMPLOYEE COST SHARE)

- PCP Not Required
- Nationwide Network
- In & Out-of-Network Benefits
- \$3,300 In-Network Individual
   Out-of-Pocket Max
- \$6,600 In-Network Family
   Out-of-Pocket Max
- \$25 Primary Care Physician
   (PCP) Co-Pay
- \$45 Urgent Care Co-Pay





Integrated
Benefits
Solutions

Healthcare Bluebook

Lantern

CareATC









#### HEALTHCARE BLUEBOOK TRANSPARENCY TOOL

Online and mobile tool that quickly helps you find cost and quality information by ranking local providers in an easy-to-read color system.

Knowing how much your care costs is just as helpful as finding the right provider.

Healthcare Bluebook is available to you as part of your benefits plan for those enrolled in a Cigna plan.



Make informed decisions with a potential cost savings by using the Transparency Tool







### 3 QUALIFY FOR A REWARD!!!

- 1. Prior to scheduling, shop for your procedure using Healthcare Bluebook
- 2. Use a Fair Price™ facility of your choice
- 3. Earn up to a \$1,500 reward on eligible procedures

No forms or extra steps required. It's automatic!

Dependents also eligible for rewards. Please allow 60-90 days for processing.

Up to a \$1,500 Reward per procedure

#### **List of Common Reward Procedures**

See the full list at https://www.healthcarebluebook.com/cc/mdcps/rewards

Lithotripsy - \$350

Ear Tube Placement - \$350

Colonoscopy - \$150

OP Knee Surgery - \$350

Nasal Surgery - \$350

Carpal Tunnel Surgery - \$250

Cardiac Stress Test - \$50

Cataract Surgery- \$150

Joint Replacement - \$1,000

Spinal Fusions - \$1,500

Hysterectomy - \$1,000

Upper GI Endoscopy - \$150





### **SurgeryPlus is now Lantern**

now Lantern

2026 Expanded Services

Bariatric & Cardiac

Your Miami Dade **County Public Schools** SurgeryPlus Coverage:

#### OAP coverage:

#### Do I have a copay?

No. Your copay will be covered under your benefit.

#### Will I pay coinsurance?

No. You will not pay any coinsurance.

#### What will my surgery cost?

Your surgery will be covered 100% with your benefit.

#### Financial Rewards\*

\$2,000

\$1.000

- · Gallbladder · Orthopedics

Thyroid

\$500

- Gastroenterology
- Pain Management (Injections)
- Minor General

\*Financial rewards are payable to members who complete a surgical procedures through SurgeryPlus.







### **Excellent Surgical Care**

Lantern

SurgeryPlus is an additional medical benefit that provides you with access to excellent and affordable care for many planned surgical procedures. In partnership with Miami-Dade County Public Schools, we cover the most expensive costs associated with surgery, so you'll pay less for your procedure when you use your benefit.

#### Lantern

Activating your SurgeryPlus benefit today means...

There will be no cost for your surgery and you'll receive a financial incentive.



#### Commonly Covered Procedure Categories:

#### Spine

- Disk Replacement
- Laminotomy
- Disk Fusion
- Scoliosis

#### Orthopedic

- Joint Replacement
- Knee/Hip/Shoulder
- Arthroscopy
- Carpal Tunnel
- Ligament Repair
- Rotator Cuff Repair

#### Spine & Ortho Injections

#### Ear, Nose, & Throat

- Ear Tubes
- Tonsils
- Sinus Surgery

#### Gynecology

- Bladder Repair
- Hysteroscoy
- Hysterectomy

#### General Surgery

- Hernia
- Hernia Repair
- Thyroid
- Gallbladder
- Mass Removal

#### Gastrointestinal (GI)

- Colonoscopy
- Upper-Gl Endoscopy

Urology





### CareATC - Unlimited Care at No- Cost (\$0)

### No Cost Primary Care

For employees, plus dependents, covered under the Cigna healthcare plans offered through the School Board.

Miami-Dade County Public Schools has partnered with CareATC, an employee health management provider, to reopen the doors to what is now the CareATC Medical Center. The CareATC Medical Center delivers care at \$0 cost to employees plus dependents covered under the Cigna healthcare plans offered through the School Board.

#### Pay nothing, get a lot.

- No-cost primary care.
- Quick and easy appointments.
- Preventive care, as well as illness and chronic disease management.
- Free lab work provided during your visit.
- → Less wait time, more face time with your medical provider.

#### Three easy ways to schedule an appointment:

800.993.8244 (habiamos español)

www.careatc.com/patients

CareATC mobile app

#### Securely activate your account

Activate your patient account today. Go to www.careatc.com/activate or download the CareATC app and follow the "New here?" prompts.

Under HIPAA regulations, all patient information is confidential.

#### Available treatments and services include:

Adult Immunizations

Allergies / Asthma

Annual Wellness Check

Cold / Flu / Congestion

Diabetes Treatment

High Blood Pressure

High Cholesterol

Lab Work / Tests

Minor Injuries

Personal Health Assessments (PHA)

Preventive Care

Well Woman Exams

#### CareATC Medical Center

Miami Jackson Sr High 1751 NW 36th St, Bldg 6

Miami, FL 33142 M/W/F 7am - 11am | 12pm - 4pm T/Th 9am - 1pm | 2pm - 6pm

#### Kendall Health Center

9595 N Kendall Drive. Ste 210 Miami, FL 33176

1 pm - 5pm

#### Hialeah Health Center\*

7100 W 20th Ave. Ste 606 Hialeah, FL 33016

M/W/Th 8am - 12pm | 1pm - 5pm M/W/Th 8am - 12pm | 1pm - 5pm 1pm - 5pm

> 8am - 12pm \*Free parking validation. CareATC is not affiliated with Palmetto General Hospital.

#### Tytocare

660 SW 3rd Ave., Room #1225 Florida City, FL 33034

M-Th 7am - 11am | 12pm - 4pm

F/Sat 8am - 12pm







### DEPENDENT ELIGIBILITY DOCUMENTATION

- Dependent Social Security Numbers are required during the enrollment process.
- Dependent documentation must be provided when requested. Failure to submit this required documentation will result in termination of your dependent coverage.
- Domestic partners of the same sex and legally married are able to be added on a tax-free basis with a marriage certificate.







### DEPENDENT DOCUMENTATION

- 1. Children not previously verified
- 2. Spouses not previously verified
- 3. Domestic partners documentation is required annually due to taxability requirements

**Note:** Beginning in 2027, employees will be required to provide dependent documentation for a covered spouse every five years.





### If you don't enroll during this Open Enrollment (Dec. 1-14):

- You will be assigned to the Cigna SureFit Network (employee only)
  healthcare plan. This plan requires the selection of a Primary Care Physician
  (PCP); therefore, Cigna will assign you a participating provider based on your
  zip code.
- If you are currently declining healthcare coverage and do not renew your optout, your optout election will terminate on December 31, 2025, and you will be assigned to the Cigna SureFit Network (employee only) healthcare plan.
- Your dependents will not have healthcare coverage.
- If you are currently enrolled in a Disability (STD buy-up and/or LTD) plan, those benefits will continue for the 2026 plan year.
- You and your dependents will not have flexible benefits (i.e. dental, vision, legal, hospital indemnity, flexible spending accounts, etc.).







- ✓ Please review your benefits by visiting your employee portal in SAP.
- ✓ Carefully review the three available healthcare plans. The primary difference between them is the provider network, so be sure to check which plan your preferred provider participates in.
- ✓ Verify your provider's participation, either review the online listing or call Cigna directly. Providers in the networks can change each year, so it's important to do your homework first to ensure your needs are still met.
- ✓ Consider upcoming medical needs.
- ✓ Evaluate your budget- determine your comfort level with higher bi-weekly premiums versus the costs you'll pay for services like copays and deductibles when you access care.
- ✓ Review all available flexible benefits, including dental, vision, disability, and other supplemental options.
- ✓ If you have any questions or need assistance, please don't hesitate to contact us.





# CONTACT INFORMATION

For additional information regarding your benefits, please contact us at:

**FBMC Benefits Management** 

1-855-632-7748

Cigna Healthcare

1-800-806-3052

**Rosa Novo** 

305-922-6782

DON'T WAIT! ENROLLMENT ENDS DECEMBER 14, 2025