

RETIREE ENROLLMENT TWO THOUSAND TWENTY FIVE YOUR BENEFITS

Miami-Dade County Retiree Group Insurance Enrollment Newsletter



What's New!

- Medical Rate Changes
- Medicare Advantage Plan Design 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 2025 calendar year. The enrollment period will be from October 21, 2024, to November 11, 2024.

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 2025 personalized Billing Statement is on page 2 of this newsletter and reflects the premiums for 2025 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 14%. The Medicare Advantage National Choice Plan will also be increasing. This necessary change is due to federal regulatory changes mandated by the Inflation Reduction Act. There are also associated plan design changes. Please refer to the Medicare Advantage Plan Benefits Schedules.

Considering the outlying national and local inflationary circumstances, Miami-Dade County reviewed many options to keep costs down while also maintaining the integrity of the benefit plans with the goal 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 change medical plans for the 2025 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 or services that requires pre-authorization at the end of 2024 and change medical plans for the 2025 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 2025 Retiree Group Insurance Annual Enrollment Change/Cancellation Form (page 3) and submit it to the Benefits Administration Unit (BAU) no later than November 11, 2024.

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. 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 of attainment of age 26) - 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 of attainment of age 26) - **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 2024, 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 approved for Medicare Parts A & B cover- age, you may remain in an AvMed Under age 65 Plan, until age 65.

2025 Account Summary

Below is your 2025 account summary based on your current enrollment. If you request to cancel or change coverage for the 2025 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 lowercost Medicare Advantage plan options with Prescription Drug Plan (MAPD) are available to retirees over age 65; AvMed Medicare Advantage National Choice and AvMed Medicare Advantage Plan option, with access to dental, vision and fitness benefits, are being provided by the County and administered by AvMed.

AvMed has also retained RetireeFirst, a retiree benefits management solution and advocacy service provider, to manage the MAPD plans. RetireeFirst representatives are available to help you navigate the complex retiree health landscape and trouble shoot any problems you may have with your coverage, 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.

AvMed Plans will pay as the Secondary Plan to Medicare as permitted by the Social Security Act of 1965. When these Plans are secondary to Medicare, the amount payable under these Plans 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. For Benefit payments under the AvMed Plans, regardless of whether or not the participant enrolls in Medicare, the Plans will assume that the Participant has enrolled both Parts A and B.

Mail Order Prescriptions

Express Scripts Inc continues to be the Pharmacy Benefit Managers (PBM) and mail order vendor. Should you have any questions related to participating pharmacies please contact AvMed at (305) 375-5306.

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. 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, Retiree Forms (miamidade.gov), complete, and fax it to 305-375-1368.

2025 Monthly Premium Rates - Change/Cancellation Form

Name _____ ID _____ Ph _____

Please read before you continue:

• To make changes to your current benefits, return this form to our office no later than November 11, 2024.

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"/> \$1,948.69	<input type="checkbox"/> \$867.14	<input type="checkbox"/> \$788.48	<input type="checkbox"/> \$631.79
Retiree Under 65 & Spouse/Domestic Partner Under 65	<input type="checkbox"/> \$3,754.72	<input type="checkbox"/> \$1,905.83	<input type="checkbox"/> \$1,740.86	<input type="checkbox"/> \$1,412.01
Retiree Under 65 & Child(ren)	<input type="checkbox"/> \$3,569.19	<input type="checkbox"/> \$1,758.19	<input type="checkbox"/> \$1,605.31	<input type="checkbox"/> \$1,377.68
Retiree Under 65 & Spouse/Domestic Partner Under 65, plus Child(ren)	<input type="checkbox"/> \$4,720.13	<input type="checkbox"/> \$2,350.70	<input type="checkbox"/> \$2,149.48	<input type="checkbox"/> \$1,748.40

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"/> \$435.05	<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"/> \$870.10	<input type="checkbox"/> \$0.00
Retiree over 65 & Spouse/Domestic Partner Under 65 on Avmed High Opt HMO	<input type="checkbox"/> \$1,627.69	<input type="checkbox"/> \$1,097.73	<input type="checkbox"/> \$1,302.19	<input type="checkbox"/> \$867.14
Retiree over 65 & Children on AvMed High Opt HMO	<input type="checkbox"/> \$1,720.97	<input type="checkbox"/> \$1,212.91	<input type="checkbox"/> \$1,326.10	<input type="checkbox"/> \$891.05

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, 2025. 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. 11, 2024, 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
 005-2324-130064 9-2024

Presorted
 First-Class Mail
 US Postage
PAID
 Miami, FL
 Permit #8788



RETIREE ENROLLMENT
10.21 - 11.04
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Head to <https://www.miamidade.gov/global/humanresources/benefits/open-enrollment.page> for more information.

Open Enrollment Regional Meeting

- 10/16 10:00 a.m.- 2:00 p.m. | South Dade Government Center: Address: 10710 SW 211 Street, Cutler Bay, Florida 33189 (Lobby)
- 10/18 10:00 a.m.- 2:00 p.m. | Miami Dade Fire Rescue HQ: Address: 9300 NW 41st Street, Doral, Florida 33178 (Training Building Auditoriums 2-001 and 2-002)
- 10/21 10:00 a.m.- 2:00 p.m. | Stephen P. Clark Government Center: Address: 111 NW 1st Street, Suite 100, Miami, Florida 33128 (Rooms 18-3 and 18-4)

Contact Information

Miami-Dade County retirees website www.miamidade.gov/humanresources/retirees.asp

Medical Plans

AvMed Health Plans	(800) 682-8633	www.avmed.org/mdc
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 SM	(800) 521-2651	www.deltadentalins.com/mdc
DeltaCare [®]	(800) 422-4234	www.deltadentalins.com/mdc

Vision Plans

Humana Vision	(877) 398-2980	www.humana.com
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Life Insurance Plan

Minnesota Life	(866) 293-6047	www.LifeBenefits.com
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Benefits Administration Unit (305) 375-4288 or 5633 www.miamidade.gov/benefits
 (305) 375-1368 (FAX)

Senior Employee Benefits Specialists	Retiree's last name starting with letters:	
Sharon Aldred	A, B, C	sharon.aldred@miamidade.gov
Sharon Subadan	E, F, G, H	SHY@miamidade.gov
Martha Vazquez	I, J, K, L, M	martha.vazquez@miamidade.gov
Gloria Cantillo	D, N, O, P, Q, R	gloria.cantillo@miamidade.gov
Rina Gomez	S, T, U, V, W, X, Y, Z	rinag@miamidade.gov

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.