

TWOTHOUSANDTWENTYTWO YOUR BENEFITS

MEDICAL PLAN CHANGES ARE COMING!

As a result of your recently ratified Collective Bargaining Agreement, there are new medical plan eligibility rules and medical plan options for employees covered by the AFSCME Local 121 (WASD).

Local 121 employees who are **hired on or after July 1, 2021** may choose from the following AvMed medical plan options:

- MDC First Choice Advantage HMO
- MDC Select Advantage HMO

For Local 121 employees **hired prior to July 1, 2021**, the following AvMed medical plan options are available:

- MDC First Choice **Advantage** HMO
- MDC Select **Advantage** HMO
- MDC HMO **Advantage**
- MDC POS **Advantage**

These new Advantage medical plans feature plan design changes which include:

- Utilization driven copayments
- New medical plan coverage rules for specific types of Provider services
- A new pharmacy drug formulary to promote the use and adherence of generic medications across all medical plans, plus a new option for the delivery of maintenance drugs

During this year's Open Enrollment, which runs from **October 25** through **November 8**, Local 121 employees who are currently enrolled in one of the traditional AvMed medical plans (Select HMO, Jackson First HMO, High Option HMO or POS) may select any one of the four Advantage plan options that best meets your needs. If you do not actively make a selection, then you will be automatically mapped into the similar **Advantage** plan effective January 1, 2022.

Review the materials below to learn more about the eligibility and plan changes to your medical coverage effective January 1, 2022.

TWO THOUSAND TWENTY TWO YOUR BENEFITS

Miami-Dade County Open Enrollment 2022

**OPEN
ENROLLMENT**
**OCT. 25 - NOV. 8
2021**

MEDICAL PLAN CHANGES ARE COMING!

As a result of the ratification of your Collective Bargaining Agreement (CBA), there are new plan eligibility rules and new medical plan options for employees covered by the AFSCME Local 121. During the Fall Open Enrollment period, **October 25 - November 8**, you have the opportunity to make plan option and dependent election changes to your medical coverage as well as to your other benefits.

What's New for 2022?

In July 2021, as a result of the recent bargaining ratification there are new plan eligibility rules and new medical plan options for employees covered by AFSCME Local 121. The goals of these changes are to keep employee premiums flat, contain costs without affecting quality of care, and redirect services to lower cost settings. Plan changes include:

- Utilization driven copayments
- New medical plan coverage rules for specific types of Provider services
- A new pharmacy drug formulary to promote the use and adherence of generic medications across all medical plans, plus a new option for the delivery of maintenance drugs.
- New hire plan eligibility effective July 1, 2021

Medical Plan Changes

Effective January 1, 2022, AFSCME Local 121 benefits eligible employees hired prior to July 1, 2021 will continue to have the option to elect all four plans: First Choice Advantage HMO (Jackson First), Select Advantage HMO, HMO Advantage (High) and POS Advantage plans. During Open Enrollment, you may select any one of these options. If you are currently enrolled in medical coverage and do not make an election, you will be defaulted into the plan most similar to the plan in which you are currently enrolled. Employees hired on or after July 1, 2021, may choose between the First Choice Advantage HMO and the Select Advantage HMO.

Copayments

PLANS	First Choice Advantage	Select Advantage HMO	HMO Advantage	POS Advantage
PCP Office Visits	\$10	\$15	\$15	\$15
Specialist Office Visits	\$30	\$30	\$40	\$40
MD Live - Virtual Visit (phone or internet)	\$10	\$10	\$10	\$10
Preventive Care (Annual Visit)	\$0	\$0	\$0	\$0
Pediatrician Office Visits	\$10	\$15	\$15	\$15
Maternity: (1st visit only, no charge for subsequent visits)	\$30	\$30	\$50	\$50
Inpatient Facility	\$100	\$100	\$200	\$200
Outpatient Facility	\$50	\$50	\$100	\$100
Emergency Room (waived if admitted)	\$100	\$100	\$150	\$200
Urgent Care at Jackson UC Centers	\$15	\$15	\$15	\$25
Urgent Care (all others)	\$25	\$25	\$25	\$50
Rehabilitation Services	\$20	\$25	\$30	\$30
* Prescription Drugs (Retail, 30 Supply)				
Generic	\$15	\$15	\$15	\$15
Preferred	\$25	\$25	\$40	\$40
Non-Preferred	\$35	\$35	\$55	\$55
Specialty RX	\$50	\$50	\$150	\$200
Mail Order Pharmacy - Maintenance 90 Day Supply				
Generic	\$30	\$30	\$30	\$30
Preferred	\$50	\$50	\$80	\$80
Non-Preferred	\$70	\$70	\$110	\$110
*Assumes "Standard Formulary" AND "Generics First" implementation				

Private Healthcare System (PHCS)

The PHCS is a rented network of additional providers (not included in the AvMed Network) previously available in the High HMO or POS plans. The HMO Advantage and POS Advantage plans, however, will not include PHCS providers in the South Florida service area. Members who have seen a PHCS provider in the last 6 months will receive a letter with additional information and instructions.

Physician Services – Imaging

For all members, non-emergency Hi-Tech imaging procedures (Ex. MRI's, PET/CT scans) have to be performed at non-hospital affiliated facilities, instead of hospital based facilities (exception- you may use any JHS facilities). Members can receive cash incentives for using facilities that are part of the AvMed SmartShopper program. Contact a Health Cost Adviser through AvMed SmartShopper (866-285-7453) to choose a cost-effective location for your medical procedure. You can also shop online at AvMed. VitalsSmartShopper.com

Prescription Drug Coverage

Under the Advantage plans, all new prescriptions will use the standard formulary. Effective January 1, 2022, POS Advantage members currently using brand drugs will be allowed to continue using them until no longer prescribed without interruption even if the member elects a new medical plan during the Special Open Enrollment.

If you take medications on a regular basis, you know how expensive medicines can be. One of the easiest ways to

keep prescription drug expense down is to choose generic medications over brand name drugs whenever possible. Continued use of brand name drugs will be subject to any cost differential between generic and brand name, plus applicable copayments.

As a transition or grace period, maintenance medications can be filled at a retail pharmacy up to a maximum of 3 times. Thereafter, refills are required to be filled via CVS Mail Order or Maintenance Choice limited retail pharmacy network (CVS Mail Order, Target, or Navarro pharmacies). To transfer your 90 day prescriptions, registered Members can login to their AvMed Member portal account and select the Caremark link.

Dependent Documentation Transmittal

If you are adding a new dependent on your medical plan regardless of last name, you must provide proof of eligibility. The documentation must be received by **November 8, 2021**. Failure to provide this documentation will result in the cancellation of your dependent's coverage, as if never covered. If you have questions, call our On-Site AvMed representatives at (305) 375-5306.

Additional Tools

- Check out "AvMed.org: How To Register" from AvMed on Vimeo at <https://vimeo.com/227079827>
- <https://www.avmed.org/mdc>
- [AvMed.VitalSmartShopper.com](https://www.avmed.org/vitalssmartsupplier)
- www.mdlive.com/AvMed

Contact Information

Miami-Dade County Open Enrollment Website www.miamidadegov/openenrollment

Medical Plans

AvMed Health Plans (800) 682-8633 www.avmed.org/mdc

AvMed Onsite Representatives:

• Belkis Alsina-Bosch: (305) 375-2457 • Nichelle Irias: (305) 375-4119 • Vanessa Feliciano: (305) 375-5583

Benefits Division

(305) 375-4288 or (305) 375-5633 www.miamidadegov/benefits
(305) 375-1368 (FAX) benefits@miamidadegov

Benefits Representatives

Employees last name starting with letters:

Lazaro Roman-Mercedes	A - D	lazaro.romanmercedes@miamidadegov
Elmita Charite	G - K	elmita.charite@miamidadegov
Saray Herrera	E, F, L, M	saray.herrera@miamidadegov
Georgianna Walker	N - Z	georgianna.walker@miamidadegov

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)

MEDICAL PLAN DEFAULT MAPPING FOR AFSCME Local 121 EMPLOYEES IN BARGAINING UNIT A
(effective January 1, 2022)

Current Medical Plans ending December 31, 2021	will default to →	ADVANTAGE Medical Plans effective January 1, 2022	Change in BiWeekly Premium for 2022?
AVMED POS	will default to →	AVMED POS ADVANTAGE	No
AVMED HIGH OPTION HMO	will default to →	AVMED HMO ADVANTAGE	No
AVMED JACKSON FIRST HMO	will default to →	AVMED FIRST ADVANTAGE HMO	No
AVMED SELECT HMO	will default to →	AVMED SELECT ADVANTAGE HMO	No

Miami-Dade County
Copays
January 2022

PLANS	Jackson First HMO	First Choice Advantage HMO	Select HMO	Select Advantage HMO	HMO High Option	HMO Advantage	POS	POS Advantage
PCP Office Visits	\$15	\$10	\$15	\$15	\$15	\$15	\$15	\$15
Specialist Office Visits	\$30	\$30	\$30	\$30	\$30	\$40	\$30	\$40
MD Live - Virtual Visit (phone or internet)	\$15	\$10	\$15	\$10	\$15	\$10	\$15	\$10
Preventive Care (Annual Visit)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Pediatrician Office Visits	\$15	\$10	\$15	\$15	\$15	\$15	\$15	\$15
Maternity: (1st visit only, no charge for subsequent visits)	\$30	\$30	\$30	\$30	\$30	\$50	\$30	\$50
Inpatient Facility	\$0	\$100	\$0	\$100	\$200	\$200	\$200	\$200
Outpatient Facility	\$0	\$50	\$0	\$50	\$100	\$100	\$100	\$100
Emergency Room (waived if admitted)	\$50	\$100	\$50	\$100	\$100	\$150	\$100	\$200
Urgent Care at Jackson UC Centers	\$25	\$15	\$25	\$15	\$25	\$15	\$50	\$25
Urgent Care (all others)	\$25	\$25	\$25	\$25	\$25	\$25	\$50	\$50
Rehabilitation Services	\$30	\$20	\$30	\$25	\$30	\$30	\$30	\$30
* Prescription Drugs (Retail, 30 Supply)								
Generic	\$15	\$15	\$15	\$15	\$15	\$15	\$15	\$15
Preferred	\$25	\$25	\$25	\$25	\$40	\$40	\$40	\$40
Non-Preferred	\$35	\$35	\$35	\$35	\$55	\$55	\$55	\$55
Specialty RX	\$15/\$25/\$35	\$50	\$15/\$25/\$35	\$50	\$100	\$150	\$100	\$200
Mail Order Pharmacy - Maintenance 90 Day Supply								
Generic	\$30	\$30	\$30	\$30	\$30	\$30	\$30	\$30
Preferred	\$50	\$50	\$50	\$50	\$80	\$80	\$80	\$80
Non-Preferred	\$70	\$70	\$70	\$70	\$110	\$110	\$110	\$110
*Assumes "Standard Formulary" AND "Generics First" implementation								

Medical Plan Changes for Employees of AFSCME Local 121 (WASD)

Q1. Will My Employee Medical Plan Premium Payroll Deductions Change Beginning January 2022?

- A. No. Employee and dependent medical plan premium payroll deductions will remain the same for 2022 due to the implementation of several cost containment initiatives.

Q2. What Is a PHCS – Private Healthcare System Network?

- A. The PHCS is a rented network of additional providers (not included in the AvMed Network) previously available in the High HMO and POS plans

If you are enrolled in the AvMed HMO Advantage Option or the AvMed POS Advantage Option, you will be redirected to an AvMed provider. Providers used outside of the AvMed network will be considered out-of-network effective January 1, 2022. AvMed has a comparable network of physicians and specialists. The AvMed Elite Network will no longer include PHCS providers. POS Advantage members may take advantage of the out-of-network plan option and will be subject to any applicable cost-sharing.

Q3. Will my dependent enrolled in the “Away From Home” program be impacted by the network changes?

- A. No, eligible dependents enrolled in the Away From Home program will still have access to the PHCS network providers for out of area services while enrolled in the program.

Q4. Will My Co-Pays for Physician Services and/or Prescription Drugs Change Beginning January 2022?

- A. In order to direct employees and dependents to the appropriate level of care, there have been utilization driven changes to co-pay amounts. Please see the Plan's Summary of Benefits for details.

Q5. What Additional Changes to My Prescription Drug Coverage Do I Need to Know?

- A. Effective January 1, 2022, POS Advantage plan employees and dependents will be subject to use generics first. All new prescriptions will use the standard formulary and brand name prescriptions will be subject to any cost differential between generic and brand name, plus applicable copays and brand additional charge as they are today in the HMO plans.

Your prescription drug plan is designed to save you money. Before you use a brand-name drugs, you should first try a similar, alternative medication. In most cases, this will be a generic drug. Generics are approved by the FDA as safe and effective but will cost you less.

Example: Before you can fill a new prescription for the brand-name drug Crestor, you will need to try f the generic alternatives first – atorvastatin, fluvastatin, lovastatin, pravastatin or simvastatin.

Q6. What are the Changes to my Maintenance Medication (90-day) Prescription Drug Pharmacy Network?

- A. Maintenance medications will be subject to Maintenance Choice options; mail order pharmacy and/or can be obtained through a Limited Network Pharmacy (CVS, Target and Navarro). After 3 refills at a retail pharmacy you will no longer be approved to fill a maintenance medication prescription. Out-of-network pharmacy users do not receive any discounts from the plan and are no longer covered under the Plan for filling maintenance prescriptions unless using a Maintenance Choice option.

For a (90 day) supply from a /CVS Maintenance Choice pharmacy or CVS Pharmacy Mail Order, members pay only 2 copays instead of 3 copays saving members 1 copay. Maintenance drugs can be filled at retail pharmacy up to **3 times** (30-60 day supply) and subsequent refills will be filled using the Maintenance Choice options (minimum 90 day supply). If you have less than a 90 day supply, contact your physician prior to your visit to the pharmacy or the refill prescription will not be processed causing foreseeable delays.

Q7. Will I Be Able to Use The Same Prescription Drugs Beginning January 2022?

- A. The list of prescription drugs, both generic and brand name, covered by the Plan has been updated with newly approved drugs that are more cost effective. Rarely used and/or outdated drugs have been removed.

POS Advantage members currently using brand name prescription drugs will be allowed to continue use at the applicable copay without interruption until no longer prescribed. All new prescriptions will use the standard formulary and brand name prescriptions will be subject to any cost differential between generic and brand name, plus applicable copays and brand additional charge as they are today in the HMO plans.

Did you know that the Food and Drug Administration (FDA) requires generic drugs to have the same strength and purity as brand-name drugs? Generic drugs can be just as effective as their brand-name counterparts at a fraction of the price, so why would you spend more than you have to on your prescription medications? Choose generics and save.

Q8. What Will I Pay If I Need High-Tech Imaging Testing (Ex. MRIs, CT/PET scans)?

- A. Effective January 1, 2022, high-tech imaging for non-emergency services must be performed at an in-network freestanding facility. Non-emergency services performed in a hospital (outpatient) facility will not be covered by the Plan unless the member is in active treatment for a serious illness such as Cancer, Renal Kidney Failure or is a Transplant patient. Once the member is no longer in treatment, all follow-up care will need to be performed in a freestanding setting. Contact a Health Cost Adviser through AvMed SmartShopper (866-285-7453) to choose a cost-effective location for your medical procedure. You and your dependents can qualify for **\$25 - \$500 CASH BACK** when you shop with **SmartShopper!** You can also shop online at [AvMed.VitalsSmartShopper.com](https://www.AvMed.VitalsSmartShopper.com)

Q9. What Medical Plan Options Will Be Available to Me Beginning January 1, 2022?

- A. Benefits-eligible employees hired before July 1, 2021 will have the choice of electing AvMed's First Choice Advantage, Select Advantage HMO, HMO Advantage and POS Advantage.

Benefits eligible employees hired on or after July 1, 2021 will have the choice of electing the First Choice Advantage HMO plan or the Select Advantage HMO options. Other plan options are not available.

Q10. Why am I getting two bills for one visit to the provider's office?

- A. Be aware that some hospital-based provider offices are charging patients co-pays for the office visit and another co-pay for an (outpatient) minor surgical services that may be performed in their office. Several hospital-based provider practices bill you and the insurance company as if you had the procedure in a hospital setting and charge you both the office and outpatient visit co-pays. Please check with your provider's office about copays before you have an in-office procedure performed.

A woman with dark hair, wearing a white patterned blouse and blue jeans, is sitting on a white couch. She is looking down at a laptop that is open on her lap. The background is a bright, modern interior with a wooden railing and a white wall.

Miami-Dade County Members on Advantage Plans

Changes for Your Maintenance Medications

If you're on long term treatment, such as medications for high blood pressure or high cholesterol, after filling up to three times at any network pharmacy, you must switch your pharmacy and re-fill your 90-day prescription for medications (and only pay 2 co-pays) at the following **CVS Maintenance Choice** pharmacies:

CVS Mail Order Pharmacy program
CVS stores

Target stores
Navarro

To transfer your prescriptions, registered Members can login to their AvMed Member portal account, and select the Caremark link.

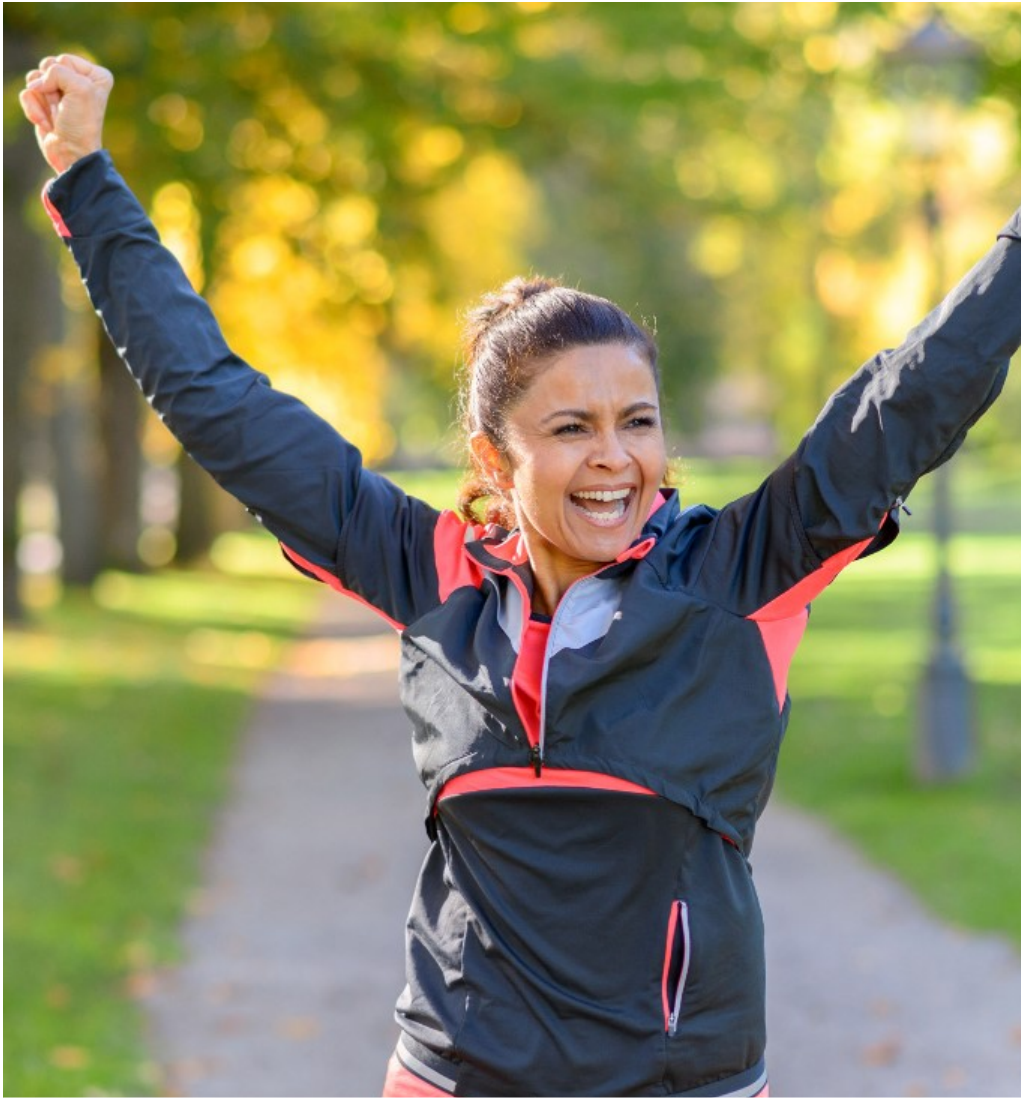
In addition, Members can register on Caremark.com (if not already registered) and navigate to View/Refill All Prescriptions and select Refill Options to transfer their non-CVS prescriptions to a CVS retail of your choice. It's that easy.

Miami-Dade County Members can receive a three-month supply of maintenance medications for just two copays.

Check your plan documents, go to www.AvMed.org/MDC, or call AvMed's Miami-Dade County's dedicated Member Engagement Center at **800-682-8633** to learn more about your pharmacy benefits and related costs.



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2. Select the "Find Physicians & Facilities" drop down
3. Click on "Cost Calculator" to access SmartShopper

The Personal Assistant Team is available Monday through Thursday from 8 a.m. to 8 p.m. and Friday from 8 a.m. to 6 p.m. ET.

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