

# RETIREE ENROLLMENT TWO THOUSAND TWENTYSIX YOUR BENEFITS

## Miami-Dade County Retiree Group Insurance Enrollment Newsletter



### What's New!

- Aetna is now our Medical Provider
- Medical Rate Changes, Vision and Dental Rate 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 2026 calendar year. The enrollment period will be from October 20, 2025, to November 3, 2025.

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 Aetna. Additionally, the County provides retirees optional dental, vision, and basic life insurance benefits. For your convenience, your 2026 personalized Billing Statement is on page 2 of this newsletter and reflects the premiums for 2026 based on your current enrollment.

**Please note the rate changes associated with your medical coverage. There are also new enhancements to the Medicare Advantage Plans. Please refer to the website for more information at: <https://retireefirst.com/miamidadecounty/>.**

### 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 medical coverage will transition to the equivalent Aetna Plan. If you decide to change medical plans for the 2026 plan year, consider other factors besides cost alone by reviewing the plan benefits, co-payments and participating physicians. With a 99% provider network match, most individuals will find their current providers already participating in Aetna's network. In rare cases where Transition of Care (TOC) coverage is needed, Aetna will ensure the transition with no gaps in coverage. Please contact Aetna at 833-704-0009 for assistance with this process.

To make a qualifying change, complete the 2026 Retiree Group Insurance Annual Enrollment Change/Cancellation Form (page 3) and submit it to the Benefits Administration Unit (BAU) no later than November 3, 2025.

### 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](http://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>

Certification is required for a dependent child that is age 26 or older going into plan year 2026. Please visit <https://www.miamidade.gov/global/humanresources/benefits/retiree-forms.page> for a copy of the required affidavit form. For more information or eligibility questions please contact Aetna at 1-833-704-0009

**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 coverage, you may remain in an Aetna Under age 65 Plan, until age 65.**

## 2026 Account Summary

Below is your 2026 account summary based on your current enrollment. If you request to cancel or change coverage for the 2026 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			
<b>Total Monthly Premium</b>			

## Enrollment Overview-Medicare Eligible Retirees Over Age 65

In addition to the current Medicare Supplement options, two lower-cost Medicare Advantage plan options with Prescription Drug Plan (MAPD) are available to retirees over age 65; Aetna Medicare Advantage PPO with Extended Service Plan (formerly know as the National Choice Plan) and Aetna local HMO Medicare Advantage Plan option, with access to dental, vision and fitness benefits, are being provided by the County and administered by Aetna.

If you are currently enrolled the AvMed Zero Premium MAPD Plan, you must actively enroll into the Aetna local HMO Medicare Advantage Plan or any other Medicare eligible plan by completing the Annual Enrollment Change/Cancellation Form (page 3) or by contacting RetireeFirst. Retirees currently enrolled in Avmed's Medicare Advantage Prescription Drug plans will automatically be enrolled into the Aetna Medicare Advantage with Prescription Drug PPO with Extended Service Area Plan. 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 21st, 2025.

Aetna has also retained RetireeFirst, our current retiree benefits management solution and advocacy service provider, to manage the MAPD plans. As before the RetireeFirst representatives will be available to help you navigate the complex retiree medical landscape and troubleshoot any problems you may have with your coverage, prior authorizations, provider's office and/or pharmacy benefits. RetireeFirst will help you navigate Medicare, understand your benefits, and connect you to programs that will improve your health and wellbeing.

Aetna 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 pay able 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 Aetna 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

CVS Caremark Pharmacy is the new Pharmacy Benefit Manager (PBM) and mail order vendor. Aetna has over 66,000 pharmacies nationwide and a special relationship with CVS which offers access to Minute Clinic. However, you may continue to use your preferred pharmacy including but not limited to: Publix, Walgreens, Walmart, Costco and CVS.

Should you have any questions related to participating pharmacies please contact Aetna at 1-833-704-0009.

## 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 <https://www.miamidade.gov/global/humanresources/benefits/medical.page>. 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, <https://www.miamidade.gov/global/humanresources/benefits/retiree-forms.page>, complete, and fax it to 305-375-1368.

## 2026 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 3, 2025.
- New 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

	Aetna POS	Aetna High Option HMO	Aetna Select HMO	Aetna Jackson First HMO
Retiree or Spouse/Domestic Partner Under 65	<input type="checkbox"/> \$2,053.41	<input type="checkbox"/> \$919.91	<input type="checkbox"/> \$837.38	<input type="checkbox"/> \$672.97
Retiree Under 65 & Spouse/Domestic Partner Under 65	<input type="checkbox"/> \$3,954.55	<input type="checkbox"/> \$2,017.44	<input type="checkbox"/> \$1,844.35	<input type="checkbox"/> \$1,499.30
Retiree Under 65 & Child(ren)	<input type="checkbox"/> \$3,753.59	<input type="checkbox"/> \$1,861.49	<input type="checkbox"/> \$1,701.08	<input type="checkbox"/> \$1,381.49
Retiree Under 65 & Spouse/Domestic Partner Under 65, plus Child(ren)	<input type="checkbox"/> \$4,987.63	<input type="checkbox"/> \$2,487.08	<input type="checkbox"/> \$2,275.95	<input type="checkbox"/> \$1,855.12

#### Retirees Over Age 65 or Medicare Eligible

(Must be enrolled for Medicare Parts A and B to be eligible for any of the over 65 plans)

	Aetna High Opt Suppl RX	Aetna High Opt Suppl No RX Plan	Aetna PPO Medicare Adv Plan	Aetna HMO Local Medicare Advantage Plan
Retiree over 65	<input type="checkbox"/> \$803.91	<input type="checkbox"/> \$349.44	<input type="checkbox"/> \$441.34	<input type="checkbox"/> \$0.00
Retiree over 65 & Spouse/Domestic Partner over 65	<input type="checkbox"/> \$1,517.24	<input type="checkbox"/> \$660.25	<input type="checkbox"/> \$882.68	<input type="checkbox"/> \$0.00
Retiree over 65 & Spouse/Domestic Partner Under 65 on High Opt HMO	<input type="checkbox"/> \$1,723.82	<input type="checkbox"/> \$1,269.35	<input type="checkbox"/> \$1,361.25	<input type="checkbox"/> \$919.91
Retiree over 65 & Children on High Opt HMO	<input type="checkbox"/> \$1,745.49	<input type="checkbox"/> \$1,291.02	<input type="checkbox"/> \$1,382.92	<input type="checkbox"/> \$941.58

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"/> \$28.91	<input type="checkbox"/> \$40.72	<input type="checkbox"/> \$10.43	<input type="checkbox"/> \$11.74
Retiree & one dependent	<input type="checkbox"/> \$57.25	<input type="checkbox"/> \$80.55	<input type="checkbox"/> \$17.25	<input type="checkbox"/> \$19.46
Retiree & dependents	<input type="checkbox"/> \$92.30	<input type="checkbox"/> \$129.93	<input type="checkbox"/> \$26.44	<input type="checkbox"/> \$30.94

### 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"/> \$13.39
Retiree & one dependent	<input type="checkbox"/> \$14.72	<input type="checkbox"/> \$26.76
Retiree & dependents	<input type="checkbox"/> \$26.44	<input type="checkbox"/> \$49.22

### 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. 3, 2025, to:  
 Miami-Dade County  
 PIOD - Benefits Administration Unit  
 111 NW 1st Street, Suite 2324 - Miami, FL 33128  
 Fax: 305-375-1633 or 305-375-1368



**People and Internal Operations Dept**  
 Benefits and Employee Support Services Division  
 Benefits Administration Unit  
 111 NW 1st Street Suite 2324  
 Miami Florida 33128  
 005-2324-130064 10-2024

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**RETIREE ENROLLMENT**  
**10.20 - 11.03**  
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Head to <https://www.miamidade.gov/global/humanresources/benefits/retirees.page> for more information.

**Open Enrollment Benefit Fairs**

- 10/15 10:00 a.m. - 2:00 p.m. | Stephen P. Clark Government Center: Address: 111 NW 1st Street, Suite 100, Miami, Florida 33128 (Lobby)
  - 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 (18th Floor 18-3 & 18-4)
  - 10/22 10:00 a.m. - 2:00 p.m. | MLK Building: Address: 2525 NW 62nd Street, Miami, Florida 33147 (Conference room)
- For virtual sessions visit our website at <https://www.miamidade.gov/global/humanresources/benefits/retirees.page>

**Contact Information**

Miami-Dade County retirees website [www.miamidade.gov/humanresources/retirees.asp](http://www.miamidade.gov/humanresources/retirees.asp)

**Medical Plans**

Aetna Health Plans	(833) 704-0009	<a href="http://www.Aetna.com">www.Aetna.com</a>
RetireeFirst	(833) 212-9891	<a href="http://www.retireefirst.com/miamidadecounty">www.retireefirst.com/miamidadecounty</a>

**Dental Plans**

Delta Dental PPO <sup>SM</sup>	(800) 521-2651	<a href="http://www.deltadentalins.com/mdc">www.deltadentalins.com/mdc</a>
DeltaCare <sup>®</sup>	(800) 422-4234	<a href="http://www.deltadentalins.com/mdc">www.deltadentalins.com/mdc</a>

**Vision Plans**

Humana Vision	(877) 398-2980	<a href="http://www.humana.com">www.humana.com</a>
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**Life Insurance Plan**

Minnesota Life	(866) 293-6047	<a href="http://www.LifeBenefits.com">www.LifeBenefits.com</a>
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**Benefits Administration Unit** (305) 375-5633 [www.miamidade.gov/benefits](http://www.miamidade.gov/benefits)  
 (305) 375-1368 (FAX)

**Senior Employee Benefits Specialists**

Sharon Aldred	A, B, C, R	<a href="mailto:sharon.aldred@miamidade.gov">sharon.aldred@miamidade.gov</a>
Sharon Subadan	D, E, F, G, H	<a href="mailto:SHY@miamidade.gov">SHY@miamidade.gov</a>
Martha Vazquez	I, J, K, L, M, N, O, P, Q	<a href="mailto:martha.vazquez@miamidade.gov">martha.vazquez@miamidade.gov</a>
Rina Gomez	P, S, T, U, V, W, X, Y, Z	<a href="mailto:rinag@miamidade.gov">rinag@miamidade.gov</a>

**Retiree's last name starting with letters:**

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.