

2026 – Miami - Dade County Medicare Advantage with Prescription Drug Plan (MAPD)



Your Dedicated Advocacy Phone Numbers
(305) 420-5858 (TTY 711) or toll free (833) 212-9891 (TTY 711)

Frequently Asked Questions

Plan Design

Medical Carrier:



Medical	You pay
Deductible	\$0
Maximum Out-of-Pocket (MOOP)	\$6,700
Office Visit: Primary Care	\$0
Office Visit: Specialist	\$20
Inpatient Hospital	\$50 Per day (Days 1-5) \$0 (Unlimited additional days)
Inpatient Mental Health & Substance Abuse	\$50 Per day (Days 1-5) \$0 (Unlimited additional days)
Ambulatory Surgery Center	\$75
Outpatient Services & Surgery	\$100
Outpatient Mental Health & Substance Abuse	\$0
Home Health Care	\$0

Skilled Nursing Facility	\$0 (Days 1-20) \$75 Per day (Days 21-100)
Emergency Room	\$75 (Waived if admitted)
Urgent Care	\$0
Ambulance Services	\$100
Lab Services	\$0
Radiology Services	\$0 Outpatient X-rays \$75 Diagnostic Radiology
Durable Medical Equipment	\$0
Preventative Care	\$0
Acupuncture	\$0 (Medicare covered services only)
Podiatry	\$0 (Medicare covered services) \$0 (Routine services; 6 Visits per year)
Chiropractic	\$0 (Medicare covered services only)
Hearing	\$0 Medicare covered hearing exam \$0 Routine hearing screening every 12 months \$2,000 Hearing aid allowance per ear every 36 months (*Must Use NationsHearing Providers)
Vision	\$0 Medicare covered eye exam \$0 Diabetic eye exam \$0 Routine eye exam every 12 months \$150 Eyewear allowance every 12 months (In or out-of-network)
Dental	\$0 (Medicare covered services only)
Foreign Travel (World-wide) Coverage	\$75 Emergency Care (Waived if admitted) \$0 Urgently Needed Care
Wigs	\$400 Allowance each year
Transportation Service	\$0 (24 one-way trips per year, up to 60 miles per trip)
Meal Delivery	Up to 14 meals following an inpatient stay
Fitness Benefit Allowance	SilverSneakers

Prescription Carrier:



Prescription	Preferred 30-Day Retail You Pay Up To	Standard 30-Day Retail You Pay Up To	Preferred 90-Day Retail and Mail Order You Pay Up To	Standard 90-Day Retail and Mail Order You Pay Up To
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Annual Deductible: \$200

Tier 1 Preferred Generic	\$0	\$0	\$0	\$0
Tier 2 Generic	\$4	\$5	\$8	\$10
Tier 3 Preferred Brand	\$25	\$25	\$50	\$50
Tier 4 Non Preferred Brand	\$60	\$60	\$120	\$120
Tier 5 Specialty	10%	10%	Limited to one month supply	Limited to one month supply

Note: CMS caps the 30-day supply cost for Insulin medication at \$35.
Costs for a 30-day supply may be less but will not exceed \$35 for 2026.

Plan Questions

1. Will I be automatically enrolled, or do I need to do anything to enroll?

All Medicare-eligible retirees and/or dependents will be automatically enrolled into the plan. There is nothing you need to do to be enrolled.

2. Can I stay with the current plan?

No, all Medicare-eligible retirees and/or dependents must change over to this plan. Your current plan will no longer be available.

3. Can I opt-out of this plan?

You are being automatically enrolled into the Aetna Medicare Advantage Prescription Drug (MAPD) Plan with Extended Service Area (ESA). We are required by law to give you the choice of opting out of the new plan. You have the option to opt-out, no later than November 21, 2025, via your election form. If you opt out, you will have the option to enroll into an eligible Miami-Dade County Retiree Group Medical plan option. If you opt out of all Miami-Dade County Retiree Group Medical plan options, you will not have Medical and Prescription Drug coverage through Miami-Dade County and will not be able to return at a later date. Nevertheless, if you would like to opt-out, please call RetireeFirst Advocates at **(305) 420-5858 (TTY 711) or toll free (833) 212-9891 (TTY 711)** Monday-Friday, 8am-5pm EST.

4. Are there any plan changes?

Miami-Dade County did their best to match or enhance your current benefits. Below are a few highlights of your new plan:

- \$0 Medical Deductible; \$200 Prescription Deductible
- \$0 Primary Care Visits
- \$20 Specialist Visits
- \$0 Routine eye exam every 12 months
- \$150 Eyewear allowance every 12 months (For in and out-of-network)
- \$0 Routine hearing screening every 12 months
- \$2,000 Hearing aid allowance per ear every 36 months (*Must use NationsHearing providers)
- \$0 Routine podiatry services (6 Visits per year)
- Meal delivery following hospitalization (up to 14 meals)
- \$0 Copay for transportation service (up to 24 one-way trips per year, 60 miles per trip)
- \$0 Copay for wigs (\$400 allowance every year)
- SilverSneakers Fitness Benefit
- Continued access to RetireeFirst Advocates for assistance with understanding and using your benefits

5. When will I receive my ID card and welcome kit?

Cards and welcome kits should arrive in the month prior to your start date. Retirees and Medicare-eligible dependents will each receive their own card. Please note that each enrollee may not receive their plan information on the same day; this is normal.

6. What do I do if I lose my card?

Please call RetireeFirst at **(305) 420-5858 (TTY 711) or toll free (833) 212-9891 (TTY 711)** and we will obtain a new one on your behalf, mail you a temporary card, and call your pharmacy and/or providers if needed.

7. If I leave the plan, will it affect any of my other benefits?

No, if you leave the Aetna MAPD plan, you will still be eligible for other Miami-Dade County ancillary benefits.

8. How much do I have to pay for the plan?

A participant of Miami-Dade County's Aetna MAPD Plan will pay \$441.34 per month for their 2026 premium.

If you currently have your benefits deducted through your FRS pension, your benefits will continue to be paid through your pension deductions.

If you currently have your benefits deducted through automatic bank withdrawal from RetireeFirst, your benefits will continue to be paid through automatic bank withdrawal. RetireeFirst can be reached at **(305) 420-5858 (TTY 711) or toll free (833) 212-9891 (TTY 711)** to answer additional billing questions.

9. Who do I call if I need assistance with the plan?

Please call RetireeFirst at **(305) 420-5858 (TTY 711) or toll free (833) 212-9891 (TTY 711)** to reach your dedicated Miami-Dade County Retiree Advocacy Team, Monday-Friday, 8am-5pm, EST.

Medical Questions

10. Is there a medical deductible?

No, there is no medical deductible.

11. Is there co-insurance or copays?

Yes, there is a cost share associated with this plan for some medical services. Please refer to the medical benefit chart on pages 1-2 of this document to better understand the medical copays. If you reach the Medical Maximum Out-of-Pocket of \$6,700, you will pay \$0 for the remainder of the year for Medicare approved medical services.

12. Does this plan require referrals?

No, this plan does not require referrals.

13. Does this plan require pre-certifications?

Some services may require pre-certifications.

14. Does this plan have a network?

Yes, but you can go to any willing Medicare provider, hospital, or facility. This plan's in and out of network benefits are the same.

15. Can I go to my current providers?

Most likely, yes. You can see any provider that accepts Medicare and is willing to bill Aetna.

16. Do I still use my Medicare card?

No, put your Medicare card in a safe place in case you need it later. You will only use your Aetna ID Card for medical and prescriptions.

17. What if my provider says they do not accept this plan?

If your provider accepts Medicare, the portion you are responsible for will remain the same whether they are considered in or out of network. You can go to any willing Medicare provider, hospital, or facility. Please call RetireeFirst at **(305) 420-5858 (TTY 711) or toll free (833) 212-9891 (TTY 711)** to assist; we can reach out to your provider to explain.

Prescription Questions

18. Is there a prescription deductible?

Yes, there is a \$200 prescription deductible.

19. Is there co-insurance or copays?

Yes, there is a cost share associated with this plan for prescriptions drugs. Please refer to the prescription benefit chart on page 3 of this document to better understand the prescription copays.

20. Are my prescriptions covered?

Most likely yes. The prescription list is a comprehensive formulary just as before. Please call RetireeFirst at **(305) 420-5858 (TTY 711) or toll free (833) 212-9891 (TTY 711)** if you need help looking up your prescriptions.

21. Can I go to the same retail pharmacy?

Most likely, yes. There should be little to no pharmacy disruption. Aetna has over 66,000 pharmacies in network. You do NOT need new prescriptions for retail pharmacy refills.

22. Is there a mail order pharmacy?

There is a mail order pharmacy called CVS Caremark Mail Service Pharmacy, which can be reached at (833) 620-8808 (TTY 711). You can also call RetireeFirst at **(305) 420-5858 (TTY 711) or toll free (833) 212-9891 (TTY 711)** with questions about mail order prescriptions.

23. Is there a specialty mail order pharmacy?

Aetna has a specialty pharmacy called CVS Specialty Pharmacy, which can be reached at 800-237-2767 (TTY 711). You can also call RetireeFirst at **(305) 420-5858 (TTY 711) or toll free (833) 212-9891 (TTY 711)** with questions about specialty prescriptions.

24. Will my prescriptions transfer from the old plan?

If you use the retail pharmacy, and have refills remaining, you do NOT need to obtain new prescriptions. If you use mail order, you WILL need to obtain new prescriptions from your provider.

25. Can I still go to the Veterans Affairs (VA) for my prescriptions?

Yes, if you obtain some prescriptions from the VA, you may continue to do so.

26. Do I need prior authorizations for certain prescription medicines?

Some prescriptions may require a prior authorization. Please contact RetireeFirst at **(305) 420-5858 (TTY 711) or toll free (833) 212-9891 (TTY 711)** if you have questions or need assistance with prior authorizations as well as any other requirements such as step therapy, quantity limit, or formulary exceptions.

27. What is the catastrophic phase and is there coverage?

The catastrophic phase is a phase of coverage designed to protect you from having to pay very high out-of-pocket costs for prescription drugs. It is the final phase in your prescription drug plan and your copays will be \$0. You will remain in this phase for the rest of the plan year. This coverage phase kicks in when you reach a true out of pocket total of \$2,100 for prescription drugs. Keep in mind, lifestyle and non-part D prescription drugs do not count toward your out-of-pocket total.

Aetna Medicare Advantage Prescription Drug Plan with Extended Service Area Card Sample:

Front:

		Medicare PPO	
PLAN SPONSOR NAME RETIREEFIRST 1-8XX-XXX-XXXX PLAN# XXX-EG00000000X ID 101XXXXXXXXXX NAME SAMPLE SAMPLETON RxBIN 610502 RxPCN MEDDAET RxGRP# RXAETD			
ISSUER (80840) PCP/Office Name: Dr. Sample 999-999-9999 XXXXXXXXX		 PCP \$xx ER \$xx AS \$xx HO \$xx/A SP \$xx	
Printed on: xx/xx/xxxx		HXXXX-PBP	

Back:

AetnaRetireePlans.com	
Customer Service	1-8xx-xxx-xxxx
Prescription Drug	1-8xx-xxx-xxxx
24 Hour Nurse Line	1-8xx-xxx-xxxx
Provider Services	1-8xx-xxx-xxxx
TDD/TTY	711
Send claims to: Aetna Medicare PO Box 981106 El Paso, TX 79998-1106	
This card does not guarantee coverage.	
Payer ID# 60054	

Disclaimer: For complete benefit details please refer to the carrier issued materials. This document includes a simplified summary of benefits and does not create any contractual rights.