

Broward Sheriff's Office
Retiree Group Health Insurance Benefit – Continuing Coverage

CONTINUING COVERAGE ELIGIBILITY REQUIREMENTS

1. The retiree must meet the normal retirement guidelines outlined in their collective bargaining agreement or the Sheriff's Policy
2. The retirement discount program is closed to all new employees hired on or after October 1, 2007 with the exception of Fire Rescue. Employees hired after October 1, 2007 are NOT eligible for the 2% discount on medical insurance

HEALTH INSURANCE GUIDELINES

PREMIUM PAYMENTS

BSO CONTRIBUTION

1. The Broward Sheriff's Office pays Aetna the employer portion of premium for eligible participating retirees monthly via electronic funds transfer (EFT) to Aetna. The EFT is sent to Aetna Billing in the 1st week of the month for the current month's coverage.
2. The employer contribution/payment is reconciled monthly by Aetna to ensure that all eligible retirees' accounts are current for the employer paid portion of the Retiree Health Benefit.

RETIREE CONTRIBUTION

1. Health insurance contracts are individual contracts between Aetna and the retiree.
2. All billing for the portion of the premium to be paid by the retiree is communicated directly by Aetna to the retiree.
3. All past due notifications and cancellations are communicated directly from Aetna to the retiree.

FRS AUTO-PAY TO AETNA

- a. Please return the completed **FRS INSURANCE PAYROLL DEDUCTION AUTHORIZATION** form by:
 - i. **Fax:** Terry Cornman (959) 888-4407 OR
 - ii. **Mail:** Broward Sheriff's Office, Attn: Aetna On-Site rep
Employee Benefits Section
2601 W. Broward Blvd.
Fort Lauderdale, FL 33312

YOU MUST MANUALLY PAY THE 1ST MONTH'S PREMIUM DIRECTLY TO AETNA

1. Your account must be ZERO balance by the 12th of the month for the FRS automatic deduction to be initiated for the NEXT month's premium to be paid as an FRS automatic payment to Aetna.

CANCELLATION OF HEALTH INSURANCE

1. The retiree must send written notification to BSO 30 days prior to the date they wish to terminate their medical coverage
2. Termination of coverage must be the end of the month
3. Retirees will have 30 days from the last day of coverage to rescind their cancellation and maintain medical insurance through BSO
4. Upon BSO's receipt of the retiree's cancellation, their stipend eligibility will be determined and if eligible, the stipend will take effect the first of the month following cancellation of their medical insurance

Broward Sheriff's Office
Retiree Group Health Insurance Benefit – Stipend

STIPEND ELIGIBILITY REQUIREMENTS

1. The retiree must meet the normal retirement guidelines outlined in their collective bargaining agreement or the Sheriff's Policy. *(SEE BELOW FOR STIPEND EFFECTIVE DATES)*
2. Employees hired after October 1, 2007 are NOT eligible for the stipend with the exception of Fire Rescue

STIPEND GUIDELINES

1. If an employee elects to maintain their medical coverage, they may at a later date cancel the coverage and elect to receive the monthly stipend
2. Retirees electing the monthly stipend may not re-enroll in the BSO medical insurance at a later date
3. *The monthly stipend ends the month following the member reaching Medicare eligibility (age 65)*
4. The monthly stipend does not continue for dependents/beneficiaries in the event a retiree passes away

STIPEND EFFECTIVE DATES PER COLLECTIVE BARGAINING AGREEMENTS

Contract language offered the stipend to anyone who retired after a specific date:

PBA	After September 30, 2004
DLE Lieutenant	After September 30, 2004
FOPE	After September 30, 2004
DOD Lieutenant	After September 30, 2004
Fire Rescue	On or after October 1, 2006
Unrepresented	After September 30, 2004

1. During the 10/01/2007 contract negotiation, the language was modified to allow retirees to elect the stipend **only if they were currently enrolled in the medical coverage and canceled their benefit to receive the stipend**. Anyone who retired prior to the dates listed above and declined insurance at the time of retirement is not eligible for the stipend.
2. *Retirees are eligible if they retired after the dates above and declined coverage at the time of retirement, or elected coverage and cancelled the coverage at a later date (before age 65). **Monthly stipend ends the last day of the month in which Retiree becomes Medicare eligible OR turns 65***

~ OR ~

3. *Retired prior to the date above, continued coverage and cancelled the coverage after 10/01/2007. **Monthly stipend ends the last day of the month in which Retiree becomes Medicare eligible OR turns 65***

CALCULATION OF MONTHLY STIPEND

1. The monthly stipend amount is based on the level of coverage (single or family) the employee maintained for a defined period of time prior to retirement (typically 12-24 months).
2. The rate is based on the HMO premium regardless of the plan the employee was enrolled in with the Broward Sheriff's Office.
3. The 2% per year of BSO service (not including contract city time) is utilized to determine the monthly stipend amount (i.e. employee with 20 years of BSO service with Family coverage would receive a stipend equal to 40% of the HMO Family rate at the time the employee retired from BSO)
4. The stipend amount is locked in at the rate at the time of retirement and does not increase annually

PAYMENT OF STIPEND

1. The monthly stipend payments are issued at the beginning of every month
2. The stipend is processed as an ACH payment through our Finance Department and deposited directly into the retiree's banking account
3. You must submit a completed AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH Credits) BEFORE the Stipend will be issued – you may send the form to the Employee Benefits Office via fax: **954-321-4541**
4. **Monthly stipend ends the last day of the month in which Retiree becomes Medicare eligible OR turns 65**