

## 2024 – Miami-Dade County AvMed Regional Medicare HMO with Prescription Drug Plan



[Available in Miami-Dade, Broward, Palm Beach Counties and Orlando service areas]

### Frequently Asked Questions

#### Plan Design

Medical Carrier:

Medical	Broward County	Orlando Service Area	Miami Dade County	Palm Beach County
Deductible	\$0	\$0	\$0	\$0
Maximum out of pocket	\$3,400	\$3,000	\$3,400	\$3,400
Office Visit: Primary Care	\$0	\$0	\$0	\$0
Office Visit: Specialist	\$10	\$5	\$10	\$20
Inpatient Hospital	\$0, Days 1-5 \$40, Days 6-20 \$0, Days 21-90	\$200, Days 1-5 \$0, Days 6-90	\$0, Days 1-5 \$40, Days 6-20 \$0, Days 21-90	\$200, Days 1-6 \$0, Days 7-90
Outpatient Hospital / Surgery	\$175	\$50	\$175	\$175
Ambulatory Surgical Center	\$75	\$25	\$75	\$75
Skilled Nursing Facility	\$0, Days 1-20 \$135, Days 21-100	\$0, Days 1-20 \$196, Days 21-100	\$0, Days 1-20 \$135, Days 21-100	\$0, Days 1-20 \$135, Days 21-100

Emergency Room	\$120, waived if admitted within 24 hrs.	\$90, waived if admitted within 24 hrs.	\$120, waived if admitted within 24 hrs.	\$120, waived if admitted within 24 hrs.
Urgent Care	\$25	\$5	\$25	\$10
Ambulance Service	\$165 Ground 20% Air	\$250 Ground 20% Air	\$165 Ground 20% Air	\$165 Ground 20% Air
Lab Services	\$0	\$0	\$0	\$0
Radiology Services	\$50-\$100	\$5-\$25	\$50-\$100	\$75-\$100
Durable Medical Equipment	20%	20%	20%	20%
Preventative Screenings	\$0	\$0	\$0	\$0
Acupuncture Medicare Covered Services only	Medicare Covered Services only	Medicare Covered Services only	Medicare Covered Services only	Medicare Covered Services only
Chiropractic	\$5 Medicare Covered Services			
Podiatry	\$5, 1 visit every 60 days, \$5 for any Medicare Covered Services	\$5, 1 visit every 60 days, \$5 for any Medicare Covered Services	\$5, 1 visit every 60 days, \$5 for any Medicare Covered Services	\$5, 1 visit every 60 days, \$5 for any Medicare Covered Services
Foreign Travel (World-wide) Coverage	\$120 Emergency Room, \$25 Urgent Care	\$120 Emergency Room, \$120 Urgent Care	\$120 Emergency Room, \$25 Urgent Care	\$120 Emergency Room, \$10 Urgent Care
Hearing Exam	\$5, Routine Hearing Exam	\$5, Routine Hearing Exam	\$5, Routine Hearing Exam	\$5, Routine Hearing Exam
Hearing Aid Allowance- every 2 years	Hearing Aid allowance \$1,000	Hearing Aid allowance \$1,000	Hearing Aid allowance \$1,000	Hearing Aid allowance \$1,200
Vision	\$0, Routine Eye Exam - 1 per year	\$5, Routine Eye Exam - 1 per year	\$0, Routine Eye Exam - 1 per year	\$5, Routine Eye Exam - 1 per year
Eyewear Annual Limit	\$350	\$450	\$350	\$450

Dental Must use Delta Dental	\$0, Cleaning 2 per year.			
Dental- Diagnostic Must use Delta Dental	\$0-\$35	\$0	\$0-\$35	\$0
Dental- Restorative Must use Delta Dental	\$22-\$530	\$20%-50%	\$22-\$530	\$0-\$140
Fitness Benefit	SilverSneakers	SilverSneakers	SilverSneakers	SilverSneakers

## Prescription Carrier



Prescription	Broward County	Orlando Service Area	Miami Dade County	Palm Beach County
No Annual Deductible				
Tier 1 Preferred Generic 30-day Retail	Preferred \$0 / Standard \$0	Preferred \$0 / Standard \$10	Preferred \$0 / Standard \$0	Preferred \$0 / Standard \$0
Tier 1 Preferred Generic 90-day Retail	Preferred \$0 / Standard \$0	Preferred \$0 / Standard \$25	Preferred \$0 / Standard \$0	Preferred \$0 / Standard \$0
Tier 1 Preferred Generic 90-day Mail Order	\$0	\$0	\$0	\$0
Tier 2 Generic 30-day Retail	Preferred \$0 / Standard \$10	Preferred \$0 / Standard \$20	Preferred \$0 / Standard \$10	Preferred \$0 / Standard \$10
Tier 2 Generic 90-day Retail	Preferred \$0 / Standard \$25	Preferred \$0 / Standard \$50	Preferred \$0 / Standard \$25	Preferred \$0 / Standard \$25
Tier 2 Generic 90-day Mail Order	\$0	\$0	\$0	\$0

Tier 3 Brand 30-day Retail	Preferred \$30 / Standard \$40	Preferred \$30 / Standard \$47	Preferred \$30 / Standard \$40	Preferred \$30 / Standard \$40
Tier 3 Brand 90-day Retail	Preferred \$75 / Standard \$100	Preferred \$75 / Standard \$117.50	Preferred \$75 / Standard \$100	Preferred \$75 / Standard \$100
Tier 3 Brand 90-day Mail Order	\$75	\$75	\$75	\$75
Tier 4 Non-Preferred Brand 30-day Retail	Preferred \$75 / Standard \$100	Preferred \$85 / Standard \$100	Preferred \$75 / Standard \$100	Preferred \$75 / Standard \$100
Tier 4 Non-Preferred Brand 90-day Retail	Preferred \$187.50 / Standard \$250	Preferred \$212.50 / Standard \$250	Preferred \$187.50 / Standard \$250	Preferred \$187.50 / Standard \$250
Tier 4 Non-Preferred Brand 90-day Mail Order	\$187.50	\$212.50	\$187.50	\$187.50
Tier 5 Specialty 30-day Retail	33%	33%	33%	33%
Tier 5 Specialty 90-day Retail	NA	NA	NA	NA
Tier 5 Specialty 90-day Mail Order	NA	NA	NA	NA

## Plan Questions

### **1. How do I enroll into the AvMed Regional Medicare Advantage HMO Plan?**

To enroll please complete the enclosed election form and return to RetireeFirst indicating your selection in the HMO plan. They will send you a pre-enrollment packet and enrollment form which needs to be completed and returned to process your enrollment.

### **2. What are the plan highlights?**

The new AvMed Regional Medicare HMO with Prescription Drug plan highlights include:

- Only one ID card required for all your Medical and Prescription needs
- Medicare Part B Deductible is covered in full
- Dental Coverage Included
- Hearing Coverage Included with Hearing Aid allowance
- Vision Coverage Included with Eyewear allowance
- Prescription drugs embedded within the AvMed Regional HMO Plan.
- Part D Coverage Gap (donut hole) coverage for tiers 1 and 2 until you reach the Part D Catastrophic Coverage and then your cost share is \$0 for all prescriptions
- Access to SilverSneakers Fitness Benefit
- Access to RetireeFirst Advocates for assistance with understanding and using your benefits.

### **3. 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.

### **4. How much do I have to pay for the plan?**

The Miami-Dade County AvMed Regional Medicare HMO plan monthly premium is \$0 per participant. Please call RetireeFirst at **305-420-5858 (TTY 711) or toll free 833-212-9891 (TTY 711) for any additional inquiries.**

## Medical Questions

**5. Is there a medical deductible?**

No, there is no medical deductible on the new AvMed Regional Medicare Advantage HMO Plans.

**6. Is there co-insurance or copays?**

The AvMed Regional Medicare HMO prescription plan provides extensive prescription coverage. Please refer to the above chart to review the prescription coverage levels based on your county's specific HMO plan. Keep in mind the tiers may change from year to year as well as the cost of drug co-pays can vary based on inflation, contracts, supply, etc. so you may see a slight change in co-pay/co-insurance.

**7. Does this plan require referrals?**

Yes, this plan does require referrals for certain services.

**8. Does this plan require pre-certifications?**

Some services may require pre-certification, but this is generally a seamless behind the scenes process.

**9. Does this plan have a network?**

Yes, under this plan you need to use in-network providers, hospitals, and facilities. For assistance with locating an in-network provider, you can contact RetireeFirst at **305-420-5858 (TTY 711) or toll free 833-212-9891 (TTY 711)**.

**10. Can I go to my current providers?**

You can continue to see any provider that is in network under this HMO plan.

**11. 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.

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

Your provider must be in network with AvMed for you to receive care. Please call RetireeFirst at **305-420-5858 (TTY 711) or toll free 833-212-9891 (TTY 711)** for assistance.

## Prescription Questions

### **13. Is there a prescription deductible?**

No, there is no annual prescription deductible on the AvMed Regional Medicare HMO plan options noted above.

### **14. Is there co-insurance or copays?**

Yes, there is a cost share for prescriptions depending on the prescription tier. The cost share amounts can be found on the table beginning on page three of this document.

### **15. Are my prescriptions covered?**

Most likely yes, the prescription list is a comprehensive formulary. 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 and confirming they are covered under this plan.

### **16. 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.

### **17. Is there a mail order pharmacy?**

There is a mail order pharmacy called Express Scripts which can be reached at 1-888-345-2560. 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.

### **18. Do I need prior authorizations for certain prescription medicines?**

Some prescriptions may require 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.

### **19. 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 donut hole coverage for tiers 1 and 2 with this plan.