

2024 – Miami-Dade County AvMed Medicare National Choice (HMO) with Prescription Drug Plan



Frequently Asked Questions

Plan Design

Medical Carrier:



Medical	You pay
Deductible	\$0
Office Visit: Primary Care	\$0
Office Visit: Specialist	\$0
Inpatient Hospital	\$0
Outpatient Care	\$0
Home Health Care	\$0
Skilled Nursing Facility	\$0 (Days 1-100)
Emergency Room	\$0
Urgent Care	\$0
Ambulance Service	\$0
Lab Services	\$0
Radiology Services	\$0

Durable Medical Equipment	\$0
Preventative Screenings	\$0
Chiropractic	Medicare Covered Services only
Acupuncture	Medicare Covered Services only
Podiatry	\$0, 1 visit every 60 days, \$0 for any Medicare Covered Services
Foreign Travel (World-wide) Coverage	\$0 Emergency Room, \$50,000 Annual Benefit
Hearing	\$0, Routine Hearing Exam - 1 per year \$0, Evaluations & Fittings - one fitting evaluation per hearing aid every three years \$0 copay for hearing aids (any type), \$1,500 maximum every 3 year
Vision	\$0, Routine Eye Exam - 1 per year Contact Lenses: Unlimited, Eye Glass Lenses: 1 every year, Eye Glass Frames: 1 every year, Eyewear annual limit: \$0 up to maximum of \$150
Dental	\$0 copay for preventative visits, 20% - 50% coinsurance for comprehensive services, through Delta Dental.
Fitness Benefit	SilverSneakers

Prescription Carrier



EXPRESS SCRIPTS®

Prescription	30-day Retail You pay up to	90-day Retail You pay up to	90-day Mail Order You pay up to
Annual Deductible: \$200 for 30-day Retail only			
Tier 1 Preferred Generic	\$5	\$10	\$10
Tier 2 Generic	\$10	\$20	\$20
Tier 3 Preferred Brand	\$40	\$80	\$80
Tier 4 Non-Preferred Brand	\$60	\$120	\$120
Tier 5 Specialty	\$100	N/A	N/A
Insulin Medications	\$35	\$70	\$70

Plan Questions

1. Will I be automatically enrolled, or do I need to do anything to enroll?

All Medicare-eligible retirees and/or Medicare-eligible dependents will be automatically enrolled into the new AvMed Medicare National Choice Plan, but to finalize your enrollment and confirm this is the plan you want, we do need you to complete the enclosed Election form and return it to RetireeFirst.

2. How do I pay for my benefits?

If you currently have your benefits deducted through your FRS pension you will not need do anything, you will be automatically enrolled, and your benefits will continue to be paid out through your pension deductions.

If you currently do not pay your benefits through FRS pension deductions. Your benefits can be paid via automatic bank withdrawal. **To finalize your**

enrollment, you **must** complete the enclosed **Automatic Bank Withdrawal form** and return it to **RetireeFirst** by **11/30/2023**. For your convenience, a **pre-paid RetireeFirst envelope** is included in this mailing.

3. Can I stay with the current plan?

Yes, if you would like to opt out of the new AvMed Medicare National Choice Plan and remain on your current plan please complete the open enrollment election form, selecting which plan you would like, and return it using the pre-paid RetireeFirst envelope enclosed in this mailing.

4. Can I opt-out of this plan?

We are required by law to give you the choice of opting out of the new plan. Since you are currently enrolled in the Miami-Dade County Medical and Prescription Drug Plan you will be automatically enrolled in the new AvMed Medicare National Choice Plan. However, you have the option to opt-out. If you opt out, you will have the option to remain in your current AvMed Medicare Supplement Plan or you will have the option to move to a new AvMed Regional Medicare Advantage HMO with Prescription Drug plan. Please note: your current Florida Retirement System subsidy will still be applicable no matter which Miami-Dade County sponsored plan option you elect. If you opt out of all Miami-Dade Benefit plan options, you will not have Medical and Prescription Drug coverage through Miami-Dade County and will not be able to return at a later date. If you would like to opt-out or learn more about the AvMed Regional HMO plan, please call RetireeFirst Advocates at **305-420-5858 (TTY 711)** or **toll free 833-212-9891 (TTY 711)** Monday-Friday, 8am-5pm EST

5. Are there any plan changes?

Yes, there are plan changes. You will not lose or see a decrease in any of the benefits you have with the AvMed Medicare Supplement plan. The new AvMed Medicare National Choice Plan provides additional coverage and benefits at a lower cost to you. The new AvMed Medicare National Choice plan highlights include:

- Only one ID card required for all your Medical and Prescription needs
- Medicare Part B Deductible is covered in full
- Primary Care, Specialist, Urgent Care and Emergency room visits are covered in full (no copay)
- Inpatient Hospital Care and Outpatient Surgical services are covered in full (no copay)

- Dental Coverage Included: \$0 copay for preventative visits, 20% - 50% coinsurance for comprehensive services up to a maximum coverage allowance of \$2,500 per year
- Hearing Coverage Included: \$0 copay for 1 routine hearing exam per year, Evaluations & Fittings - one fitting evaluation per hearing aid every three years \$0 copay for hearing aids (any type), \$1,500 maximum every 3 years
- Included Vision Coverage: \$0 copay for 1 routine eye exam per year \$150 allowance towards contact lenses, eye glass lenses, and eye glass frames per year
- Part D Coverage Gap (donut hole) coverage
- Access to SilverSneakers Fitness Benefit
- Access to RetireeFirst Advocates for assistance with understanding and using your benefits.

6. When will I receive my ID card and welcome kit?

ID cards and welcome kits should arrive middle to the end of December. Retirees and Medicare-eligible dependents will each receive their own card. Please note that each enrollee may not receive their plan information on the same day; this is normal.

7. What do I do if I lose my card?

Please call RetireeFirst at **305-420-5858 (TTY 711)** or toll free **833-212-9891 (TTY 711)** and we will obtain a new one on your behalf, mail you a temporary card, and call your pharmacy and/or providers if needed.

8. If I leave the plan, will it affect any of my other benefits?

No, if you terminate your Miami-Dade County AvMed Medicare Advantage plan you will still be eligible for other Miami-Dade County ancillary benefits.

9. How much do I have to pay for the plan?

The Miami-Dade County AvMed Medicare National Choice plan's monthly premium is \$377.08 per participant. Please call RetireeFirst at **305-420-5858 (TTY 711)** or toll free **833-212-9891 (TTY 711)** for any additional inquiries.

10. Who do I call if I need assistance with the plan?

Please call RetireeFirst at **305-420-5858 (TTY 711)** or toll free **833-212-9891 (TTY 711)** to reach your dedicated Miami-Dade County Retiree Advocacy Team, Monday-Friday, 8am-5pm, EST.

Medical Questions

11. Is there a medical deductible?

No, there is no medical deductible on the new AvMed Medicare Advantage National Choice Plan.

12. Is there co-insurance or copays?

No, there is no co-insurance or copays on the new AvMed Medicare Advantage National Choice plan.

13. Does this plan require referrals?

No, this plan does not require referrals.

14. Does this plan require pre-certifications?

Some services may require pre-certification. This is generally a seamless behind the scenes process. Please call RetireeFirst at **305-420-5858 (TTY 711) or toll free 833-212-9891 (TTY 711)** to assist.

15. Does this plan have a network?

Yes, the AvMed Medicare National Choice plan allows access to a national provider network. This means you are able to utilize any provider, hospital, or facility that accepts Medicare and is willing to bill AvMed. All Medicare contracted providers are considered in network within the 50 U.S. States, Puerto Rico or Guam.

16. Can I go to my current providers?

Yes, you can see any provider that accepts Medicare and is willing to bill AvMed.

17. Do I still use my Medicare card?

No, put your original Medicare card in a safe place in case you need it later. You will only use your AvMed ID Card for medical and prescriptions.

18. What if my provider says they do not accept this plan?

If your provider accepts Medicare, the portion you are responsible for will remain the same. You can go to any willing Medicare provider, hospital, or facility. Please call RetireeFirst at **305-420-5858 (TTY 711) or toll free 833-212-9891 (TTY 711)** to assist; we can reach out to your provider to explain.

Prescription Questions

19. Is there a prescription deductible?

Yes, there is a \$200 prescription deductible for 30-day Retail only.

20. Is there co-insurance or copays?

Yes, there are copays for prescriptions depending on the prescription tier. The cost share amounts can be found on the table beginning on pages two of this document.

21. Are my prescriptions covered?

Most likely yes, the prescription list is a comprehensive formulary just as before. Please call RetireeFirst at **305-420-5858 (TTY 711)** or toll free **833-212-9891 (TTY 711)** if you need help looking up your prescriptions.

22. Can I go to the same retail pharmacy?

Most likely, yes. There should be little to no pharmacy disruption. AvMed has over 68,000 pharmacies in network. You do NOT need new prescriptions for retail pharmacy refills.

23. Is there a mail order pharmacy?

There is a mail order pharmacy called Express Scripts which can be reached at 1-888-345-2560 EST. You can also call RetireeFirst at **305-420-5858 (TTY 711)** or toll free **833-212-9891 (TTY 711)** with questions about mail order prescriptions.

24. Will my prescriptions transfer from the old plan?

If you use the Retail Pharmacy, and have refills remaining, you do **NOT** need to obtain new prescriptions. If you use Mail Order, you **WILL** need to obtain new prescriptions from your Provider.

25. Can I still go to the Veterans Affairs (VA) for my prescriptions?

Yes, if you obtain some prescriptions from the VA, you may continue to do so.

26. Do I need prior authorizations for certain prescription medicines?

Some prescriptions may require a prior authorization. Please contact RetireeFirst at **305-420-5858 (TTY 711)** or toll free **833-212-9891 (TTY 711)** if you have

questions or need assistance with prior authorizations as well as any other requirements such as step therapy, quantity limit, or formulary exceptions.

27. What is the donut hole and is there donut hole coverage?

The coverage gap/donut hole begins after the total yearly prescription cost (including what our plan has paid and what you have paid) reaches a certain dollar amount. While most Medicare Part D plans have a gap/donut hole, you have full donut hole coverage with this plan. This means you will never pay more than the plan copays shown in the table above.

28. What is the catastrophic phase and is there coverage?

The catastrophic phase is a phase of coverage designed to protect you from having to pay very high out-of-pocket costs for prescription drugs. It is the final phase in your prescription drug plan and your copays will be \$0. You will remain in this phase for the rest of the plan year. You may have cost sharing for excluded prescriptions that are covered under this plan.