

2026 – Miami-Dade County Group Supplement to Medicare with Prescription Drug Plan



Your Dedicated Advocacy Phone Numbers
(305) 420-5858 (TTY 711) or toll free (833) 212-9891 (TTY 711)

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	\$0 (Medicare covered services only)
Acupuncture	\$0 (Medicare covered services only)
Podiatry	\$0 (Medicare covered services only)
Hearing	\$0 (Medicare covered services only)
Vision	\$0 (Medicare covered services only)
Dental	\$0 (Medicare covered services only)

Prescription Carrier:



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			
Tier 1 Generic	20%	20%	20%
Tier 2 Preferred Brand	20%	20%	20%
Tier 3 Non-Preferred Brand	20%	20%	20%
Tier 4 Specialty	\$100	Limited to one month supply	Limited to one month supply

Plan Questions

1. Will I be automatically enrolled in the new plan, or do I need to do anything to enroll?

All Medicare-eligible retirees and/or dependents will be automatically enrolled into the plan. There is nothing you need to do to be enrolled.

2. Can I stay with the current plan?

No, all Medicare-eligible retirees and/or dependents must change over to this plan. Your current plan will no longer be available.

3. Can I opt-out of this plan?

You are being automatically enrolled into the Aetna Medicare Supplement Plan. You have the option to opt-out, via your election form. If you opt out, you will have the option to enroll into an eligible Miami-Dade County Retiree Group MAPD plan option. If you opt out of all Miami-Dade County Retiree Group Medical 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. Nevertheless, if you would like to opt-out, please contact your Benefits Specialist at Miami-Dade County HR and Benefits team.

4. Are there any plan changes?

Miami-Dade County did their best to match or enhance your current benefits. Below are a few highlights of your new plan:

- \$0 Medical Deductible
- \$0 Copays for Medicare Covered Medical Services
- \$200 Prescription Deductible
- Continued access to RetireeFirst Advocates for assistance with understanding and using your benefits

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

Cards and welcome kits should arrive in the month prior to your start date. 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.

6. 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.

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

No, if you leave the Aetna Medicare Supplement Plans, you will still be eligible for other Miami-Dade County ancillary benefits.

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

A participant of Miami-Dade County's Aetna Medicare Supplement with Rx will pay \$803.91 per month for their 2026 premium. If you have questions about the premium for the Aetna Medicare Supplement with Rx, please contact your Benefits Specialist at Miami-Dade County HR and Benefits team.

9. 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

10. Is there a medical deductible?

No, there is no medical deductible.

11. Are there co-insurance or copays?

No, there is no co-insurance or copays for Medicare covered medical services.

12. Does this plan require referrals?

No, this plan does not require referrals.

13. Does this plan require pre-certifications?

No, this plan does not require pre-certifications.

14. Does this plan have a network?

No, you can go to any willing Medicare provider, hospital, or facility.

15. Can I go to my current providers?

Most likely, yes. You can see any provider that accepts Medicare.

16. Do I still use my Medicare card?

Yes, you will use both your Medicare card and your Aetna ID Card at your provider's office.

Prescription Questions

17. Is there a prescription deductible?

Yes, there is a \$200 prescription deductible.

18. Are there co-insurance or copays?

Yes, there is a cost share associated with this plan for prescriptions drugs. Please refer to the prescription benefit chart on page 2 of this document to better understand the prescription copays.

19. 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.

20. Can I go to the same retail pharmacy?

Most likely, yes. There should be little to no pharmacy disruption. Aetna has over 66,000 pharmacies in network. You do NOT need new prescriptions for retail pharmacy refills. You will need to present your new Aetna prescription card to your pharmacy.

21. Is there a mail order pharmacy?

There is a mail order pharmacy called CVS Caremark Mail Service Pharmacy, which can be reached at (833) 620-8808 (TTY 711). 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.

22. Is there a specialty mail order pharmacy?

Aetna has a specialty pharmacy called CVS Specialty Pharmacy, which can be reached at 800-237-2767 (TTY 711). You can also call RetireeFirst at **(305) 420-5858 (TTY 711) or toll free (833) 212-9891 (TTY 711)** with questions about specialty prescriptions.

23. 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.

24. 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.

25. 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.

Traditional Choice® - Aetna High Opt HMO w/RX plan Card Sample:

Front:

			
ID W1234 56789		AETNA HIGH OPT HMO	
01 ABBEY Q SAMPLE-TESTCARD		PAYER NUMBER 60054 0035	
02 JESSIE Q SAMPLE-TESTCARD		GRP: 0256760-014-00001	
03 CAITLIN Q SAMPLE-TESTCARD			
04 EMILY Q SAMPLE-TESTCARD			
05 KARA Q SAMPLE-TESTCARD			
RX BIN# 610502 RX PCN 00670000			
RX GRP RX7700			
Aetna Life Insurance Company Submit Claims To: PO BOX 14079 LEXINGTON KY 40512-4079 Virtual Care: cvs.com/virtual-care		NAP VENDOR LOGO NAP OR NETWORK LOGO	

Back:

MEDICAL	INDIVIDUAL	Tier 1	FAMILY	Tier 1
DEDUCTIBLE	\$\$\$\$\$\$		\$\$\$\$\$\$	
OOP MAX	\$\$\$\$\$\$		\$\$\$\$\$\$	
AETNA CONCIERGE				1-833-704-0009
MENTAL/BEHAVIORAL HEALTH				1-800-424-4047
PHARMACY MEMBER SERVICES				1-888-792-3862
See your plan documents for all plan requirements, including precertification. In an emergency, seek care immediately or call 911. This card does not guarantee coverage. www.aetna.com				

Disclaimer: For complete benefit details please refer to the carrier issued materials. This document includes a simplified summary of benefits and does not create any contractual rights. The policy under which this plan's certificate is issued is not a standardized Medicare supplement plan.