


2025 – Miami-Dade County AvMed Medicare National Choice (HMO) with Prescription Drug Plan




Frequently Asked Questions

Plan Design

Medical Carrier:	
	
Medical	2025 Plan You Pay
Deductible	\$0
Office Visit: Primary Care	\$0
Office Visit: Specialist	\$20
Inpatient Hospital	\$75 Days 1-3 and \$0 Days 4-90
Outpatient Surgery	\$100 Hospital \$100 Surgery \$75 Ambulatory Surgical Center \$50 copay for Outpatient Observation
Home Health Care	\$0
Skilled Nursing Facility	\$0 Days 1-20 and \$75 Days 21-100
Emergency Room	\$75
Urgent Care	\$0

Ambulance Service	\$100 per one-way Ground Transport 20% coinsurance Air Transport
Lab Services	\$0
Radiology Services	\$75
Durable Medical Equipment	\$50
Preventative Screenings	\$0
Foreign Travel (World-wide) Coverage	\$75 Emergency Room, \$0 Urgent Care, \$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			
			
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 Specialty only			
Maximum out of Pocket (MOOP): \$2,000			
Tier 1 Preferred Generic	\$0	\$0	\$0
Tier 2 Generic	\$5	\$10	\$10
Tier 3 Preferred Brand	\$25	\$50	\$50
Tier 4 Non-Preferred Brand	\$60	\$120	\$120
Tier 5 Specialty	10%	N/A	N/A
Tier 6 Select Care	\$0	\$0	\$0

Plan Questions

1. Will my enrollment in the plan continue or do I need to reenroll?

All current AvMed Medicare National Choice (HMO) participant's coverage will continue and covered on January 1, 2025, unless you elect to make a change during your open enrollment period. If you have any questions, please call RetireeFirst Advocates at **305-420-5858 (TTY 711) or toll free 833-212-9891 (TTY 711)** Monday-Friday, 8am-5pm EST.

2. How do I pay for my benefits?

The Miami-Dade County AvMed Medicare National Choice plan's monthly premium is \$435.05 per participant. If you currently have your benefits deducted

through your FRS pension you will not need do anything, 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 will continue to be paid via automatic bank withdrawal. Please call RetireeFirst at **305-420-5858 (TTY 711) or toll free 833-212-9891 (TTY 711)** for any additional inquiries.

3. Are there any plan changes?

Yes, there are plan changes. AvMed Medicare National Choice plan highlights include:

- \$20 copay for Specialist visits
- \$75 copay for Radiology Services
- \$75 copay for Inpatient Hospital and Mental Health Inpatient Hospital for days 1-3 and \$0 copay for days 4-90
- \$15 copay for Opioid Treatment Services
- \$100 copay for Outpatient Surgery in a Hospital, \$75 copay in an Ambulatory Surgical Center, and \$50 copay for Outpatient Observation
- \$0 copays for Skilled Nursing Facility days 1-20 and \$75 copay for days 21-100
- \$75 copay Emergency Room
- \$50 copay Durable Medical Equipment
- \$20 copay for Dialysis Services
- \$75 copay for Foreign Travel (World-wide) Coverage, \$0 Urgent Care, and \$50,000 Annual Benefit
- 0% to 20% coinsurance for Chemotherapy, 20% for Medicare Part B chemotherapy drugs administered at all locations.
- \$0 copay for 30-day and 90-day supply Tier 1 medications
- \$5 copay for 30-day supply and \$10 for 90-day supply Tier 2 medications
- \$25 copay for 30-day supply and \$50 for 90-day supply Tier 3 medications
- 10% coinsurance for Tier 5 medications
- \$200 deductible for Specialty medications only
- Your out-of-pocket prescription costs will be capped at \$2,000.

4. 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.

5. 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.

6. 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.

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.