



Miami-Dade County – Frequently Asked Questions (FAQ)

Supplemental Plans both with and without Prescriptions (Indemnity Plan)

Transition to Aetna® Benefits – Effective January 1, 2026

Q: What can I expect with the new health plan starting January 1, 2026?

A: We are excited to welcome Miami-Dade County employees and their families to Aetna. Beginning January 1, 2026, you'll have access to enhanced benefits, a broader network of providers, and improved member services, all designed to support your health and well-being.

The County selected Aetna after a comprehensive review of employee needs, provider access, plan performance, cost trends, and service quality. Aetna's offerings are well-positioned to deliver a high-quality health care experience now and into the future.

Dependent Eligibility

Q: Do I need to verify eligibility for my dependents who are age 26–30?

A: Yes.

- You should have received an email with instructions from VerifyMyMDCDependent@aetna.com.
- If you did not get the email, go to VerifyMyMDCDependent@aetna.com and request the instructions there.

ID Cards

Q: When will I receive my ID card?

A: You should have already received your ID Card. If you did not receive your ID card please contact your Aetna Concierge Team at **(833) 704-0009**.

Q: How many ID cards will I receive?

A: Two family-style ID cards will be mailed to each family.

- If any family member needs an additional ID card, please follow the instructions below to register and print an Aetna ID card.

Q: What if I have dependents on a Pre-65 Plan?

A: Dependents on these plans will be receiving their own card. (Please note that your spouse or youngest dependent will be elevated as the main member and will need to use their social security or member number to create an account)

Q: What if I do not receive my Aetna ID card or need additional copies?

A: We understand that especially during the holidays, mail delivery can sometimes be delayed. The good news is you do not have to wait—Aetna makes it easy to access your ID card online and print additional copies whenever you need them.



Q: How do I print my Aetna ID card online?

A: Aetna makes it easy to access your ID card online and print additional copies whenever you need them.

1. Go to the Aetna Member Website:

Visit www.aetna.com and log in to your secure member account. If you haven't registered yet, you can create an account using your Aetna member ID number or the last 4 digits of your Social Security Number.

2. Access Your ID Card:

- On your homepage, look for the "ID Card" option at the top of the page, or
- Click the "Account" option, then select "ID Cards" from the dropdown, or
- Under "Plan Overview," click "ID Cards" under Medical Coverage, or
- Hover over the "Benefits" tab and select "View ID Cards."

3. View and Print:

- Your ID card will display on the screen.
- Click to view the front and back of your card.
- Select the print option to print a physical copy for your records or immediate use.

4. Mobile Access:

You can also access your digital ID card on the go using the Aetna HealthSM app, available for download from the App Store or Google Play.

Q: How do I register on the Aetna Member Website?

A: Go to the Aetna Member Website

- Visit www.aetna.com

1. Click on Start Registration

- Click the "Login" button at the top of the page.
- If you do not have an account, select "Register" or "Register for my account."

2. Enter Your Information

- Enter your Aetna Member ID number (found on your ID card).
- If you do not have your Member ID, you may use the last 4 digits of your Social Security Number.
- Enter your full first name (as it appears on your ID card), last name, date of birth, and home zip code.

3. Verify Your Identity

- Complete the verification steps as prompted.
- Create security questions and answers for account protection.

4. Create Your Account

- Choose a username (at least 6 characters, including one letter and one number; no spaces or SSN/employee IDs).
- Set a password and select a security question.

5. Agree to Terms

- Review and accept the website's terms and conditions.

6. Finish Registration

- Click "Continue" to complete your registration.
- You can now log in using your new username and password.



Q: Should I give my provider a copy of my new ID card?

A: Yes! Starting January 1, 2026, your provider and pharmacy will need your new Aetna member ID card to process claims correctly. You will receive your card in December. Be sure to share it with your provider and pharmacy once your coverage begins.

Provider Access and Networks

Q: Will I have access to more doctors?

A: The Commercial Indemnity Plan is not a network-based plan and allows members access to the broadest number of providers. Members who enroll in the Commercial Indemnity Plan can see any provider who accepts Medicare, even if the provider is not in one of Aetna’s medical networks.

Q: Can you give me more specific details on how this Indemnity Plan works?

A: Claims would work like this: If the service the member seeks is covered by Medicare, then Medicare will have an already set allowed amount for the service. Medicare will pay 80% of this allowed amount. The claim will then automatically come directly to Aetna via Medicare for coordination of the benefits, and Aetna will pay the remaining 20%, up to the referenced 100% Medicare allowed amount.

It’s important to note that the **member is responsible for any balance remaining above and beyond the full Medicare allowed amount.** In most cases, the provider will send you a bill that you are responsible to cover for this amount. Below are two examples:

- Medicare allows \$150 for the service and the provider bills \$200. Medicare will pay \$120, Aetna will pay \$30, and you could owe the provider \$50
- Medicare allows \$150 for the service and the provider bills \$150. Medicare will pay \$120, Aetna will pay \$30, and you will not have a balance to pay

Q: What do you recommend I do on my end?

You are advised to check with their preferred provider directly to confirm that they accept Medicare, what amount they intend to bill and what the Medicare allowable amount for that service is. This will help you avoid or plan for balance billing.

Q: Will I need to choose a new doctor?

A: In most cases, no. As long as the provider accepts Medicare, members can continue seeing their current doctor.

While the plan allows members to see any doctor who accepts Medicare, regardless of network status, we still have tools available to help members find quality providers. The Aetna network has more than 25,000 local providers and a full national network for seamless care, even out of state.

Q: How do I ask a benefits question via email?

A: Please send an email to AskAetnaMDC@aetna.com



Q: What do I do if I am pregnant or in active course of treatment and my doctor is not in the network?

A: There should be no issues with this, as long as your provider accepts Medicare. If you do run into problems or have questions, please contact your Aetna Concierge Team at **(833) 704-0009**

Q: What do I do if I already have a planned surgery or procedure?

A: There should be no issues with this, as long as your provider accepts Medicare. If you do run into problems or have questions, please contact your Aetna Concierge Team at **(833) 704-0009**.

Q: Can I still go to my current Durable Medical Equipment (DME) provider, including Dade Medical dba Integrated Home Care Services Inc.?

A: Yes. You can continue to keep and use the equipment you've already received. Update your DME provider with your new insurance information so billing can be handled correctly. Aetna has been working with AvMed to obtain details to continue your care, but some of the information received is incomplete. If you do run into problems or have questions, please contact your Aetna Concierge Team at **(833) 704-0009**

Pharmacy and Prescriptions

Q: Will prescriptions be covered?

A: Yes, prescriptions will be covered under the Aetna High Option W/Rx Plan.

Q: What if I have questions about pharmacy coverage?

A: Call the Aetna Concierge Team at **(833) 704-0009** for personalized assistance. You can also call the pharmacy number listed on the back of your Aetna ID card **(800) 792-3862**.

Q: Can I fill a 90-day supply of my maintenance medication(s)?

A: Yes. You will be able to fill a 90-day supply of your maintenance medication at any participating Extended Day Supply retail network pharmacy or through the CVS mail order pharmacy. If there are no refills, members must contact their prescribing physicians for a new prescription.

Q: What pharmacies can I use?

A: Aetna's network includes **over 66,000 pharmacies nationwide**, including:

- **CVS Pharmacy®** (9,800+ locations)
- Major chains like **Walgreens, Publix, Walmart**
- Most **independent pharmacies**

Plan Options

Q: Are Jackson Health System and the University of Miami participating in the network?

A: Yes, both Jackson Health System and the University of Miami are participating in the Aetna network.



Q: Where can Medicare eligible retirees get information about their plans?

A:

- Visit the **RetireeFirst Miami-Dade County dedicated website**: retireefirst.com/miamidadecounty
- For **Miami-Dade County Group Plans**, call **(305) 420-5858** or **toll-free (833) 212-9891**, Monday–Friday, **9:00 AM – 5:00 PM EST**
- For **Individual Medicare Advantage Plans**, call **(786) 640-3292** or **toll-free (888) 517-6373**, Monday–Friday, **9:00 AM – 5:00 PM EST**

Q: Is Baptist Hospital participating in the Individual Medicare Plan (Street Plan) network?

A: If you are on an Individual Medicare Plan (Street Plan) Baptist Hospital is *Not* In Network at this time. Baptist Hospital is participating on the PPO Medicare Plan and Indemnity COB Plan.

Support and Resources

Q: Where can I get more information?

A: We are here to help every step of the way. You have access to:

- Aetna MDC Member Microsite <https://mdc.aetna.com>
- Aetna Concierge Team at **(833)704-0009**, available **Monday–Friday, 8:00 AM – 8:00 PM**.

Q: Can I speak to someone in person?

A: Yes. Aetna team members will be available at the Stephen P. Clark Government Center Building. You can visit them **Monday through Friday, from 8:00 AM to 4:30 PM** or contact them at **305-375-5306** for answers to your questions and personalized support.

- **Pharmacies:** If assistance is needed to process medication, pharmacies have access to the pharmacy help desk for support. Pharmacy Customer Service **(800) 238-6279** Available 24 hours a day, 7 days a week.
- **Medical Providers:** Providers can verify member eligibility and benefits online, even during the holiday. Provider Portal (Availity): Availity Essentials for claims, eligibility, and authorizations.
- **Emergencies:** As always, if you have a medical emergency, please go to the nearest emergency room. No prior authorization is required for emergency services, and you have the right to use any hospital or setting for emergency care.