

# RETIREE ENROLLMENT TWOTHOUSANDTWENTYFOUR YOUR BENEFITS

## Miami-Dade County Retiree Group Insurance Enrollment Newsletter



### What's New!

- AvMed Pharmacy Benefits Manager (PBM) Change
- Medicare Advantage Plan Options (New)
- Medical Rate Changes

### Retiree Enrollment is Here

The retiree enrollment period is your annual opportunity to make permitted changes to your health insurance coverage through the Miami-Dade County Retiree Group Insurance Program for the 2024 calendar year. The enrollment period will be from October 30, 2023 to November 21, 2023.

The County will continue to offer three self-insured HMO plans, one POS plan and four Medicare eligible plans, including the two new Medicare Advantage plan options, managed by AvMed. Additionally, the County provides retirees optional dental, vision, and basic life insurance benefits. For your convenience, your 2024 personalized Billing Statement is on page 2 of this newsletter and reflects the premiums for 2024 based on your current enrollment.

**Please note that there will be a change in the rates associated with your medical coverage provided by AvMed. Due to rising medical costs, the Pre-65 medical premiums will be increasing by 10%. This necessary change is the first increase in three years, allowing AvMed to maintain their exceptional benefit levels and health plan options.**

Based on national trends, the recommended premium increase is 14%; however this is being offset by the introduction of the new AvMed Medicare Advantage plan, now available to those retirees over age 65. This new benefit made it possible to reduce the increase from 14% to 10% despite the industry experiencing an 8% increase year over year while our medical premiums remained flat for the past three years.

Miami-Dade County continues to work hard to provide the maximum benefit to our retirees at the lowest cost.

### Enrollment Overview – Pre-65 Retirees

If you are satisfied with your current medical, dental, vision and/or life insurance coverage, you DO NOT need to take any action and your enrollment will remain the same. If you decide to switch medical plans for the 2024 plan year, consider other factors besides cost alone by reviewing the plan benefits, co-payments and participating physicians. Additionally, if you are having a procedure at the end of 2023 and change medical plans for the 2024 plan year, the authorization may not carry over and your provider may not be able to provide follow up care if they are not participating in the new medical plan's network.

To make a qualifying change, complete the 2024 Retiree Group Insurance Annual Enrollment Change Form (page 3) and submit it to the Benefits Administration Unit (BAU) no later than November 21, 2023.

### Importance of Updating your Beneficiary Designation

The County's life insurance benefit for retirees is provided by Minnesota Life (MN Life) and their secure website provides retirees easy access to their policy information. Retirees may access their policy value and beneficiary information at any time by logging into their account on the MN Life website at [www.lifebenefits.com](http://www.lifebenefits.com).

To log in, use the following instructions:

#### User ID:

MDC followed by your Retiree ID, including any leading zeros (i.e. if your Retiree ID number is 12, enter MDC00000012 as your User ID).

#### Initial password:

Your eight-digit date of birth (MMDDYYYY) followed by the last four digits of your Social Security number. (i.e. If your date of birth is August 2, 1960 and the last four digits of your Social Security number are 1234, enter 080219601234 as your password).

### Coverage Limiting Age for Dependent Children

**Dental and Vision** – Age 26 (ends December 31) - There is no extension beyond 26 unless the dependent is incapable of sustaining employment due to mental or physical disability. Contact the Benefits Administration Unit at 305-375-5633 for eligibility or further information.

**Medical** – Age 26 (ends December 31) - **Medical coverage** may be continued beyond December 31, of the year the adult child turns 26, until the **end of the calendar year the child turns 30** (December 31) unless otherwise noted. **Only medical coverage is available to this group.** For more information, visit <https://www.miamidade.gov/global/humanresources/benefits/dependent-eligibility.page>

In September 2023, AvMed notified retirees with overage dependents that they are required to certify their dependent's eligibility. If you have a dependent child that is age 26 or older going into plan year 2024, you should have received correspondence along with the Affidavit of Extended Dependent Eligibility to submit to AvMed. For eligibility questions please contact AvMed at (305) 375-5306.

**Please note, to cover an eligible dependent, retirees are required to maintain coverage with the County's retiree group. If you are under age 65 and are approved for Medicare Parts A & B coverage, you may remain in an AvMed Under age 65 Plan, until age 65.**

## 2024 Account Summary

Below is your 2024 account summary based on your current enrollment. If you request to cancel or change coverage for the 2024 plan year, a revised billing notice will be mailed to your home address by mid-December. FRS deducted premiums will be adjusted accordingly.

Name:

ID:

	Plan	Coverage Description	Monthly Premium
Medical Insurance			
Dental Insurance			
Vision Insurance			
Term Life Insurance			
SS Tax			
Total Monthly Premium			

### Enrollment Overview-Medicare Eligible Retirees Over Age 65

In addition to the current Medicare Supplement options, two new lower-cost Medicare Advantage plan options with Prescription Drug Plan (MAPD) are now available to retirees over age 65; AvMed Medicare Advantage National Choice and AvMed Medicare Advantage Plan options, with access to dental, vision and fitness benefits, are being provided by the County and administered through AvMed, effective January 1, 2024. Medicare eligible retirees enrolled in a Medicare Supplement Plan are **required** to make an active election for plan year 2024, otherwise you may be auto-enrolled in a MAPD Plan.

AvMed has also retained RetireeFirst to manage the MAPD plans, a retiree benefits management solution and advocacy service provider, available to help you navigate the complex retiree health landscape and trouble shoot any problems you may have with your prior authorizations, provider's office and pharmacy benefits. RetireeFirst will help you navigate Medicare, understand your benefits, and connect you to programs that will improve your health and well-being. You will have a dedicated team of experts on your side to help you make the most of your retiree health benefits.

Participants who wish to remain enrolled in a Medicare Supplement Plan **must** make an active election to continue current coverage. AvMed will pay as the Secondary Plan as permitted by the Social Security Act of 1965. When this Plan is secondary to Medicare, the amount payable under this Plan shall be reduced by the amount payable under Medicare if any, regardless of whether the Participant has enrolled in Medicare. A Participant who is eligible to be covered under Medicare, must enroll in Medicare Parts A and B on the date eligible,

this includes disabled retirees. Regardless of whether or not the participant enrolls in Medicare this Plan will assume that the Participant has both Parts A and B. The 2024 Medicare Open Enrollment period will be from October 15, 2023 to December 7, 2023.

### Mail Order Prescriptions

AvMed will change Pharmacy Benefit Managers (PBM) as of January 1, 2024 from CVS to Express Scripts Inc. (ESI). The mail order vendor will also change from CVS Caremark to Express Scripts Inc. All active prescriptions with refills will be transferred to ESI automatically. This transition is designed to be as seamless as possible for members and providers; however a few members may need to switch to a new pharmacy and some members may need to either change to a new drug or work with their doctors to submit a non-formulary drug request. More information will be sent to you on any potential disruption. New member ID cards will be mailed to all plan members.

### The Wellness Works Program

Retirees enrolled in Under 65 Plans are eligible to participate in SWORD Health and SmartShopper as part of your health plan benefits. For more information visit [www.avmed.org/mdc](http://www.avmed.org/mdc). These programs have excellent benefits designed to help you better manage your health.

### Florida Retirement System (FRS) Payroll Deductions

To set up FRS Payroll Deductions, simply download the FRS Insurance Payroll Deduction Authorization Form from our website, complete, and fax it to 305-375-1368.

# 2024 Monthly Premium Rates - Change/Cancellation Form

Name \_\_\_\_\_ ID \_\_\_\_\_ Ph \_\_\_\_\_

**Please read before you continue:**

- If you do not wish to make changes to your current benefits, no action is required on your part (do not submit this form).
- To make changes to your current benefits, return this form to our office no later than November 21, 2023.

Existing dependents may NOT be added to your coverage during this enrollment period.

## Change Medical Coverage to:

If changing plan, select (✓) one of the following options:

### Retirees Under Age 65

	AvMed POS	AvMed High Opt HMO	AvMed MDC Select Network HMO	AvMed MDC Jackson First HMO
Retiree or Spouse/Domestic Partner Under 65	<input type="checkbox"/> \$1,710.94	<input type="checkbox"/> \$761.35	<input type="checkbox"/> \$692.29	<input type="checkbox"/> \$554.72
Retiree Under 65 & Spouse/Domestic Partner Under 65	<input type="checkbox"/> \$3,296.65	<input type="checkbox"/> \$1,673.32	<input type="checkbox"/> \$1,528.48	<input type="checkbox"/> \$1,239.74
Retiree Under 65 & Child(ren)	<input type="checkbox"/> \$3,133.74	<input type="checkbox"/> \$1,543.69	<input type="checkbox"/> \$1,409.46	<input type="checkbox"/> \$1,142.03
Retiree Under 65 & Spouse/Domestic Partner Under 65, plus Child(ren)	<input type="checkbox"/> \$4,144.29	<input type="checkbox"/> \$2,063.92	<input type="checkbox"/> \$1,887.24	<input type="checkbox"/> \$1,535.11

### Retirees Over Age 65 or Medicare Eligible

(Must be enrolled for Medicare Parts A and B to be eligible for any of the AvMed over 65 plans)

	AvMed High Opt HMO	AvMed High Opt High Opt No RX Plan	AvMed Medicare National Choice	AvMed Medicare Advantage Plan
Retiree over 65	<input type="checkbox"/> \$760.55	<input type="checkbox"/> \$330.59	<input type="checkbox"/> \$377.08	<input type="checkbox"/> \$0.00
Retiree over 65 & Spouse/Domestic Partner over 65	<input type="checkbox"/> \$1,442.96	<input type="checkbox"/> \$627.93	<input type="checkbox"/> \$754.16	<input type="checkbox"/> \$0.00
Retiree over 65 & Spouse/Domestic Partner Under 65 on Avmed High Opt HMO	<input type="checkbox"/> \$1,521.90	<input type="checkbox"/> \$1,091.94	<input type="checkbox"/> \$1,138.4	<input type="checkbox"/> \$761.35
Retiree over 65 & Children on AvMed High Opt HMO	<input type="checkbox"/> \$1,542.89	<input type="checkbox"/> \$1,112.93	<input type="checkbox"/> \$1,159.42	<input type="checkbox"/> \$782.34

Medicare Advantage options include dental and vision coverage, please review and determine if you need to change your current coverage.

## Change Dental Coverage to:

If changing plan, select (✓) one of the following options:

	Delta Dental PPOSM		DeltaCare® DHMO	
	Standard	Enriched	Standard	Enriched
Retiree	<input type="checkbox"/> \$27.53	<input type="checkbox"/> \$38.78	<input type="checkbox"/> \$9.93	<input type="checkbox"/> \$11.18
Retiree & one dependent	<input type="checkbox"/> \$54.52	<input type="checkbox"/> \$76.71	<input type="checkbox"/> \$16.43	<input type="checkbox"/> \$18.53
Retiree & dependents	<input type="checkbox"/> \$87.90	<input type="checkbox"/> \$123.74	<input type="checkbox"/> \$25.18	<input type="checkbox"/> \$29.47

## Change Vision Coverage to:

If changing plan, select (✓) one of the following options:

	Humana Vision Program	
	Standard	Enriched
Retiree	<input type="checkbox"/> \$7.36	<input type="checkbox"/> \$9.08
Retiree & one dependent	<input type="checkbox"/> \$14.72	<input type="checkbox"/> \$18.15
Retiree & dependents	<input type="checkbox"/> \$26.44	<input type="checkbox"/> \$33.38

## Cancellations:

List individual(s) and indicate which (✓) coverage(s) you want to cancel effective January 1, 2024. Please note all cancellations are irrevocable.

Name	Relationship*	Medical	Dental	Vision	Life
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*Self, SP-Spouse, CH-Child, DP-Domestic Partner, DPCH-Child of Domestic Partner

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please sign, date, and mail or fax this page by Nov. 21, 2023, to:  
 Miami-Dade County  
 Human Resources - Benefits Administration Unit  
 111 NW 1st Street, Suite 2324 - Miami, FL 33128  
 Fax: 305-375-1633 or 305-375-1368



**Human Resources**  
 Benefits and Employee Support Services Division  
 Benefits Administration Unit  
 111 NW 1st Street Suite 2324  
 Miami Florida 33128  
 005-2223-114051 10-2023

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**RETIREE ENROLLMENT**  
**10.30 - 11.21**  
**TWOTHOUSANDTWENTYFOUR**

AvMed/Retiree First will be present at upcoming Regional Meetings and will also provide additional lunch webinars every day from 11/6 through 11/10. Head to <https://www.miamidade.gov/global/humanresources/benefits/open-enrollment.page> for more information.

**Open Enrollment Regional Meeting**

**Saturday, 11/4 – Zoo Miami**  
**12400 SW 152 St., Miami, FL 33177**  
**7:00 AM to 1:00 PM**

**Contact Information**

Miami-Dade County retirees website [www.miamidade.gov/humanresources/retirees.asp](http://www.miamidade.gov/humanresources/retirees.asp)

**Medical Plans**

AvMed Health Plans	(800) 682-8633	<a href="http://www.avmed.org/mdc">www.avmed.org/mdc</a>
AvMed Onsite Representatives	(305) 375-5306	SPCC 23rd Floor; M-F 8:30am-4:30pm
RetireeFirst	(305) 420-5858; TF (833) 212-9891	

**Dental Plans**

Delta Dental PPO <sup>SM</sup>	(800) 521-2651	<a href="http://www.deltadentalins.com/mdc">www.deltadentalins.com/mdc</a>
DeltaCare <sup>®</sup>	(800) 422-4234	<a href="http://www.deltadentalins.com/mdc">www.deltadentalins.com/mdc</a>

**Vision Plans**

Humana Vision	(877) 398-2980	<a href="http://www.humana.com">www.humana.com</a>
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**Life Insurance Plan**

Minnesota Life	(866) 293-6047	<a href="http://www.LifeBenefits.com">www.LifeBenefits.com</a>
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**Benefits Administration Unit**

**(305) 375-4288 or 5633**      [www.miamidade.gov/benefits](http://www.miamidade.gov/benefits)  
**(305) 375-1368 (FAX)**

**Senior Employee Benefits Specialists**

Sharon Aldred	A, B, C	<a href="mailto:sharon.aldred@miamidade.gov">sharon.aldred@miamidade.gov</a>
Sharon Subadan	E, F, G, H	<a href="mailto:sharon.subadan@miamidade.gov">sharon.subadan@miamidade.gov</a>
Martha Coleman	I, J, K, L, M	<a href="mailto:martha.coleman@miamidade.gov">martha.coleman@miamidade.gov</a>
Gloria Cantillo	D, N, O, P, Q, R	<a href="mailto:gloria.cantillo@miamidade.gov">gloria.cantillo@miamidade.gov</a>
Rina Gomez	S, T, U, V, W, X, Y, Z	<a href="mailto:rinag@miamidade.gov">rinag@miamidade.gov</a>

**Retiree's last name starting with letters:**

Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree. (Section 817.234 (1) (b) Florida Statutes)

To obtain this information in accessible format, please call 305-375-4585.