



Miami-Dade County – Frequently Asked Questions (FAQ)

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.

General Coverage and ID Cards

Q: Will my coverage remain the same?

A: Yes. Your coverage under the County's self-funded health plan will not change. You will still have access to preventive care, treatment for medical conditions, surgeries, and prescription drug coverage, like you do today. You will also gain access to new plan features designed to improve your well-being. These include:

1. Additional care management programs

Personalized support from a clinical team to help you reach your health goals, with guidance to local resources when needed.

2. Enhanced digital tools

Convenient access to your health information, providers, and wellness resources through web and mobile platforms.

3. CVS® ExtraCare Plus® program

Enjoy a \$10 monthly reward to use at CVS locations, plus benefits like no-cost prescription delivery, 20% off CVS Health® brand products, and discounts on everyday items.

4. MinuteClinic® visits

Get low-cost access to covered services for minor illnesses, injuries, skin conditions, women's health needs, vaccines, and preventive care, often at a lower cost than urgent or emergency care.



5. CVS Virtual Primary Care®

Available at select locations, this service offers full primary care at the same cost as in-person visits under your plan, with the convenience of virtual access.

6. Lifestyle and Condition Coaching

If you want to eat better, be more active or take charge of your health, we can help. Our program offers clear, reliable health information to help you make healthy changes. And you can access our program, at your convenience, through our wellness app or online. This program is in addition to the health and wellness coaching services available today.

- 24/7 web and mobile access
- Live group-coaching session online
- One-on-one phone support

7. Personal health solutions and virtual solutions

Programs to help you lose weight, reduce joint pain, support mental well-being, enhance women's health, physical therapy, manage high blood pressure and stop smoking.

Q: When will I receive my ID card?

A: You should receive your ID card by December 31, 2025.

Q: How many ID cards will I receive?

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

8. 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 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. 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: Yes. Aetna offers access to 25,000 more local providers and a national network for seamless care, even out of state.

Q: Will I need to choose a new doctor?

A: In most cases, no. With Aetna's local and national networks, you'll likely be able to continue seeing your current providers. To confirm, it's easy to search for in-network providers:

How to Find a Provider

- Visit [Aetna.com](https://www.aetna.com) and select "Find a Doctor."
- Under "Don't have a member account?" Select "Plan from an employer"
- Under "Continue as a Guest," enter your home location (ZIP code, city, county, or state) to view providers specific to your plan. You can also set a search radius of up to 100 miles.
- Select the appropriate plan option under "Aetna Open Access Plans" using the chart below:

2026 Pre-65 Retirees Miami-Dade County Plan Name	Aetna Provider Directory Search
Aetna Jackson First HMO*	Aetna Select SM (Open Access)*
Aetna Select HMO	Aetna Select SM (Open Access)
Aetna High Option HMO	Aetna Select SM (Open Access)
Aetna POS Plan	Aetna Choice [®] POS II (Open Access)

*** The Aetna Jackson First HMO plan uses the Jackson First network only. Members must use in-network providers. Out-of-network care is covered only for emergencies or urgent care.**

- You can search by provider name, provider type, or category. Categories include:
 - Medical Doctors & Specialists
 - Hospitals & Facilities
 - Urgent Care & Walk-In Clinics
 - Pharmacies



- Behavioral Health
- Labs & Testing
- Alternative Medicine
- Durable Medical Equipment
- Common Procedures & Conditions
- Institutes of Quality/Excellence

View results in either list view or map view to explore your options.

Q: How do I nominate my out-of-network provider?

A: Please send an email with the following information to NominateYourMDCProvider@aetna.com

- Your doctor's name
- The provider's address
- The provider's telephone number

Once we receive your email, our team will reach out directly to the provider to begin the nomination process.

Q: What does having access to a national network mean?

A: If you choose a plan with a national network (not included on the First Choice Advantage HMO plan), you and your family will have access to care across Florida and throughout the country. Whether you're traveling, or have a student living out of the area, you'll be able to receive care just like you would at home using your Aetna member ID card, with no extra paperwork or special steps required.

Q: If I am pregnant or in active course of treatment and my doctor is not in the network, will I have any gaps in coverage? What Transition of Care (TOC) coverage will I have?

A: Aetna's network has a 99% provider match, so most members will find that their current doctors are already in the network. In the rare case that your provider isn't in the network and you're pregnant or receiving ongoing treatment, you may be eligible for Transition of Care (TOC) coverage.

TOC is temporary coverage designed to help you continue care without interruption while you transition to Aetna. If approved, your provider must use a health care facility, durable medical equipment (DME) vendor, or pharmacy vendor that's part of the Aetna network.

We're here to make sure your care continues smoothly, with no gaps. TOC forms are available in English and Spanish to help get the process started.

Q: What is considered an 'active course of treatment' for purposes of Transition of Care?

A: An active course of treatment is when you have begun a program of planned services with your doctor to correct or treat a diagnosed condition. The start date is the first date of service or treatment. An active course of treatment covers a certain number of services or period of treatment for special situations. Some active course of treatment examples may include, but are not limited to:

- Members who enroll with Aetna beyond 20 weeks of pregnancy, unless there are specific state or plan requirements (Members less than 20 weeks pregnant whom Aetna confirms as high risk are reviewed on a case-by-case basis.)



- Members in an ongoing treatment, such as chemotherapy or radiation therapy
- Members with a terminal illness who are expected to live six months or less
- Members who need more than one surgery, such as cleft palate repair
- Members who have recently had surgery
- Members who receive outpatient treatment for a mental illness or for substance abuse (The member must have had at least one treatment session within 30 days before the effective date on January 1, 2026.)
- Members with an ongoing or disabling condition that suddenly gets worse
- Members who may need or have had an organ or bone marrow transplant

To be considered for TOC coverage, the course of treatment must have started before your enrollment with Aetna on January 1, 2026.

Q: What happens if I already scheduled a medical procedure?

A: If your procedure is scheduled for a date after January 1, 2026, Aetna will work closely with AvMed to transfer prior authorization details. All previously approved procedures will be reviewed to ensure there are no gaps in coverage during your transition. Our goal is to make the process seamless so you can focus on your health, not paperwork.

Q: When can I schedule an appointment with my doctor under the new plan?

A: Although Aetna coverage begins on January 1, 2026, you may schedule appointments now for visits occurring on or after that date. Member ID cards will be mailed via USPS and are expected to arrive in December. You'll need your ID card for your visit, so please ensure you have it in hand before your appointment.

Pharmacy and Prescriptions

Q: Will my current prescriptions be covered?

A: Yes. Any prescriptions you are currently taking will continue without interruption. Most medications will be **grandfathered for a period of time**, ensuring a smooth transition to Aetna.

Q: How often does the formulary (drug list) change?

A: For any medication(s) you are currently taking, you will be able to continue taking those medications for the upcoming plan year. If you are prescribed a new medication by your physician during the plan year, you will need to check for coverage on the Aetna Standard Formulary. If there is a change to a medication on the formulary you are currently utilizing, you will not be impacted.

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 retail network pharmacy or through the CVS mail order pharmacy.

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.



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: What plan options will I have as a pre-65 retiree?

A: The Pre-65 Retiree Plans are:

- Aetna Jackson First HMO
- Aetna Select HMO
- Aetna High Option HMO
- Aetna POS Plan

Please note: If you select **Aetna Jackson First HMO** plan, the service area includes Miami-Dade and Broward counties, and care is provided through Jackson Health System and University of Miami facilities. For emergencies that occur outside the service area, you may seek medical services at an emergency room or participating urgent care.

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:

- 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**
- Visit the **RetireeFirst Miami-Dade County dedicated website**: retireefirst.com/miamidadecounty

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. Starting January 5, 2026, 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** for answers to your questions and personalized support. Or you can contact them at **305.375.5306**.