



2027 NAVIGATE TODAY FOR A BETTER TOMORROW

KNOW YOUR OPTIONS.

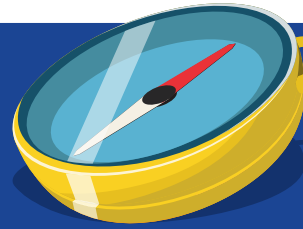
Knowing your options helps you take full advantage of what's available. Understanding your options allows you to choose the plans that best fit your healthcare needs, family situation, and budget. This can prevent costly mistakes and ensure you have the right level of coverage. We will continue to offer the following three Cigna healthcare plans for the 2027 calendar year. These plans include providers across all specialties, with the **primary distinction being the range of providers available within each network.**

Cigna Healthcare Plan Designs

Plan Design	SureFit Network	LocalPlus Focused Network	OAP Extended Network
Primary Care Physician (PCP)	Required	Not Required	Not Required
Referrals	Not Required	Not Required	Not Required
Network	Florida Statewide Network	South Florida Provider Network (travels with you)	Nationwide Network
In-Network Costs Include	Deductible, copays, and coinsurance	Deductible, copays, and coinsurance	Deductible, copays, and coinsurance
Out-of-Network Coverage	No, but emergency room services are covered	Yes, but you will pay significantly more out-of-pocket	Yes, but you will pay significantly more out-of-pocket
Annual Deductible	Yes, lowest	Yes, higher than OAP	Yes, higher than SureFit

New Benefits on the Horizon!

Explore our new offerings and choose the plan that best charts your course.



Note: Scan the QR code to view the side-by-side Healthcare Plan Comparison Chart.

Understand Your Options. Make the Right Choice.

Take time to consider what matters most to you.

- **Assess your current health:** Do you have a chronic condition, or are you generally healthy and only visit the doctor for annual check-ups?
- **Assess your family's health needs:** Consider specific health needs of all family members covered by your plan, as these needs can change year to year.
- **Consider upcoming needs:** Do you anticipate any planned surgeries or need regular prescription medications?
- **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.
- **Network:** Are your preferred doctors and specialists 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.

Take time now to compare the benefits, costs (premiums, deductibles, co-pays), provider network, and drug coverage of each plan.

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.
- ✓ Check the provider networks.

Be Informed! Understanding your options helps you save money and get the right coverage for you and your family.



NEW BENEFITS ON THE HORIZON!



DELTA PLANS

Delta Dental

- Two DHMO plans - Standard and High.
- If selecting a DHMO plan, you must select a dental provider for you and/or each of your family members at the time of enrollment.
- Two PPO plans - Standard and High.
- PPO plans provide access to a nationwide network.

Humana Dental

- Two DHMO plans - Low and High.
- Two PPO plans - Standard and High.
- PPO plans provide access to a nationwide network.

Note: If you enroll in an HMO plan, verify that your preferred dentist is a participating provider in the network prior to enrollment.



EYEMED VISION PLAN

- In-network - any available frame at provider location: \$0 co-pay; \$180 allowance.
- In-network - contact lenses conventional and disposable: \$0 co-pay; \$150 allowance.
- Out-of-network providers reimburse up to the allowable amount.
- Thousands of independent and retail providers nationwide including LensCrafters, Pearle Vision, Target Optical, and America's Best.
- On-line in-network options including LensCrafters.com, TargetOptical.com, Ray-Ban.com, Glasses.com and ContactsDirect.com.



METLIFE HOSPITAL INDEMNITY COVERAGE PLAN

- Two daily coverage levels will be offered to employees and dependent(s): \$50/day and \$150/day.
- ICU confinement, in-patient hospital confinement and rehab facility confinement (only offered on accidental injuries) are covered.



AURA IDENTITY & FRAUD PROTECTION PLAN (OFFERED THROUGH METLIFE)

- New Provider for Identity Theft.
- Two Plans offered to employees and dependent(s): Protection Plan and Protection Plus Plan.
- Credit, account, SSN, dark-web, and transaction monitoring.
- 24/7 support, fraud resolution, and identity-theft insurance.
- Parental controls, child identity protection, and online safety tools.



ARAG LEGAL PLAN

- ARAG legal insurance will be the sole provider for 2027.
- Work with a network attorney and attorney fees are paid in full for most covered legal matters.
- Local attorneys - many who average 20+ years of experience.
- Unlimited telephonic consultation.
- Caregiving services provided to you to assist you with your parents and grandparents.
- Out-of-network access to an attorney of your choice.



THE STANDARD LONG-TERM DISABILITY

- 60% of your eligible earnings, up to a maximum benefit of \$7,500 per month. Plan minimum per month: The greater of \$100 or 10% percent of the Long-Term Disability benefit.
- Benefits under this plan may continue during disability until age 67, depending on your age at the time of disability, after a 180-calendar day elimination period.
- **You will be able to enroll in this benefit on a guaranteed issue, meaning you can get approved without submitting your medical history. Restrictions may apply to employees on a leave/inactive status.**



THE STANDARD SHORT-TERM DISABILITY

Base coverage provided by Miami-Dade County Public Schools at no cost to you

- 60% of your eligible earnings, up to a maximum benefit of \$500 per week: 30 days for accidents. Plan minimum \$25 per week.
- Benefits under this plan are paid up to 90 days after a 30-calendar day elimination period.

Buy-up coverage you can purchase, paid for by you

- 60% of your eligible earnings, up to a maximum benefit of \$1,000 per week. Plan minimum \$25 per week.
- Benefits under this plan are paid up to 180 days after a 15-calendar day elimination period.
- **You will be able to enroll in this benefit on a guaranteed issue, meaning you can get approved without submitting your medical history. Restrictions may apply to employees on a leave/inactive status.**



THE STANDARD VOLUNTARY LIFE PLAN

- New Group Life Insurance Provider.
- Subject to age reduction at age 65 (65%) and at age 70 (50%) of the original benefit amount.
- Funeral planning services.
- You can receive up to 80% of your life insurance proceeds in the event that you become terminally ill and are diagnosed with less than 12 months to live.



THE STANDARD ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) PLAN

- New Accidental Death and Dismemberment Provider.
- Benefits in the event of a covered accident, which results in loss of life, limbs, use of limbs, eyesight, hearing or speech.
- Subject to age reduction at age 65 (65%) and at age 70 (50%) of the original benefit amount.



TASC FLEXIBLE SPENDING ACCOUNTS (FSAS)

Medical FSA

- Annual contribution limit for Medical FSA has increased to \$3,500 (formerly \$3,400).
- Consider the "Use it or Lose it Rule" - It is important to be conservative in making elections because unused funds left in your account at the close of the Plan Year are not refundable to you.
- Your total annual election for Medical FSA is available for reimbursement at the start of the Plan Year.

TASC Dependent Care FSA

- Medical expenses for your dependent(s) are not eligible for reimbursement under the Dependent Care FSA.
- The dependent care expenses provided during a calendar year cannot exceed \$7,500. In the case of separate returns by married individuals, the limit is \$3,750. This amount may be less if the employee's earned income or spouse's earned income is less than \$5,000.
- The Dependent Care FSA allows you to use pretax dollars to pay for eligible expenses related to care for your child, disabled spouse, elderly parent or other dependent who is physically or mentally incapable of self-care.
- Consider the "Use it or Lose it Rule" - It is important to be conservative in making elections because unused funds left in your account at the close of the Plan Year are not refundable to you.

