



# 2019

New Retiree Benefits Reference Guide

Make the best choices for my care.



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## ONLINE RESOURCES:

Click below to view important information:

- [Jackson Benefits Website: JacksonBenefits.org](http://JacksonBenefits.org)
- [View the 2019 New Retiree Benefits Reference Guide: fbmcbenefits.com/jhs/19retiree/new\\_retiree.html](http://fbmcbenefits.com/jhs/19retiree/new_retiree.html)

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# JHS Retirement Sessions

## Jackson Health System Retirement Sessions



This special invitation is being extended to those employees who are retiring in the upcoming months. This session aims to equip you with useful information prior to retirement and enlightens on a variety of issues relating to your pension and benefits. Also insure that you have given a written notification to your supervisor in order for a PAM to be received by our department.

### Discussion Topics:

- How to obtain an appointment
- The array of benefits available to you
- The required documents for the day of your one on one session
- Medicare Part B contact for enrollment information, if applicable

**FRS** sessions start at **10 am** and **PHT** sessions start at **11am** at the Jackson Medical Towers Room 718. Please RSVP via email to [phtretirement@jhsmiami.org](mailto:phtretirement@jhsmiami.org)

February 4th  
March 4th  
April 1st  
May 6th  
June 3rd  
July 1st  
August 5th  
September 2nd  
October 7th  
November 4th  
December 2nd

*Miracles  
made daily.*



# Benefits Providers

## CONTRACT ADMINISTRATOR

**FBMC Benefits Management, Inc.**  
Service Center  
Mon - Fri, 7 a.m. - 7 p.m. ET  
855-56JHS4U (855-565-4748)  
[myFBMC.com](http://myFBMC.com)

**FBMC On-Site Service Center**  
1611 NW 12<sup>th</sup> Avenue  
Park Plaza West L-109B  
Miami, FL 33136-1096  
305-585-6512

## Retirement Department

Jackson Memorial Hospital  
1500 N.W. 12th Avenue, Suite 106W  
Miami, FL 33136  
786-466-8355  
E-Mail:  
[Phtretirement@jhsmiami.org](mailto:Phtretirement@jhsmiami.org)  
Fax: 305-355-5011

## Florida Retirement System

Enter Drop Estimate  
1-844-377-1888

## For Appointment to Process

Enter Drop  
Raymond Montalvo 786-466-8058  
[Raymond.montalvo@jhsmiami.org](mailto:Raymond.montalvo@jhsmiami.org)

## MEDICAL PROVIDER

**AvMed**  
844-439-5378  
[www.avmed.org/jhs](http://www.avmed.org/jhs)

**Jackson First Concierge**  
(Jackson First HMO and Jackson  
Select HMO Participants for services  
at JHS)  
305-585-2727

## MEDICARE PART B SUPPLEMENTAL OPTIONS

**Humana**  
Claudia Delgado, Humana Sales  
Manager  
[cdelgado@humana.com](mailto:cdelgado@humana.com)  
8400 N.W. 36th Street, Ste. 350  
Doral, FL 33166  
Cell: 305-984-1242  
Office: 305-698-3117  
Toll Free: 1-800-824-8242  
Fax: 305-698-3169

## AvMed

Laura Buitrago, AvMed Senior  
Medicare Benefits Consultant  
[Laura.buitrago@avmed.org](mailto:Laura.buitrago@avmed.org)  
9400 S. Dadeland Blvd., Ste. 315  
Miami, FL 33156  
Cell: 786-512-2867  
Office: 800-432-6676, ext: 27360  
[www.avmed.org](http://www.avmed.org)

## Social Security

1-800-772-1213  
Social Security On Campus:  
305-585-8466  
[www.ssa.gov](http://www.ssa.gov)

## DENTAL PROVIDERS

**Delta Dental**  
1-888-335-8227  
PO Box 997330  
Sacramento, CA 95899-7330  
PPO Group Number – 19083  
DHMO Group Number – 78933  
[deltadentalins.com](http://deltadentalins.com)

## VISION PROVIDER

**Davis Vision**  
Vision Care Processing Unit  
PO Box 1525  
Latham, NY 12110  
Member Service: 877-393-7363  
[davisvision.com](http://davisvision.com)

## JACKSON VOLUNTEER PROGRAM OPPORTUNITIES

Share your time and continue your caring commitment to Jackson Health System by volunteering with us. To learn about opportunities to offer non-clinical support through the volunteer program, please contact [Volunteer.Resources@jhsmiami.org](mailto:Volunteer.Resources@jhsmiami.org) or call:

**Jackson Memorial Medical Center Volunteer Services** 305-585-6541

**Jackson North Medical Center Volunteer Services** 305-654-5060

**Jackson South Medical Center Volunteer Services** 305-256-5159

# Voluntary Insurance Contact List

The following Voluntary Benefits provide insurance portability coverage and are available for continuance upon retirement or separation of employment at the same rates with no change in coverage or benefits. For more details regarding your plan, please contact the provider company at:

**ACCIDENTAL INSURANCE:**

Allstate Accident  
1-800-521-3535  
[allstatebenefits.com](http://allstatebenefits.com)

**CRITICAL ILLNESS & HEART/  
STROKE INSURANCE:**

American Heritage Life Insurance Company  
1-800-521-3535  
[www.allstatebenefits.com](http://www.allstatebenefits.com)

**HOSPITAL INDEMNITY  
PROTECTION INSURANCE:**

American Heritage Life Insurance Company  
1-800-348-4489  
[www.allstatebenefits.com](http://www.allstatebenefits.com)

**UNIVERSAL LIFE INSURANCE:**

Transamerica Life Insurance Company  
1-888-763-7474  
[www.transamerica.com](http://www.transamerica.com)

ReliaStar Universal Life Insurance (Voya)  
1-800-537-5024  
[www.voya.com](http://www.voya.com)

**Trustmark**

Customer Care  
1-800-918-8877  
Customer Care Email  
[customercare@trustmarksolutions.com](mailto:customercare@trustmarksolutions.com)  
Claims Phone  
1-877-201-9373  
[trustmarksolutions.com](http://trustmarksolutions.com)

Term Life Insurance  
1-855-241-9891 Ext 3.  
Customer Service at email:  
[csmail@visfin.com](mailto:csmail@visfin.com)

**WHOLE LIFE INSURANCE:**

UNUM Whole Life Insurance  
with Long Term Care  
1-800-635-5597  
[www.unum.com](http://www.unum.com)

**LONG TERM CARE INSURANCE:**

UNUM Long Term Care  
1-800-331-1538  
[www.unum.com](http://www.unum.com)

**LEGAL INSURANCE:**

ARAG Legal  
1-800-247-4184  
[www.ARAGLegalCenter.com](http://www.ARAGLegalCenter.com)  
Access Code 1784JHS

**OCENTURE ID COMMANDER:**

Member Services  
1-855-592-7941  
[www.idcommander.com](http://www.idcommander.com)

**OCENTURE CONSTANT CREDIT:**

Member Services  
1-888-384-7935  
[www.constantcredit.com](http://www.constantcredit.com)

**PET ASSURE AND PetPlus (Rx):**

1-888-789-PETS (7387)  
[www.petasure.com](http://www.petasure.com)

# Key Things to Know



## Important Information

- In addition to this 2019 New Retiree Reference guide, you have been provided an enrollment form. When completing the enrollment form, please be sure to note all benefits you would like to continue into retirement.
- **Please remember when electing your retiree benefits: After retiring, you may not increase your coverage elections, you may only cancel coverage. You may not add coverage, add dependent coverage, or increase coverage.**
- For all of your eligible dependents, please record their Social Security number(s) and date(s) of birth on your enrollment form.

Please direct all questions or comments to the JHS Retirement Services Department by calling 786-466-8355 or email [Phtretirement@jhsmiami.org](mailto:Phtretirement@jhsmiami.org).

## Core Benefits Available:

Medical, Dental, and Life	Medical Only	Medical and Life	Medical and Dental
	Dental and Life	Dental Only	Life Only
Medical, Dental, Vision, and Life	Medical and Vision	Medical, Vision, and Life	Medical, Dental, and Vision

## Choosing the Right Enrollment Form — Under age 65 or 65 and Over

The New Retiree Reference Guide explains your available benefits in separate sections based on whether you are under 65 or 65 and over, including any eligible dependents. The benefits (except life insurance) for 65 and over also apply if you and/or your eligible dependent are under 65, but Medicare eligible.

**If you wish to elect retiree coverage, please complete and return the correct enrollment form:**

- Under 65 and/or not Medicare A and B eligible
- 65 and Over and/or Medicare Eligible

You are eligible to continue coverage under the retiree group if you retire from Jackson Health System/Public Health Trust – provided you transition as an active employee into retirement. You will have 30 days from your separation date to make or change your election.

**Please note:** you may not elect continuation of medical coverage under COBRA if you are entitled/enrolled in Medicare Part A & B.

# Key Things to Know

## Leave of Absence

The same election process applies to employees on leave of absence (or no-pay status) who terminate Jackson Health System employment without physically returning to work. Group insurance coverage will end as of the last day of the pay period in which the separation of employment date falls, assuming premiums were paid through that date. If coverage is canceled for non-payment of premiums, while on leave status, you will not have the opportunity to continue coverage under the Retiree Group or COBRA.

## Coverage Available

JHS doesn't contribute the employer portion on your behalf; consequently, you will pay the full monthly premium cost. Your dependent spouse or domestic partner (DP) and/or children including the children of a DP, currently covered under your medical and/or dental/vision plan as of the date you retire, may continue under your coverage at retirement.

## Changing Health Plans

At the time of retirement and within 30 days of your separation date, you will have a one-time opportunity to change plans or enroll in the retiree insurance plan offered that you previously declined. Once you submit your election form, you cannot change plans until the annual retiree open enrollment period, unless you move out of the plan's geographic service area.

## Electing Health Coverage Under Your Spouse/DP's Plan

If your spouse/DP is a JHS employee, you have the option of enrolling as a dependent under your spouse/DP's JHS medical and/or dental/vision plan. Your spouse/DP must submit the Change in Status forms (CIS) within 30 days of your separation date. For the necessary forms, go to **JacksonBenefits.org** to complete an Online Change In Status fillable form or visit the FBMC Service Center at 1611 N.W. 12th Ave., Park Plaza West L-109B Miami, FL 33136-1096. You can transfer your medical/dental/vision coverage to the Retiree Group at a later date as a CIS, as long as you have been continuously covered under a JHS-sponsored medical/dental/vision plan without a break, since your retirement.

**Important Note:** Continuation of basic life insurance cannot be postponed. You must elect the coverage at retirement otherwise you forfeit the coverage.

Remember to ensure that your beneficiary designations are current. A new beneficiary may be named at any time. To update your beneficiary call the FBMC On-site Service Center at 305-585-6512 and request a life insurance beneficiary update form. Make sure your beneficiary designation form is legible and contains no erasures or cross-out marks. Specify the percentage of benefits for each named beneficiary to receive. The total percent allocation among the beneficiaries must add up to 100 percent. Please be sure your beneficiary is aware of the benefit and knows how to contact our office in the event of your death.

Retirees must elect health insurance coverage within 30 days of retirement. Following the 30 day window, there is no change in the status or eligibility opportunity for the retiree to elect health insurance coverage under Jackson's plan. The only exception to this policy would be if the employee's spouse is an Jackson (not MDC or external) employee and the employee will be covered dependent under his/her plan. Any waive or cancellation of health insurance coverage for retirees is irrevocable.

# Medical Plans



## Group Medical Plans

### What AvMed medical plans are offered?

- Jackson First HMO
- Jackson Select HMO
- Jackson Point of Service (POS)

NOTE: Members are required to select a primary care physician if selecting health insurance. Jackson Health System will no longer offer the Jackson Standard HMO starting the 2019 Plan Year. If you are enrolled in the Jackson Standard HMO you will be automatically enrolled in the Jackson First HMO, unless you elect differently during Open Enrollment.

### Jackson First HMO

Plan offers no referral needed to access the Jackson-only network. Employee and covered dependents must reside in Miami-Dade, Broward and Palm Beach Counties. The plan provides 100 percent of benefits for services performed at Jackson Health System facilities and University of Miami (except emergency care) or by any AvMed physician with admitting privileges at Jackson Health System. Concierge services are available under this plan.

- No deductibles
- No copays, and
- No coinsurance

### Jackson Select HMO

Plan offers no referral needed to access the Jackson Select HMO Network of providers. The plan provides 100 percent of benefits for covered charges after applicable copays. Concierge services and SmartShopper benefits are available under this plan. Provides an “Away from Home” wraparound program for dependents who reside outside of the coverage area.

### Jackson Point of Service (POS)

#### • IN NETWORK

Plan offers no referral needed to access an expanded network of providers. The plan provides 100 percent of benefits for covered charges after the applicable copayments. SmartShopper benefits are available under this plan.

#### • OUT OF NETWORK

A fee for service program that provides you the freedom to use any physician or accredited hospital of your choice outside of the network. Payments are based on Maximum Allowable Payment (MAP) charges. Providers who do not participate in the network may balance bill you for the amount which exceeds MAP. Coverage is subject to deductibles and coinsurance.



# Medical Plans

## Medical Monthly Premiums

Jackson Retiree, Spouse/DP and Dependents

	JACKSON FIRST HMO PLAN	JACKSON SELECT HMO PLAN	JACKSON POS PLAN
Retiree Only	\$417.01	\$450.41	\$1,292.29
Retiree & Spouse/DP Under 65	\$943.84	\$1,013.90	\$2,495.99
Retiree & Child(ren) <sup>†</sup>	\$868.53	\$933.47	\$2,389.80
Retiree & Spouse/DP Under 65, plus Child(ren) <sup>†</sup>	\$1,172.11	\$1,257.59	\$3,087.57
Retiree under 65 & Spouse/DP Over 65 on Medicare - with High HMO No Rx	N/A	\$728.67	\$1,570.55
Retiree under 65 & Spouse/DP Over 65 on Medicare Eligible - with High HMO Rx	N/A	\$1,090.59	\$1,932.47
Retiree under 65 & Spouse/DP Over 65 on Medicare Eligible - with High HMO No Rx, Plus Child(ren)	N/A	\$1,211.73	N/A
Retiree under 65 & Spouse/DP Over 65 on Medicare - with High HMO Rx, Plus Child(ren)	N/A	\$1,573.65	N/A

<sup>†</sup> Option also applies to Adult Children (AC) between 26 through 30 years of age, children of Domestic Partners (DP) and/or eligible dependents.

# Medical Plans

## 2019 MEDICAL PLAN CHARTS - [avmed.org/jhs](http://avmed.org/jhs)

	JACKSON FIRST HMO	JACKSON SELECT HMO
	<ul style="list-style-type: none"> <li>Freedom to choose from a variety of JHS and UM healthcare professionals.</li> <li>No copayments with the exception of emergency room, urgent care visits, and/or prescriptions.</li> <li>Access to a concierge appointment scheduling</li> <li>No pharmacy copayments for generic medications at Jackson pharmacy</li> <li>Savings of up to \$2,500 annually</li> <li>No charge for employee-only coverage</li> </ul>	HMO Plan offered to Jackson Health System employees and covered dependents who reside or work in Miami-Dade, Broward and Palm Beach counties. Offers nationwide network for dependents residing outside the service area. Members who enroll in the JHS Select Network plan must receive all medical care except for emergency and urgent care services through an AvMed contracted Jackson Health System Select HMO Network Provider.
<b>Concierge Services</b>	Concierge Services Available	Concierge Services & Smartshopper Benefits Are Available
<b>Deductibles</b>	\$0	\$0
<b>PCP Office Visits</b>	\$0	\$15
<b>Specialist Office Visits</b>	\$0	\$30
<b>Preventive Services</b>	\$0	\$0
<b>Pediatrician Office Visits</b>	\$0	\$15
<b>Routine Physical</b>	\$0	\$0
<b>Obstetrical/Gynecological</b>	\$0	\$30
<b>Maternity</b>	\$0	\$30 Copay For First Visit. No Charge For Subsequent Visits
<b>Preventive Mammogram/Pap Smears</b>	\$0	\$0
<b>Hospitalization - In-Patient</b>	Benefits Covered At 100%	Benefits Covered At 100%
<b>Urgent Care</b>	\$25 Participating Urgent Care, \$50 Non-Participating Urgent Care	
<b>Emergency</b>	\$50 Copayment, Waived If Admitted	\$50 Copayment, Waived If Admitted
<b>Outpatient Surgery</b>	\$0	\$0

# Medical Plans

## 2019 MEDICAL PLAN CHARTS - [avmed.org/jhs](http://avmed.org/jhs)

	JACKSON POS IN NETWORK	JACKSON POS OUT OF NETWORK
	Access to an expanded network of providers in the state of Florida. In addition, AvMed offers a nationwide network for those residing outside of the service area.	A fee for service program that provides Jackson Health System employees and covered dependents the freedom to use any physician or accredited hospital of their choice outside of the network. Payments are based on maximum allowable payment (MAP) charges. Providers who do not participate in the network may balance bill members for the amount which exceeds MAP. Coverage is subject to deductibles and coinsurance.
<b>Concierge Services</b>	Smartshopper Benefits Are Available	Smartshopper Benefits Are Available
<b>Deductibles</b>	\$0	\$200 Deductible Individual/\$500 Family
<b>PCP Office Visits</b>	\$15	Plan Pays 70% Coinsurance, After Deductible Is Met
<b>Specialist Office Visits</b>	\$30	Plan Pays 70% Coinsurance, After Deductible Is Met
<b>Preventive Services</b>	\$0	Plan Pays 70% Coinsurance, After Deductible Is Met
<b>Pediatrician Office Visits</b>	\$15	Plan Pays 70% Coinsurance, After Deductible Is Met
<b>Routine Physical</b>	\$0	Plan Pays 70% Coinsurance, After Deductible Is Met
<b>Obstetrical/Gynecological</b>	\$30	Plan Pays 70% Coinsurance, After Deductible Is Met
<b>Maternity</b>	\$30 copay for first visit. No charge for subsequent visits.	Plan Pays 70% Coinsurance, After Deductible Is Met
<b>Preventive Mammogram/Pap Smears</b>	\$0	Plan Pays 70% Coinsurance, After Deductible Is Met
<b>Hospitalization - In-Patient</b>	Benefits payable at 100% after \$200 copayment	Plan Pays 70% Coinsurance, After Deductible Is Met
<b>Urgent Care</b>	\$25 Participating Urgent Care, \$50 Non-Participating Urgent Care	
<b>Emergency</b>	\$100 copayment, waived if admitted	\$100 Copayment, Waived If Admitted
<b>Outpatient Surgery</b>	Benefits payable at 100% after \$100 copayment	Plan Pays 70% Coinsurance, After Deductible Is Met

Chart continued on next page.

# Medical Plans

## 2019 MEDICAL PLAN CHARTS - [avmed.org/jhs](http://avmed.org/jhs)

	JACKSON FIRST HMO	JACKSON SELECT HMO
<b>Prescription Drugs</b>	Includes prescription contraceptives at participating pharmacies nationwide. If member/physician selects Brand when Generic is available, member pays difference in cost plus Brand copayment. See plan literature for other participating pharmacies. No charge for generic medications under the Jackson First HMO for employees using the Jackson Pharmacy.	
<b>Participating Network Pharmacy</b>	\$15 Generic/\$25 Brand/ \$40 Non-Preferred for 30-day supply	\$15 Generic/\$25 Brand/ \$40 Non-Preferred for 30-day supply
<b>Mail Order</b>	\$30 Generic/\$50 Brand/ \$80 Non-Preferred for 90-day supply	\$30 Generic/\$50 Brand/ \$80 Non-Preferred for 90-day supply
<b>Specialty Rx</b>	\$50 for 30-day supply through Specialty Pharmacy	\$50 for 30-day supply through Specialty Pharmacy
<b>Substance Abuse Treatment</b>		
<b>Inpatient</b>	\$0	\$0
<b>Outpatient</b>	\$0	\$15 Per Visit
<b>Behavioral Health</b>		
<b>Inpatient</b>	\$0	\$0
<b>Outpatient</b>	\$0	\$15 Per Visit
<b>Durable Medical Equipment (DME)</b>	\$50 Per Episode Per Illness	\$50 Per Episode Per Illness
<b>Coverage Area</b>	Jackson Health System; University of Miami	Network includes over 33 hospitals and over 7,000 physicians. All AvMed participating providers with admitting privileges at one of the covered hospitals are also covered in the Select HMO. Dependents residing outside the network area may be covered through the PHCS network (Must complete "Away From Home" form for approval).

# Medical Plans

## 2019 MEDICAL PLAN CHARTS - [avmed.org/jhs](http://avmed.org/jhs)

	JACKSON POS IN NETWORK	JACKSON POS OUT OF NETWORK
<b>Prescription Drugs</b>	Includes prescription contraceptives at participating pharmacies nationwide. If member/physician selects Brand when Generic is available, member pays difference in cost plus Brand copayment. See plan literature for other participating pharmacies..	
<b>Participating Network Pharmacy</b>	\$15 Generic/\$40 Brand/ \$55 Non-Preferred for 30-day supply	Plan pays 70% coinsurance, after deductible is met
<b>Mail Order</b>	\$30 Generic/\$80 Brand/\$110 Non- Preferred for 90-day supply	Plan pays 70% coinsurance, after deductible is met
<b>Specialty Rx</b>	\$100 for 30-day supply through Specialty Pharmacy	Plan pays 70% coinsurance, after deductible is met
<b>Substance Abuse Treatment</b>		
<b>Inpatient</b>	Benefits paid at 100% after \$200 copayment	Plan pays 70% coinsurance, after deductible is met
<b>Outpatient</b>	\$15 Per Visit	Plan pays 70% coinsurance, after deductible is met
<b>Behavioral Health</b>		
<b>Inpatient</b>	Benefits paid at 100% after \$200 copayment	Plan pays 70% coinsurance, after deductible is met
<b>Outpatient</b>	\$15 Per Visit	Plan pays 70% coinsurance, after deductible is met
<b>Durable Medical Equipment (DME)</b>	Standard HMO - \$50 per episode per illness. POS In-Network - DME and Orthotic covered at 100%. External prosthetic appliance - No charge after \$200 deductible per contract year.	Plan pays 70% coinsurance, after deductible in met for DME and Orthotic. External prosthetic appliance not covered out of network.
<b>Coverage Area</b>	Covers hospitals excluded on the Select Plan. Dependents residing outside the network area may be covered through the PHCS network (Must complete "Away From Home" form for approval).	N/A

# Medical Plans

The medical chart pages are intended to highlight the plans available and do not constitute a contract. Precise benefits will be governed by the contracts and not by these charts. Please review details of any modification in benefits in the plan literature, or seek clarification through the health plan.

Health Plans are continually negotiating contracts with affiliated providers (doctors, hospitals etc.). As a result, providers may be added to or deleted from the participating provider listing of the various plans during the plan year. We highly recommend verifying if the provider of your preference still participates in the program prior to making an appointment.

## AvMed Retiree, Spouse/DP & Dependents Monthly Rates

	AVMED HIGH PLAN	AVMED HIGH W/NO RX PLAN
Retiree 65 and Over Only	\$640.18	\$278.26
Retiree 65 and Over & Spouse/DP 65 and Over	\$1,236.76	\$537.59
Retiree 65 and Over & Spouse/DP 65 & Over plus Child(ren) <sup>†</sup> on AvMed POS Plan	\$2,334.26	N/A
Retiree 65 and Over & Child(ren) <sup>†</sup> on AvMed POS Plan	\$1,737.68	\$1,375.76
Retiree 65 and Over & Spouse/DP Under 65 on AvMed POS Plan	\$2,334.26	N/A
Retiree 65 and Over & Spouse under 65 on POS	\$1,932.47	\$1,570.55

## AvMed Dependent Coverage Retiree 65 and Over w/Non-JHS Medicare Plan

	JACKSON FIRST HMO PLAN	JACKSON SELECT HMO PLAN	JACKSON POS PLAN
Spouse/DP Under 65 <sup>†</sup>	\$417.01	\$450.41	\$1,292.29
Child(ren) <sup>†</sup>	\$451.53	\$483.06	\$1,097.50
Spouse/DP Under 65 and Child(ren) <sup>†</sup>	\$868.53	\$933.47	\$2,389.80

<sup>†</sup> Option also applies to Adult Children (AC) between 26 through 30 years of age, children of DP and/or eligible dependents.

# Avmed Health Plans HIGH OPTION with Rx

Visit our website at [Avmed.org/jhs](http://Avmed.org/jhs)

JACKSON HEALTH SYSTEM	SCHEDULE OF BENEFITS
<b>LIFETIME MAXIMUM</b>	Unlimited
<b>DEDUCTIBLE AMOUNT PER CALENDAR YEAR Per Individual</b>	\$147 for Private Duty Nursing \$250 for Foreign Travel Emergency Care
<b>CHOICE OF HOSPITALS</b>	Unlimited
<b>MEDICARE PART B DEDUCTIBLE: \$147 PER CALENDAR YEAR</b>	Not Covered
<b>INPATIENT HOSPITAL FACILITY</b> Covered by Medicare Part A. Medicare covers: <b>Days 1—60:</b> All but \$1,260 <b>Days 61—90:</b> All but \$315 per day <b>Days 91—150:</b> All but \$630 per day  <i>*Days 91—150 are the 60 Lifetime Reserve Days. Medicare will cease until a new Benefit Period begins. A new Benefit Period begins after you have been out of the hospital or facility for at least 60 days. In a new Benefit Period, all Medicare Part A will renew except for the Lifetime Reserve Days.</i>	100% up to \$1,260 100% up to \$315 per day 100% up to \$630 per day  *365 additional lifetime days after Medicare Lifetime Reserve Days are exhausted Covered at 100% of Medicare eligible expense Must be medically necessary Limiting semi-private room (unless medically necessary) & bed amount
<b>HOSPITAL OUTPATIENT/PHYSICIAN</b> Covered by Medicare Part B	Remainder 20% of Medicare approved amount
<b>SKILLED NURSING FACILITIES</b> <b>Days 1—20:</b> Covered by Medicare Part A <b>Days 21—100:</b> Covered at \$157.50 per day <b>Day 101 &amp; beyond:</b> Not Covered	Days 1—20: Not Covered Days 21—100: 100% up to \$157.50 per day Day 101 & beyond: Not Covered
<b>PHYSICIAN VISIT/ILLNESS</b> Covered by Medicare Part B	Remainder 20% of Medicare approved amount
<b>EMERGENCY AND URGENT CARE SERVICES</b> Covered by Medicare Part B	Remainder 20% of Medicare approved amount
<b>PHYSICIAN'S OFFICE VISIT</b> Covered by Medicare Part B	Remainder 20% of Medicare approved amount
<b>SPECIALIST'S OFFICE VISIT</b> Covered by Medicare Part B	Remainder 20% of Medicare approved amount
<b>SURGICAL PROCEDURES</b> Covered by Medicare Part B	Remainder 20% of Medicare approved amount
<b>PREVENTIVE CARE</b> Covered by Medicare Part B  Includes, but is not limited to: Annual Screening Mammogram Pap Smear & Pelvic Exam Bone Mass Measurement Prostate Cancer Screening Physical Exam (Yearly "Wellness" Exam) Colorectal Screening  <i>Subject to Preventive Care guidelines outlined in the "2015 Medicare &amp; You" publication from Centers for Medicare &amp; Medicaid Services (CMS)</i>	No Charge
<b>ALLERGY INJECTIONS</b> Covered by Medicare Part B	Remainder 20% of Medicare approved amount

SF-JHS RETIREE HIGH W/RX-15  
SF-3579 (01/15)

# AvMed Health Plans HIGH OPTION with Rx

Visit our website at [Avmed.org/jhs](http://Avmed.org/jhs)

JACKSON HEALTH SYSTEM	SCHEDULE OF BENEFITS
<b>DURABLE MEDICAL EQUIPMENT</b> <i>Covered by Medicare Part B</i>	Remainder 20% of Medicare approved amount
<b>IMMUNIZATIONS</b> <i>Covered by Medicare Part B</i>	Remainder 20% of Medicare approved amount
<b>X-RAYS</b> <i>Covered by Medicare Part B</i>	Remainder 20% of Medicare approved amount
<b>ADVANCED RADIOLOGICAL IMAGING (I.E. MRIs, MRAs, CAT Scans and PET Scans)</b> <i>Covered by Medicare Part B</i>	Remainder 20% of Medicare approved amount
<b>PHYSICAL THERAPY SERVICES</b> <i>Covered by Medicare Part B</i>	Remainder 20% of Medicare approved amount
<b>TMJ</b> <i>Covered by Medicare Part B</i> Surgical and Non-Surgical	Remainder 20% of Medicare approved amount
<b>OTHER LAB/RADIOLOGY SERVICES</b> <i>Covered by Medicare Part B</i>	Remainder 20% of Medicare approved amount
<b>SHORT-TERM REHABILITATION</b> <i>Covered by Medicare Part B</i>  <u>Includes:</u> Cardiac Rehab Speech Therapy Occupational Therapy Pulmonary Rehab Cognitive Therapy Chiropractic Therapy (includes Chiropractors)	Remainder 20% of Medicare approved amount  Limited to \$1,940 per calendar year for Physical Therapy (PT) and Speech Therapy Language Pathology (SLP) services combined  Limited to \$1,940 per calendar year for Occupational Therapy (OT) services
<b>AMBULANCE</b> <i>Covered by Medicare Part B</i>	Remainder 20% of Medicare approved amount
<b>HOME HEALTH CARE</b> When covered by Medicare  When not covered by Medicare	No Charge  Plan will pay up to \$40 per visit limited to \$1,600 per calendar year.
<b>FOREIGN TRAVEL/EMERGENCY CARE</b> Not covered by Medicare	80% of Medicare approved amount after \$250 calendar year deductible, up to a lifetime maximum of \$50,000
<b>PRIVATE DUTY NURSING</b> <i>Covered by Medicare Part B</i> (While Inpatient In a Hospital or Other Health Care Facility Only)	80% of the Reasonable & Customary charges after \$147 calendar year deductible



# AvMed Health Plans HIGH OPTION with Rx

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JACKSON HEALTH SYSTEM	SCHEDULE OF BENEFITS
<b>MATERNITY SERVICES</b> <i>Covered by Medicare Part B</i>  Initial Visit to confirm pregnancy  All subsequent prenatal and postnatal visits  <i>Covered by Medicare Part A</i> Delivery, (Inpatient Hospital or Birthing Center)	Remainder 20% of Medicare approved amount  Remainder 20% of Medicare approved amount  Days 1 to 60: 100% up to \$1,260 Days 61 to 90: 100% up to \$315 per day Days 91-150: 100% up to \$630 per day
<b>ABORTION-NON-ELECTIVE</b> <i>Covered by Medicare Part A</i> Inpatient	Payable as Inpatient
<b>OUTPATIENT SURGICAL PROCEDURE</b> <i>Covered by Medicare Part B</i> Surgical sterilization procedures for Vasectomy, Tubal Ligations	Remainder 20% of Medicare approved amount
<b>BLOOD</b> <i>First three pints of blood not covered by Medicare</i>	First three pints of blood covered at 100% of the Reasonable & Customary charges
<b>OUTPATIENT FACILITY</b> <i>Covered by Medicare Part B</i> Services in Operating and Recovery Room, Procedures Room and Treatment	Remainder 20% of Medicare approved amount
<b>HOSPICE</b> Inpatient Services  Outpatient Services (same coinsurance level as Home Health Care)	Plan pays 100% of amount approved but not paid by Medicare, when Medicare certification and election requirements are met.
<b>INFERTILITY - OFFICE VISIT FOR DIAGNOSIS</b> <i>Covered by Medicare Part B</i>	Remainder 20% of Medicare approved amount
<b>ORGAN TRANSPLANT</b> <i>Covered by Medicare Part A</i>	Payable as Inpatient Hospital
<b>EXTERNAL PROSTHESES</b> <i>Covered by Medicare Part B</i>	Remainder 20% of Medicare approved amount

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JACKSON HEALTH SYSTEM	SCHEDULE OF BENEFITS
<p><b>MENTAL HEALTH /SUBSTANCE ABUSE INPATIENT</b>  <i>Covered by Medicare Part A</i></p> <p><u>Mental Health</u>                      Acute: based on ratio of 1:1</p> <p>Partial: based on a ratio of 2:1</p> <p><u>Substance Abuse</u>                      Acute detoxification: requires 24 hour nursing; based on a ratio of 1:1</p> <p>Acute Inpatient Rehab: requires 24 hour nursing; based on a ratio of 1:1</p> <p>Partial: based on a ratio of 2:1</p> <p>Residential: based on a ratio of 2:1</p>	<p>Plan pays 100% of amount approved but not paid by Medicare; if charges not approved by Medicare, there is no coverage</p>
<p><b>MENTAL HEALTH/SUBSTANCE ABUSE OUTPATIENT HOSPITAL/FACILITY</b>  <i>Covered by Medicare Part B</i></p>	<p>Coverage assumes enrollment in Medicare Part B; Plan pays remainder of charges approved but not paid by Medicare Part B and member has \$0 responsibility</p>
<p><b>EYEGLASSES</b>  <i>Covered by Medicare Part B</i></p>	<p>Not Covered</p>
<p><b>PRESCRIPTION DRUG COVERAGE</b></p> <p>Retail (30-day supply)</p> <p>Specialty (30-day supply at Participating Specialty Pharmacy)</p> <p>Mail Order (90-day supply at Participating Pharmacy)</p> <p>Mail Order at Non-Participating Pharmacy</p>	<p>80% after \$200 calendar year deductible</p> <p>\$100 co-payment per prescription for Specialty drugs</p> <p>100% after \$10 co-payment for Generic                      100% after \$20 co-payment for Preferred Brand                      100% after \$30 co-payment for Non-Preferred Brand</p> <p>Not Covered</p>

**FOR ADDITIONAL INFORMATION, PLEASE CALL: 1-844-439-5378**

For specific information on benefits, exclusions and limitations please see your Summary Plan Description (SPD).

SF-JHS RETIREE HIGH W/RX-15  
 SF-3579 (01/15)

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<b>ABORTION-NON-ELECTIVE</b> <i>Covered by Medicare Part A</i> Inpatient	Payable as Inpatient
<b>OUTPATIENT SURGICAL FACILITY\</b> <i>Covered by Medicare Part B</i> Surgical sterilization procedures for Vasectomy and Ligations	Remainder 20% of Medicare approved amount
<b>BLOOD</b> <i>First three pints of blood not covered by Medicare</i>	First three pints of blood covered at 100% of the Reasonable & Customary charges
<b>OUTPATIENT FACILITY</b> <i>Covered by Medicare Part B</i> Services in Operating and Recovery Room, Procedures Room and Treatment	Remainder 20% of Medicare approved amount
<b>HOSPICE</b> Inpatient Services  Outpatient Services (same coinsurance level as Home Health Care)	Plan pays 100% of amount approved but not paid by Medicare, when Medicare certification and election requirements are met.
<b>INFERTILITY - OFFICE VISIT FOR DIAGNOSIS</b> <i>Covered by Medicare Part B</i>	Remainder 20% of Medicare approved amount
<b>ORGAN TRANSPLANT</b> <i>Covered by Medicare Part A</i>	Payable as Inpatient Hospital
<b>EXTERNAL PROSTHESES</b> <i>Covered by Medicare Part B</i>	Remainder 20% of Medicare approved amount

SF-JHS RETIREE HIGH W/RX-15  
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<p><b>MENTAL HEALTH/SUBSTANCE ABUSE OUTPATIENT HOSPITAL/FACILITY</b>  <i>Covered by Medicare Part A</i></p>	<p>Coverage as under enrollment in Medicare Part B; Plan pays remainder of charges approved but not paid by Medicare Part B and member has \$0 responsibility</p>
<p><b>EYEGLASSES</b>  <i>Covered by Medicare Part B</i></p>	<p>Not Covered</p>
<p><b>PRESCRIPTION DRUG COVERAGE</b></p> <p>Retail (30-day supply)</p> <p>Specialty (30-day supply at Participating Specialty Pharmacy)</p> <p>Mail Order (90-day supply at Participating Pharmacy)</p> <p>Mail Order at Non-Participating Pharmacy</p>	<p>80% after \$200 calendar year deductible</p> <p>\$100 co-payment per prescription for Specialty drugs</p> <p>100% after \$10 co-payment for Generic                      100% after \$20 co-payment for Preferred Brand                      100% after \$30 co-payment for Non-Preferred Brand</p> <p>Not Covered</p>

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JACKSON HEALTH SYSTEM	SCHEDULE OF BENEFITS
<b>MATERNITY SERVICES</b> <i>Covered by Medicare Part B</i> Initial Visit to confirm pregnancy  All subsequent prenatal and postnatal visits  <i>Covered by Medicare Part A</i> Delivery, (Inpatient Hospital or Birthing Center)	Remainder 20% of Medicare approved amount  Remainder 20% of Medicare approved amount  Days 1 to 60: 100% up to \$1,200 Days 61 to 90: 100% up to \$250 per day Days 91 -150: 100% up to \$630 per day
<b>ABORTION-NON-ELECTIVE</b> <i>Covered by Medicare Part A</i> Inpatient	Payable as Inpatient
<b>OUTPATIENT SURGICAL FACILITY</b> <i>Covered by Medicare Part B</i> Surgical sterilization procedures for Vasectomy/Tubal Ligations	Remainder 20% of Medicare approved amount
<b>BLOOD</b> <i>First three pints of blood not covered by Medicare</i>	First three pints of blood covered at 100% of the Reasonable & Customary charges
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<b>ORGAN TRANSPLANT</b> <i>Covered by Medicare Part A</i>	Payable as Inpatient Hospital
<b>EXTERNAL PROSTHESES</b> <i>Covered by Medicare Part B</i>	Remainder 20% of Medicare approved amount

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<p><b>EYEGLASSES</b>  <i>Covered by Medicare Part B</i></p>	<p>Not Covered</p>
<p><b>PRESCRIPTION DRUG COVERAGE</b></p>	<p>Not Covered</p>

**FOR ADDITIONAL INFORMATION, PLEASE CALL: 1-844-439-5378**

For specific information on benefits, exclusions and limitations please see your Summary Plan Description (SPD).

# Dental Plans

You may choose from the following dental plans:

- Delta PPO
- DeltaCare DHMO

Retirees can select coverage in a PPO or a prepaid dental program. Choices include standard or enriched dental PPO plans offered by Delta Dental, and standard or enriched prepaid dental plans offered by Delta. Retirees with dental PPO coverage may also choose a dentist not participating in their program and will receive applicable benefits.

Prepaid dental plans provide preventive, diagnostic, and many other services free of charge to members. Other services, including major procedures such as crowns, have fixed copayments established by the plan. Claim forms are not required. Members must use one of the plan's participating dentists to receive benefits. There is no annual dollar maximum under the prepaid dental programs.

**With Delta PPO you can select between two plan options: the Standard or Enriched dental plans.**

When you're covered under either of the Delta plans, you and your family members:

- Can visit any licensed dentist, including the dental specialist of your choice.
- Can visit different dentists.
- May change dentists any time without notifying Delta Dental.
- Can receive dental care anywhere in the world (out-of-network benefits apply outside the U.S.).
- Will never have to pay more than the patient's share at the time of treatment or file claims forms when you visit a Delta PPO network dentist.

**Under either of the Delta Dental Plans (Standard or Enriched), you have access to the Delta PPO network.**

The Delta network provides access to the largest network of its kind nationwide. Delta PPO network dentists agree to accept the Delta PPO contracted fees as full payment when treating PPO patients. This means your out-of-pocket costs are usually lower than when you visit a non-Delta Dental dentist.

Benefits are payable at various coinsurance levels, depending on the type of services being performed. A dental deductible is applied for services other than preventive and diagnostic. The standard plan has an annual dollar maximum of \$1,000. The enriched plan includes an orthodontia benefit not provided under the standard plan. The annual dollar maximum is \$1,500 under the enriched plan, and \$1,000 lifetime max for orthodontia.

Note: Non-Delta Dental dentists will be reimbursed based on the 90th percentile of usual and customary. As a result members visiting a non-Delta Dental dentist may see a change in out-of-pocket costs.

**When you enroll in the DeltaCare DHMO, you and your covered family members can access the dental care you need through DeltaCare's network of quality dentists.**

Each covered family member can choose their own general dentist from the network. You will need a referral from your general dentist to see any specialist, such as an endodontist, oral surgeon, pediatric dentist or orthodontist.

## DHMO Features and Benefits

- No deductible. No dollar maximums. No claim forms to file. No waiting periods for coverage.
- Reduced rates on all covered services.
- Coverage for most preventive services at no charge.
- The first two cleanings are in any 12 month period are at no charge. Each additional cleaning will incur a charge.
- Discounts on complex procedures.
- Specialty care provided at the same fee as general care with an approved referral.
- Orthodontic benefits for adults and children.
- Teeth whitening covered. See copay schedule for details.

# Dental Plans

Dental Plan	Monthly Rates	
	STANDARD	ENRICHED
<b>DeltaCare DHMO<sup>+</sup></b>		
Retiree Only	\$8.00	\$14.57
Retiree + One Dependent <sup>†</sup>	\$13.24	\$24.15
Retiree + Dependents <sup>†</sup>	\$20.22	\$38.39
<b>Delta PPO</b>		
Retiree Only	\$31.22	\$40.87
Retiree + One Dependent <sup>†</sup>	\$61.76	\$80.81
Retiree + Dependents <sup>†</sup>	\$99.55	\$130.30

+ Option also applies to Domestic Partners and/or Children of Domestic Partners and eligible dependents.

\* DeltaCare DHMO plans are not available outside of Florida.

Non-Delta Dental dentists are reimbursed based on the PPO Fee Schedule instead of the maximum program allowance. As a result members visiting a non-Delta Dental dentist may see a change in out-of-pocket costs.



# Delta Dental PPO Chart

## Delta PPO Dental Plan

	STANDARD	ENRICHED
<b>CHOICE OF DENTIST</b>	You'll likely save most with a dentist who participates in the Delta PPO network, and you'll likely save least with a non-participating dentist. Services provided by out-of-network providers will be reimbursed at the 90th percentile of usual and customary charges. Percentages below are based on Delta's applicable allowances and not necessarily the dentist's actual charge.	
<b>MAXIMUM BENEFIT/DEDUCTIBLE</b>	\$1,000 per year per person, \$50 deductible per year per person; \$150 family maximum	\$1,500 per year per person, \$50 deductible per year per person; \$150 family maximum
<b>TYPE I</b>	<b>STANDARD</b>	<b>ENRICHED</b>
0150 Comprehensive Oral Evaluation - New or Established	Plan Pays (No deductible) - 100%	Plan Pays (No deductible) - 100%
0120 Periodic Oral Exam	100%	100%
<b>X-RAYS</b>	100% (Twice per calendar year)	100% (Twice per calendar year)
1110/20 Prophylaxis	100%, 2x per year	100%, 2x per year
1203 Fluoride Treatment (Children Up To The Age 19)	100% to age 16	100% to age 16
1351 Sealant- Per Tooth	100% to age 19	100% to age 19
1510 Space Maintainers		
<b>TYPE II</b>	<b>STANDARD</b>	<b>ENRICHED</b>
Fillings: (Silver And White)		
2330 One Surface	100% (In PPO Network) / 75% (Out of PPO Network)	100% (In PPO Network) / 75% (Out of PPO Network)
2331 Two Surfaces	100% (In PPO Network) / 75% (Out of PPO Network)	100% (In PPO Network) / 75% (Out of PPO Network)
2332 Three Surfaces	100% (In PPO Network) / 75% (Out of PPO Network)	100% (In PPO Network) / 75% (Out of PPO Network)
2334 Four Or More Surfaces	100% (In PPO Network) / 75% (Out of PPO Network)	100% (In PPO Network) / 75% (Out of PPO Network)
Restorative Services:		
2930 Prefabricated Stainless Steel Primary Tooth	75% for children to age 16	75% for children to age 16
Root Canals:		
3310 Anterior	75%	75%
3320 Bicuspid	75%	75%
3330 Molar	75%	75%
3410 Apicoectomy	75%	75%
Extractions:		
7111 Single Tooth	75%	75%
7140 Extraction, Erupted Tooth Or Exposed Tooth	75%	75%
7210 Surgical Extraction Of Erupted Tooth	75%	75%
Periodontics: (Gum Treatment)		
4341 Periodontal Scaling & Root Planing- Per Quadrant	75%	75%
4210 Gingivectomy/Gingivoplasty - Per Quadrant	75%	75%
4910 Periodontal Maintenance Procedures	75%	75%
<b>TYPE III</b>	<b>STANDARD</b>	<b>ENRICHED</b>
Crown & Bridge:		
2791 Crown Full Cast Predominately Base Metal	50%	50%
2751 Crown Porcelain Fused To Base Metal	50%	50%
Pontics:		
6210 Full Cast	50%	50%
6240 Porcelain Fused To Metal	50%	50%
Prostodontics (Dentures):		
5110 Complete Upper	50%	50%
5120 Complete Lower	50%	50%
5213/14 Partial Upper Or Lower - Cast Metal Base	50%	50%
<b>ORTHODONTIA</b>		
Consultation	Not Covered	Adult & Child covered at 50% after a one time deductible of \$50 per person. \$1,000 lifetime maximum benefit
Evaluation	Not Covered	
Records	Not Covered	
Children - Normal Class II	Not Covered	
Adult - Normal Class II	Not Covered	
8750 Retention	Not Covered	
<b>VISION</b>		
Examination	Not Covered	Not Covered
<b>SINGLE VISION LENSES</b>		
Bifocal Lenses	Not Covered	Not Covered
Trifocal Lenses	Not Covered	Not Covered
Contact Lenses - Non-Elective	Not Covered	Not Covered
Contact Lenses - Elective	Not Covered	Not Covered
Frames	Not Covered	Not Covered

\*All Type II and III charges subject to annual deductible.

# DeltaCare DHMO Chart

	STANDARD	ENRICHED
<b>CHOICE OF DENTIST</b>	Limited to Participating Dentists in Private Practice	
<b>MAXIMUM BENEFIT/DEDUCTIBLE</b>	No Maximum, No Deductible	
<b>TYPE I</b>	<b>STANDARD - YOU PAY</b>	<b>ENRICHED - YOU PAY</b>
1110/20 Prophylaxis	No Charge	No Charge
0120 Periodic Oral Exam	No Charge	No Charge
0150 Comprehensive Oral Evaluation - New Or Established	No Charge	No Charge
1203 Fluoride Treatment (Children Up To The Age 19)	No Charge	No Charge
1351 Sealant - Per Tooth	\$5.00	No Charge
1510 Space Maintainers	\$30.00	No Charge
<b>TYPE II</b>	<b>STANDARD</b>	<b>ENRICHED</b>
Fillings: (Silver)		
2140 One Surface	\$5.00	No Charge
2150 Two Surfaces	\$5.00	No Charge
2160 Three Surfaces	\$10.00	No Charge
2161 Four Or More Surfaces	\$13.00	No charge
Root Canals		
3310 Anterior	\$75.00	\$70.00
3320 Bicuspid	\$85.00	\$80.00
3330 Molar	\$150.00	\$140.00
3410 Apicoectomy	\$100.00	\$90.00
Extractions:		
7111 Single Tooth	\$10.00	\$10.00
7140 Extraction, Erupted Tooth Or Exposed Tooth	\$10.00	\$10.00
7210 Surgical Extraction Of Erupted Tooth	\$30.00	\$35.00
Periodontics: (Gum Treatment)		
4210 Gingivectomy/Gingivoplasty - Per Quadrant	\$75.00	\$60.00
4341 Periodontal Scaling & Root Planing- Per Quadrant	\$30.00	\$25.00
4910 Periodontal Maintenance Procedures	\$15.00 each (Twice every 12 months)	\$15 each (Twice every 12 months)
Two Additional Every 12 Months	\$60.00 each	\$60.00 each
<b>TYPE III</b>	<b>STANDARD</b>	<b>ENRICHED</b>
Crown & Bridge:		
2751 Crown Porcelain Fused To Base Metal	\$180.00	\$95.00
2791 Crown Full Cast Predominately Base Metal	\$180.00	\$95.00
2930 Prefabricated Stainless Steel	\$15.00	\$10.00
Prostodontics (Dentures):		
5110 Complete Upper	\$190.00	\$110.00
5120 Complete Lower	\$190.00	\$110.00
5213/14 Partial Upper Or Lower - Cast Metal Base	\$220.00	\$130.00
<b>ORTHODONTIA</b>		
Consultation		
Evaluation		
Records		
8080 Children - Normal Class II		
8090 Adult - Normal Class II		
8680 Retention		
	You pay orthodontia as follows: Comprehensive for dependent children under age 19: \$1,500. Adults: \$2,800 \$200 copayment for pre- and post-tax orthodontia	You pay orthodontia as follows: Comprehensive for dependent children under age 19: \$1,500. Adults: \$2,800 \$200 copayment for pre- and post-tax orthodontia

# Vision Plan

## Davis Vision Plan

The plan offers a network of providers that service your eyecare needs with only a modest member copayment shown in the Schedule of Benefits. The out-of-network-benefit allows you to select any out-of-network provider and reimburses a fixed dollar amount based on the schedule shown for the out-of-network services. The following chart indicates the benefits the plan pays for the services you receive. For more information, see the Davis plan literature.

Vision Plan	Monthly Rates
<b>BASE PLAN</b>	
Retiree Only	\$4.14
Retiree + One	\$8.30
Retiree + 2 or more	\$15.23
<b>PREMIER PLAN</b>	
Retiree Only	\$9.95
Retiree + One <sup>†</sup>	\$21.39
Retiree + 2 or more <sup>†</sup>	\$41.29

# Vision Plan

Covered Vision Services	BASE PLAN COPAY	PREMIER PLAN COPAY
<b>FREQUENCY</b>		
Exam	Once Every Calendar Year	Once Every Calendar Year
Lenses & Lens Upgrades	Once Every Calendar Year	Once Every Calendar Year
Frame	Once Every Other Calendar Year	Once Every Calendar Year
Contacts Evaluation & Fitting	Once Every Calendar Year	Once Every Calendar Year
<b>EXAMS &amp; SERVICES</b>		
Eye Exam	\$25	\$10
<b>CONTACTS EVALUATION, FITTING:</b> Standard Lens & Specialty Lens	15% Discount <sup>1</sup>	15% Discount <sup>1</sup>
<b>GLASSES</b>		
<b>FRAMES</b>		
Other Locations	\$100	\$160
Visionworks <sup>4</sup>	\$150	Covered In Full
Any Overages	Additional 20% Off Any Overage <sup>1</sup>	Additional 20% Off Any Overage <sup>1</sup>
<b>THE EXCLUSIVE COLLECTION:</b> Fashion/Designer/Premier	Covered in Full/\$15/\$40	Covered In Full
<b>LENSES</b>	\$25	\$0
<b>COPAYS FOR OPTIONS &amp; UPGRADES</b>		
<b>LENS OPTIONS</b>		
Clear Plastic Single-Vision, Bifocal, Trifocal or Lenticular Lenses (any RX)	\$0	\$0
Oversized Lenses	\$0	\$0
Plastic Lenses	\$0	\$0
Polycarbonate Lenses (Children/Adults)	\$0/\$35	\$0/\$30
High-Index Lenses	\$60	\$55
Polarized Lenses	\$75	\$75
Progressive Lenses (Standard/Premium/Ultra)	\$65 / \$105 / \$140	\$0 / \$90 / \$140
Anti-Reflective (AR) Coating (Standard/Premium/Ultra)	\$40 / \$55 / \$69	\$35 / \$48 / \$60
Ultraviolet Coating	\$15	\$12
Tinting of Plastic Lenses (Solid / Gradient)	\$15	\$0
Plastic Photochromic Lenses (Transitions <sup>®</sup> Signature <sup>™</sup> )	\$70	\$65
Scratch-Resistant Coating	\$0	\$0
Scratch-Protection Plan (Single-Vision   Multifocal)	\$20   \$40	\$20   \$40
<b>ADDITIONAL SAVINGS</b>	\$39	\$39
Retinal Imaging (Member charge)	30% Discount <sup>1</sup>	30% Discount <sup>1</sup>
Additional Pairs of Eyeglasses		
<b>CONTACTS<sup>2</sup> IN LIEU OF GLASSES</b>		
Contact Allowance	\$100	\$120
Any Overages	Additional 15% Off	Additional 15% Off
<b>THE EXCLUSIVE COLLECTION OF CONTACT LENSES:</b> <sup>3</sup>	Any Overage <sup>1</sup> N/A	Any Overage <sup>1</sup> Covered In Full

# Vision Plan

## Covered Vision Services Continued

**BASE  
PLAN COPAY**

**PREMIER  
PLAN COPAY**

### OUT-OF-NETWORK BENEFITS

You will receive the greatest value and maximize benefit dollars if you select a provider who participates in the network however, you may receive services from an out-of-network provider.

### OUT-OF-NETWORK REIMBURSEMENT SCHEDULE (UP TO)

Eye Examination	\$40	\$40
Frame	\$50	\$50
Single-Vision Lenses	\$40	\$40
Bifocal / Progressive Lenses	\$60	\$60
Trifocal Lenses	\$80	\$80
Lenticular Lenses	\$116	\$116
Elective Contact Lenses	\$100	\$120
Visually Required Contacts	\$210	\$210

1. Some limitations apply to additional discounts; Discounts not applicable at all in-network providers.
2. Contact lens coverage varies by product selection. Visually Required contacts are covered in full with prior approval.
3. The Davis Vision Exclusive Collection of Contact Lenses is available at participating independent providers. Evaluation, fitting and follow-up care for Collection contacts are covered in full.
4. Excludes Maui Jim® Eyewear. Davis Vision has done its best to accurately reflect plan coverage herein. If differences exist between this document and the plan contract, the contract will prevail.

# Life Insurance

## Under 65 - Life Insurance

The monthly life insurance rate is 17¢ per thousand dollars of your pre-retirement annual salary.

$$\text{\$} \underline{\hspace{2cm}} \times .00017 + = \text{\$} \underline{\hspace{2cm}}$$

Annual Salary	Rate	Monthly Premium
---------------	------	-----------------

\*Your life insurance coverage is reduced when you reach age 65. The coverage options are \$15,000 or \$20,000.

65 and Over - Life Insurance		
Retirees' Age	Monthly for \$15,000 in Coverage	Monthly for \$20,000 in Coverage
65-69	\$ 8.55	\$ 11.40
70-74	\$ 14.10	\$ 18.80
75+	\$ 19.50	\$ 26.00

### Optional Life Insurance

Optional life coverage is not available through the Retiree Group. If enrolled at the time of your retirement, you may elect to convert this coverage to an individual policy. The policy is available to you without medical approval, but will be provided by Reliance Standard Life Insurance Company at their prevailing individual insurance rates. You may convert up to the amount of coverage in force at retirement. Contact the insurance carrier to obtain rates and policy options.

**Reliance Standard Life Insurance Company**  
**1-800-866-2301**

### Basic Life Insurance for Retirees Under Age 65

The group basic life insurance coverage provided to active employees at no cost may be continued at retirement, at your expense. The coverage amount for retirees under age 65 is equivalent to their pre-retirement annual base salary. As long as the coverage was in force prior to retirement, the benefit may be continued.

### Basic Life Insurance for Retirees Age 65+

Retirees age 65+ may elect either \$15,000 or \$20,000 of life insurance coverage.

Remember to keep your beneficiary designation current. A new beneficiary may be named at any time. To update your beneficiary call the FBMC Customer Service Center at 855-56JHS4U (855-565-4748) and request a Life Insurance Beneficiary Update Form. Make sure your beneficiary designation form is legible and contains no erasures or cross-out marks. Specify the percentage of benefits for each named beneficiary to receive. The total percent allocation among the beneficiaries must add up to 100 percent. Please be sure your beneficiary is aware of the benefit and knows how to contact our office in the event of your death.

# ARAG<sup>®</sup> Legal Insurance

## Legal is everywhere. Protect yourself and your family with legal insurance.

Have you ever stopped to think about how many events in your life have legal aspects to them? There are the joys — like having a baby or buying the house of your dreams — and the challenges — like when true love doesn't work out or your kid gets in trouble with the law.

At Jackson Health System, we are excited to offer you a benefit that is there for the legal ups and downs: legal insurance from ARAG<sup>®</sup>. You'll have access to a nationwide network of attorneys when you need help with things like creating a will, dealing with a traffic ticket or buying a home. Plus, attorney fees are 100 percent paid in full for most covered legal matters when you work with a network attorney — who can offer legal guidance, review personal documents and represent you if needed.

### Rely on legal insurance benefits from ARAG

Legal costs are expensive — averaging \$343 per hour for attorneys with 11 to 15 years of experience.<sup>1</sup> With legal insurance from ARAG:

- You can save hundreds, possibly thousands by avoiding costly attorney fees, with an average savings of \$2,100 per legal matter.<sup>2</sup>
- Reduce the time and stress involved looking for an attorney — with access to a nationwide network of more than 13,000 attorneys who average 20 years of experience.
- Use DIY Docs<sup>®</sup> to create any of 350+ legally valid documents, including state-specific templates.

### Choose Flexible Benefit Options

You'll have two options to choose from: UltimateAdvisor<sup>®</sup>, which features a wide variety of legal coverages and services, and UltimateAdvisor Plus<sup>™</sup>, which offers more comprehensive legal coverage and additional services, such as Identity Theft Protection, tax services, financial education and counseling, and caregiving services.

### Preexisting and Personal Legal Matters Not Listed Above

For any legal matters not covered and not excluded, you can still receive at least 25 percent off the network attorney's normal hourly rates.

### Call for Questions or Plan Coverage Details

Get assistance from trusted professionals and an award-winning Customer Care Center, with dedicated

[JacksonBenefits.org](http://JacksonBenefits.org)

Visit [www.ARAGLegalCenter.com](http://www.ARAGLegalCenter.com) and enter Access Code 17845ret to learn more about your UltimateAdvisor<sup>®</sup> and Ultimate Advisor<sup>®</sup> Plus Plans! See the plan options on the following page.

ARAG Legal Insurance	Ultimate Advisor <sup>®</sup>	Ultimate Advisor Plus <sup>®</sup>
Retiree	\$13.33	\$17.30
Family	\$17.60	\$22.82

specialists who can review your plan coverage and offer next steps. Call 800-247-4184 when you are ready to address your legal issue or just have a quick question about the plan.

- 1 Average attorney rate in the United States of \$343 per hour for attorneys with 11 to 15 years of experience. "The Survey of Law Firm Economics: 2017 Edition." The National Law Journal and ALM Legal Intelligence, October 2017.
- 2 Average attorney rates in the United States of \$343 per hour for attorneys with 11 to 15 years of experience, "The Survey of Law Firm Economics: 2017 Edition." The National Law Journal and ALM Legal Intelligence, October 2017. Average amount saved based upon top ARAG in-office claims and the hours spent by attorneys per 2017 ARAG Claims Data. The hours spent are multiplied by the average attorney rate (less the average annual cost of an ARAG legal plan).  
Limitations and exclusions apply. Depending upon a state's regulations, ARAG's legal insurance plan may be considered an insurance product or a service product. Insurance products are underwritten by ARAG Insurance Company of Des Moines, Iowa, GuideOne<sup>®</sup> Mutual Insurance Company of West Des Moines, Iowa or GuideOne Specialty Mutual Insurance Company of West Des Moines, Iowa. Service products are provided by ARAG Services, LLC. This material is for illustrative purposes only and is not a contract. For terms, benefits or exclusions, call 800-247-4184.

# ARAG<sup>®</sup> Legal Insurance

## Compare Your Legal Insurance Plan Options from ARAG<sup>®</sup>

Plan Options	Ultimate Advisor <sup>®</sup>	Ultimate Advisor Plus <sup>™</sup>
<b>Consumer Protection</b>		
Auto Repairs, Buy/Sell a Car, Consumer Fraud, Contractors and More	•	•
Insurance Disputes	•	•
<b>Estate Planning</b>		
Wills and Powers of Attorney	•	•
Revocable Living Trusts	•	•
Irrevocable Living Trusts	•	•
Estate Administration & Closing (9 Hours)	•	•
<b>Family</b>		
Adoption	•	•
Contested Divorce (15 Hours)		•
Contested Divorce (10 Hours)	•	
Uncontested Divorce	•	•
Elder Law	•	•
Child Support Enforcement (8 Hours)		•
Post Decree Enforcement (8 Hours)		•
Post Decree Defense (8 Hours)		•
Guardianship/Conservatorship	•	•
Name Change	•	•
Prenuptial Agreements	•	•
Domestic Violence Protection	•	•
Restraining Order	•	•
Mental Incompetency or Infirmary	•	•
School Administrative Hearings		•
<b>Caregiving</b>		
Annual Checkup, Advice and Services		•
<b>Real Estate — Primary and Secondary Residence</b>		
Buy/Sell	•	•
Home Equity Loan	•	•
Refinance	•	•
Foreclosure	•	•
Real Estate Disputes	•	•
Neighbor Disputes	•	•
Easements	•	•
Zoning and Variances	•	•
Building Codes	•	•
<b>Traffic and Vehicle</b>		
Minor Traffic (Excluding DWI)	•	•
Driving Privilege Restoration (Excluding DWI)	•	•
Driving Privilege Protection (Excluding DWI)	•	•
<b>Tenant Disputes</b>		
Disputes with a Landlord — Contracts, Lease, Eviction, Deposits	•	•

Plan Options	Ultimate Advisor <sup>®</sup>	Ultimate Advisor Plus <sup>™</sup>
<b>Financial Services</b>		
Financial Education and Counseling Services	•	•
<b>Immigration</b>		
Immigration Services	•	•
<b>Benefits</b>		
Social Security/Veterans/Medicare	•	•
<b>Identity Theft</b>		
Identity Theft Services	•	•
Full-Service Identity Restoration		•
\$1 Million Theft Insurance*		•
Single-Bureau Credit Monitoring		•
Internet Surveillance		•
Change of Address Monitoring		•
Child Identity Monitoring		•
Lost Wallet Services		•
<b>Taxes</b>		
Tax Services		•
IRS Audit Protection	•	•
IRS Collection Defense	•	•
Property Tax — Primary and Secondary Residence		•
<b>Debt</b>		
Bankruptcy	•	•
Defense of Debt Collection	•	•
Defense of Garnishment	•	•
Mechanic's Lien	•	•
Student Loan Debt Collection	•	•
<b>Criminal</b>		
Criminal Misdemeanor Defense		•
Habeas Corpus	•	•
Parental Responsibilities	•	•
Juvenile Court	•	•
<b>Civil Damage Defense</b>		
Libel/Slander, Pet-Related Matters and More	•	•
<b>General Coverages</b>		
Credit Record Correction		•
Small Claims Court	•	•
General In-Office Services (4 Hours per Year)		•
Document Preparation and Review	•	•
Personal Property Protection	•	•
<b>Premium Rate</b>		
Family monthly	\$17.60	\$22.82
Individual monthly	\$13.33	\$17.30



Legal Insurance

800-247-4184

ARAGLegal.com/myinfo, access code 17845ret

You may be eligible to receive a minimum 25% reduced fee off a Network Attorney's normal hourly rate for any other non-covered, non-excluded issues.

\*Eligibility, coverage, limitations and exclusions are governed by a separate coverage document. Please see the identity theft plan summary for details.

Limitations and exclusions apply. Depending upon a state's regulations, ARAG's legal insurance plan may be considered an insurance product or a service product. Insurance products are underwritten by ARAG Insurance Company of Des Moines, Iowa, GuideOne<sup>®</sup> Mutual Insurance Company of West Des Moines, Iowa or GuideOne Specialty Mutual Insurance Company of West Des Moines, Iowa. Service products are provided by ARAG Services, LLC. This material is for illustrative purposes only and is not a contract. For terms, benefits or exclusions, call 800-247-4184.

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Rev 11/18 200365jhs-ret



# Pet Assure and PetPlus Rx



## Pet Assure

Pet Assure is a post-tax employee benefit program that enables members to receive discounts on all medical services provided by network veterinarians.

You will save hundreds on your pets' medical care for only \$7 month. Pet Assure is the nation's oldest and largest veterinary discount plan and has been saving pet caretakers money on pet expenses since 1995.

### Here's what your membership includes:

- **25 percent off all in-house medical services** each and every time you visit a network veterinarian. With Pet Assure, you'll receive your discount right at the vet's office. This plan is not insurance so there are no hassles, no claim forms and no deductibles. Savings are instant!
- **Any type of pet**, with absolutely no exclusions, can receive the discounts. There are no exclusions based on type, breed, age, past medical history, or pre-existing conditions.
- Do you have one dog, five cats, a lazy iguana and a donkey? One Pet Assure membership covers them all.
- **You will also save 15 percent** on all orders from **PetCareRx.com**: including prescriptions, preventatives, supplies, food and more. Unlimited use.
- **24/7 Pet Assure Locator Service (PALS)**. Every pet that joins can register in the Pet Assure's 24/7 Lost Pet Recovery Service.

There are dozens of network providers in Miami and the surrounding areas. For a complete list of participating veterinary practices and merchants, visit Pet Assure online at [petassure.com](http://petassure.com). If you have any questions, please call Pet Assure at: **800-891-2565**.

## PetPlus Rx

With PetPlus, members get wholesale pricing on prescriptions, preventatives and other products which are almost never covered by insurance. It's instant savings without any paperwork, **and no exclusions based on pre-existing conditions. All dogs and cats are covered!**

You will get wholesale pricing on:

- Flea and Tick Preventatives
- Heartworm Preventatives
- RX Medications
- Vitamins and Supplements
- Dietary Food

Benefits:

- Free shipping on all mail orders
- Rx pickup at over 50,000 CareMark pharmacies nationwide, including CVS and Walmart
- PetPlus will get a prescription for you, no need to ask your vet
- 24/7 Ask-A-Vet Helpline, using phone, email or chat with a licensed Veterinarian (valued at \$150/year)

**Enroll today to start saving!**

## Pet Assure & PetPlus Rates

	Monthly Rates
Pet Assure Unlimited Plan	\$7.00
PetPlus Single Pet Plan	\$4.50
PetPlus Unlimited Plan	\$8.50
Pet Assure Unlimited + PetPlus Single Pet	\$11.50
Pet Assure Unlimited + PetPlus Unlimited	\$15.50

Unlimited plans covers all pets in your household.

# Constant Credit

It's YOUR credit. Keep it that way with ConstantCredit.

ConstantCredit monitors your credit report for any changes that may indicate suspicious activity or possible fraud. With ConstantCredit, you can be more aware of your credit health by receiving alerts when changes are reported. You will also receive information on your credit score, and access to tools that allow you to keep track of how your current and future activities may affect your credit score.

## Features and Benefits:

### LEVEL 3 (L3) VERIFICATION

You will first verify your identity before monitoring begins. This ensures you are the only person to have access to your personal information through ConstantCredit.

### FULL ACCESS TO CREDIT REPORTS

With ConstantCredit, you have access to your full credit report at any time, regardless of what level of plan you have.

### CREDIT MONITORING

ConstantCredit monitors bureau activity and alerts you to any reported changes on your credit report.

The sooner you find out if someone is acting on your behalf, the sooner you can act to mitigate the damage.

### SCORE TRACKER

Score Tracker is a monthly report based on four credit factors, showing you graphically how your credit score changes over time.

### SCORE SIMULATOR

Score simulator is a tool that helps you determine how certain actions will affect your credit, such as opening a new line of credit or paying off a loan.

### RESOURCE CENTER

At the Resource Center, you can find recent news and articles on issues related to financial health and other information to educate you on the importance of a healthy credit record.

Have Questions? Need Help? Call ConstantCredit at 855-592-7940.

ConstantCredit Rates	Monthly Rate
Retiree	\$11.50
Retiree + Spouse	\$23.00

# ID Commander

Identity theft is the fastest growing crime in America, with an identity stolen once every four seconds.

ID Commander, a leader in proactive identity theft protection, uses a variety of industry-leading tools to help protect you from the growing crime of identity theft:

- Advanced Identity Monitoring and Alerts
- \$1 Million Identity Theft Insurance Policy, with \$0 deductible
- Full-service Identity Restoration
- 24/7 Lost Wallet Assistance
- Award-winning Computer Protection Software

ID Commander's comprehensive identity theft protection plans are available to both individuals and families, with complete access to benefits the moment membership begins. The ID Commander Family Protection Plan provides a truly managed household program and empowers individual family members with the tools and data they need to proactively manage the health and well-being of their identities.

If the worst happens, and you become the victim of identity theft while covered by ID Commander, we will restore your identity and any related credit accounts to pre-theft status. No limits, no fine print, no "service guarantee." In addition, if you suffer any covered out-of-pocket expenses as a result of a breach, you're covered by a real insurance policy that will put money in your hands for qualified losses.

Take command of your future with ID Commander – sign up today!

ID Commander Monthly Rates	Ultimate
Retiree	\$10.50
Family	\$22.50

# Online Resources

## DOWNLOAD AN FRS, PHT OR ACH FORM AT JACKSONBENEFITS.ORG AND MAIL TO:

FBMC Benefits Management, Inc.  
Retiree and Direct Bill Department  
PO Box 10789  
Tallahassee, FL 32302-2789  
Fax: 1-866-836-9943

The image shows three overlapping forms. The top-left form is the 'Direct Debit (ACH) Authorization Form For Monthly Premium Billing Payments' from FBMC Benefits Management. It includes fields for participant information, account type, and an authorization section. The top-right form is the 'PHT Pension Plan Insurance Payroll Authorization Form' from FBMC Benefits Management, featuring a 'PAYER SECTION' with fields for deduction codes (408 for Health, 409 for Life) and a 'PLOYEE SECTION' for vision and pet deductions. The bottom form is the 'Florida Retirement System Insurance Payroll Deduction Authorization Form', which includes a signature line for the payee and a section for insurance office use only, including fields for FRS deductions and dates.

# New Retiree Forms

## REVIEW YOUR ENROLLMENT FORMS AT JACKSONBENEFITS.ORG

**Jackson HEALTH SYSTEM** **2019 NEW RETIREE ENROLLMENT FORM**  
**JHS BENEFIT SELECTION FORM FOR RETIREES UNDER 65 & NOT MEDICARE ELIGIBLE**  
Form 2019-01-01 Rev. 10/18 • Effective 10/1/2019 • 2019-01-01 Rev. 10/18 • Effective 10/1/2019

PLEASE WRITE IN ALL CAPITAL LETTERS

**SECTION 1: RETIREE INFORMATION**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MIDDLE NAME: \_\_\_\_\_  
 SOCIAL SECURITY NUMBER: \_\_\_\_\_  
 HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_  
 HOME ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**SECTION 2: INSTRUCTIONS RETIREE:** Please note that all cancellations are **IRREVERSIBLE**. Please remember to complete the Dependent Information section if you have coverage that includes dependents. If you cannot elect it at a later date, please remember to complete the Dependent Information section if you have coverage that includes dependents. If you do not participate in Open Enrollment, your current medical coverage and those of your dependents will continue. Jackson Standard Plan is a grandfathered plan and is only available to current participants.

**SECTION 3: RETIREE MEDICAL** (Please mark one box only)  
 CANCEL MEDICAL **MONTHLY RATES FOR:**

	JACKSON FIRST HMO PLAN	JACKSON SELECT HMO PLAN	JACKSON STANDARD HMO PLAN	JACKSON POS PLAN
Retiree Only	<input type="checkbox"/> \$417.01	<input type="checkbox"/> \$450.41	<input type="checkbox"/> \$594.83	<input type="checkbox"/> \$1,202.29
Retiree & Spouse/OP Under 65	<input type="checkbox"/> \$461.84	<input type="checkbox"/> \$1,013.20	<input type="checkbox"/> \$1,444.13	<input type="checkbox"/> \$2,445.99
Retiree & Child(ren)	<input type="checkbox"/> \$665.53	<input type="checkbox"/> \$933.47	<input type="checkbox"/> \$1,315.14	<input type="checkbox"/> \$2,309.89
Retiree & Spouse/OP Under 65, plus Child(ren)	<input type="checkbox"/> \$1,172.11	<input type="checkbox"/> \$1,257.59	<input type="checkbox"/> \$1,815.97	<input type="checkbox"/> \$3,087.57
Retiree Under 65 & Spouse/OP Over 65 on Medicare - High/HMO No Rx	N/A	<input type="checkbox"/> \$728.67	<input type="checkbox"/> \$872.89	<input type="checkbox"/> \$1,570.55
Retiree Under 65 & Spouse/OP Over 65 on Medicare - High/HMO	N/A	<input type="checkbox"/> \$1,306.59	<input type="checkbox"/> \$1,794.81	<input type="checkbox"/> \$1,922.47
Retiree Under 65 - Child(ren) & Spouse Over 65 on Medicare w/High/HMO No Rx	N/A	<input type="checkbox"/> \$1,211.73	<input type="checkbox"/> \$1,597.40	N/A
Retiree Under 65 & Spouse Over 65 on Medicare w/High/HMO	N/A	<input type="checkbox"/> \$1,573.65	<input type="checkbox"/> \$1,959.32	N/A

**SECTION 4: RETIREE DENTAL** (Please mark one box only)  
 CANCEL DENTAL **MONTHLY RATES FOR:**

	Delta DENTAL	Delta PPO	Delta DENTAL	Delta PPO
Retiree Only	<input type="checkbox"/> \$5.00	<input type="checkbox"/> \$11.22	<input type="checkbox"/> \$14.57	<input type="checkbox"/> \$30.87
Retiree & One Dependent	<input type="checkbox"/> \$13.24	<input type="checkbox"/> \$51.76	<input type="checkbox"/> \$24.15	<input type="checkbox"/> \$30.81
Retiree & Family	<input type="checkbox"/> \$33.22	<input type="checkbox"/> \$99.55	<input type="checkbox"/> \$38.39	<input type="checkbox"/> \$130.30

**SECTION 5: RETIREE VISION** (Please mark one box only)  
 CANCEL VISION **MONTHLY RATES FOR:**

	BASE PLAN	PREMIER PLAN
Retiree Only	<input type="checkbox"/> \$5.14	<input type="checkbox"/> \$9.95
Retiree & One Dependent	<input type="checkbox"/> \$9.30	<input type="checkbox"/> \$21.39
Retiree & Family	<input type="checkbox"/> \$16.23	<input type="checkbox"/> \$41.29

**SECTION 6: RETIREE & DEPENDENT INFORMATION**

Relationship	MAI	Last Name/First Name	Social Security Number	✓	Coverage Option	Date of Birth	Circle One
					None / Family / Spouse		SP/OP / JC
				<input type="checkbox"/>			
				<input type="checkbox"/>			
				<input type="checkbox"/>			

**SECTION 7: LIFE INSURANCE AND VOLUNTARY PRODUCTS (Monthly Rates)**

**Life Insurance**  Continue Life Insurance  Cancel Life Insurance

**AMAG Legal - Ultimate-Advisor**  Retiree Only \$13.33  Retiree + Family \$17.60  Cancel

**AMAG Legal - Ultimate-Advisor Plus**  Retiree Only \$17.30  Retiree + Family \$22.82  Cancel

**Discourse Commander**  Retiree Only \$11.50  Retiree + Spouse \$23.00  Cancel

**Discourse ID Commander**  Retiree Only \$10.50  Retiree + Family \$22.50  Cancel

**Pet Assure**  \$7.00 **PetPlus**  Single Pet \$4.50  Multiple Pet \$8.50  Cancel

**Pet Assure/PetPlus**  Single Pet \$11.50  Multiple Pet \$15.50

**Jackson HEALTH SYSTEM** **2019 NEW RETIREE ENROLLMENT FORM**  
**JHS BENEFIT SELECTION FORM FOR RETIREES UNDER 65 & NOT MEDICARE ELIGIBLE**  
Form 2019-01-01 Rev. 10/18 • Effective 10/1/2019 • 2019-01-01 Rev. 10/18 • Effective 10/1/2019

PLEASE WRITE IN ALL CAPITAL LETTERS

**SECTION 3: RETIREE MEDICAL** (Please mark one box only)  CANCEL MEDICAL **MONTHLY RATES FOR:**

	JACKSON FIRST HMO PLAN	JACKSON SELECT HMO PLAN	JACKSON STANDARD HMO PLAN	JACKSON POS PLAN
Retiree Only	<input type="checkbox"/> \$417.01	<input type="checkbox"/> \$450.41	<input type="checkbox"/> \$594.83	<input type="checkbox"/> \$1,202.29
Retiree & Spouse/OP Under 65	<input type="checkbox"/> \$461.84	<input type="checkbox"/> \$1,013.20	<input type="checkbox"/> \$1,444.13	<input type="checkbox"/> \$2,445.99
Retiree & Child(ren)	<input type="checkbox"/> \$665.53	<input type="checkbox"/> \$933.47	<input type="checkbox"/> \$1,315.14	<input type="checkbox"/> \$2,309.89
Retiree & Spouse/OP Under 65, plus Child(ren)	<input type="checkbox"/> \$1,172.11	<input type="checkbox"/> \$1,257.59	<input type="checkbox"/> \$1,815.97	<input type="checkbox"/> \$3,087.57
Retiree Under 65 & Spouse/OP Over 65 on Medicare - High/HMO No Rx	N/A	<input type="checkbox"/> \$728.67	<input type="checkbox"/> \$872.89	<input type="checkbox"/> \$1,570.55
Retiree Under 65 & Spouse/OP Over 65 on Medicare - High/HMO	N/A	<input type="checkbox"/> \$1,306.59	<input type="checkbox"/> \$1,794.81	<input type="checkbox"/> \$1,922.47
Retiree Under 65 - Child(ren) & Spouse Over 65 on Medicare w/High/HMO No Rx	N/A	<input type="checkbox"/> \$1,211.73	<input type="checkbox"/> \$1,597.40	N/A
Retiree Under 65 & Spouse Over 65 on Medicare w/High/HMO	N/A	<input type="checkbox"/> \$1,573.65	<input type="checkbox"/> \$1,959.32	N/A

**SECTION 4: RETIREE DENTAL** (Please mark one box only)  
 CANCEL DENTAL **MONTHLY RATES FOR:**

	Delta DENTAL	Delta PPO	Delta DENTAL	Delta PPO
Retiree Only	<input type="checkbox"/> \$5.00	<input type="checkbox"/> \$11.22	<input type="checkbox"/> \$14.57	<input type="checkbox"/> \$30.87
Retiree & One Dependent	<input type="checkbox"/> \$13.24	<input type="checkbox"/> \$51.76	<input type="checkbox"/> \$24.15	<input type="checkbox"/> \$30.81
Retiree & Family	<input type="checkbox"/> \$33.22	<input type="checkbox"/> \$99.55	<input type="checkbox"/> \$38.39	<input type="checkbox"/> \$130.30

**SECTION 5: RETIREE VISION** (Please mark one box only)  
 CANCEL VISION **MONTHLY RATES FOR:**

	BASE PLAN	PREMIER PLAN
Retiree Only	<input type="checkbox"/> \$5.14	<input type="checkbox"/> \$9.95
Retiree & One Dependent	<input type="checkbox"/> \$9.30	<input type="checkbox"/> \$21.39
Retiree & Family	<input type="checkbox"/> \$16.23	<input type="checkbox"/> \$41.29

**SECTION 6: RETIREE & DEPENDENT INFORMATION**

Relationship	MAI	Last Name/First Name	Social Security Number	✓	Coverage Option	Date of Birth	Circle One
					None / Family / Spouse		SP/OP / JC
				<input type="checkbox"/>			
				<input type="checkbox"/>			
				<input type="checkbox"/>			

**SECTION 7: LIFE INSURANCE AND VOLUNTARY PRODUCTS (Monthly Rates)**

**Life Insurance**  Continue Life Insurance  Cancel Life Insurance

**AMAG Legal - Ultimate-Advisor**  Retiree Only \$13.33  Retiree + Family \$17.60  Cancel

**AMAG Legal - Ultimate-Advisor Plus**  Retiree Only \$17.30  Retiree + Family \$22.82  Cancel

**Discourse Commander**  Retiree Only \$11.50  Retiree + Spouse \$23.00  Cancel

**Discourse ID Commander**  Retiree Only \$10.50  Retiree + Family \$22.50  Cancel

**Pet Assure**  \$7.00 **PetPlus**  Single Pet \$4.50  Multiple Pet \$8.50  Cancel

**Pet Assure/PetPlus**  Single Pet \$11.50  Multiple Pet \$15.50

**Jackson HEALTH SYSTEM** **Jackson Health System**  
**Human Resources Capital Management**  
**Retiree Life Insurance Beneficiary Form**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MIDDLE NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

**BASIC LIFE: BENEFICIARY DESIGNATION (COMPLETE SECTION 1A, OR 1B)**

**SECTION 1a: Sequentially (in order named)**

**PRIMARY BENEFICIARY** (Last Name, First Name, Middle Name) \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ SEX \_\_\_\_\_ CONTACT NUMBER \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_

**SECOND BENEFICIARY** (Last Name, First Name, Middle Name) \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ SEX \_\_\_\_\_ CONTACT NUMBER \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_

**THIRD BENEFICIARY** (Last Name, First Name, Middle Name) \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ SEX \_\_\_\_\_ CONTACT NUMBER \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_

**OR SECTION 1b: Jointly** (benefits will be divided and payable as indicated below - percentage MUST total 100%)

**PRIMARY BENEFICIARY** (Last Name, First Name, Middle Name) \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ SEX \_\_\_\_\_ CONTACT NUMBER \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_

**SECOND BENEFICIARY** (Last Name, First Name, Middle Name) \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ SEX \_\_\_\_\_ CONTACT NUMBER \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_

**THIRD BENEFICIARY** (Last Name, First Name, Middle Name) \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ SEX \_\_\_\_\_ CONTACT NUMBER \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_

**IF THE ABOVE DOES NOT MEET YOUR NEEDS, ATTACH A SIGNED AND DATED LISTING OF YOUR DESIGNATED BENEFICIARIES.**

RETIREE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

STATE OF \_\_\_\_\_, County of \_\_\_\_\_, The above named person has signed to and subscribed below me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, and is personally known \_\_\_\_\_ or produced \_\_\_\_\_ as identification.

SIGNATURE OF NOTARY PUBLIC: \_\_\_\_\_ DATE: \_\_\_\_\_

**FOR OFFICE USE ONLY**  
 FPMC/HR Representative Witness: \_\_\_\_\_

# Personal Leave & Extended Wellness

## Extended Illness

For employees covered under the AFSCME, SIEU, GSAF Bargaining Unit, please refer to your Union contract or contact your local representative. Payout after a minimum of ten years of full-time continuous employment in accordance with the following schedule:

Less than 10 years	No payment
10 years but less than 11 years	25% payment
11 years but less than 12 years	30% payment
12 years but less than 13 years	35% payment
13 years but less than 14 years	40% payment
14 years but less than 15 years	45% payment
15 years but less than 16 years	50% payment
16 years but less than 17 years	55% payment
17 years but less than 18 years	60% payment
18 years but less than 19 years	65% payment
19 years but less than 20 years	70% payment
20 years but less than 21 years	75% payment
21 years but less than 22 years	77.5% payment
22 years but less than 23 years	80% payment
23 years but less than 24 years	82.5% payment
24 years but less than 25 years	85% payment
25 years but less than 26 years	87.5% payment
26 years but less than 27 years	90% payment
27 years but less than 28 years	92.5% payment
28 years but less than 29 years	95% payment
29 years but less than 30 years	97.5% payment
30 years or more	100% payment

Non union employees hired prior to October 1, 2017 with less than thirty (30) years full-time PHT/County employment – who retire or resign from the PHT – will be eligible to receive payment for up to a maximum of 1,000 hours of accrued extended illness leave at the employee's rate of pay and tier as of September 30, 2017.

## Personal Leave

Payout of 100 percent of accrued bank up to 500 hours at current base hourly rate of pay. The 500-hour accrual maximum includes converted sick leave.

Non union employees shall be eligible for a pro-rated payment of accrued personal leave (based on number of complete pay periods), up to 80 hours (if less than 10 years of service or FTE equivalent) and up to 120 hours (if 10 or more years of service/ FTE Equivalent) at the base rate of pay.

# Tax-Sheltered Annuity (TSA) Contact List

## 403(b) Retirement Plans & 457 Deferred Compensation Plans

Please contact the following providers for information and/or assistance with the Tax Sheltered Annuity 403(b) Retirement Plans and Deferred Compensation 457 Plans.

### **FIDELITY INVESTMENTS: 403(b)**

1-800-343-0860  
#51502 (Employer Plan Number)

Alana Salandy  
Retirement Planning: 1-800-248-4213  
Cell Phone: 754-208-8811  
Fax: 972-910-5700  
alana.salandy@fmr.com

### **LINCOLN FINANCIAL GROUP: 403(b) & 457**

Flower Ortega  
Mobile Number: 305-962-6957  
Fax: 260-455-9152  
flor.ortega@lfg.com

### **NATIONWIDE RETIREMENT**

SOLUTIONS: 457  
Aaron R. Schwartz  
305-439-9550  
schwara5@nationwide.com  
#609177 (Employer Plan Number)

### **VALIC: 403(b) & 457**

Alex Harriehausen  
305-710-6525  
alex.harriehausen@valic.com

Dida Langsdale  
305-984-2236  
candida.langsdale@valic.com

Kaana Smith  
786-350-8796  
kaana.smith@valic.com

Armando Vazquez  
305-409-3156  
armando.vazquez@valic.com

Al Wishneff  
954-224-7018  
albert.wishneff@valic.com

Roxann Murphy  
954-205-6433  
roxann.murphywishneff@valic.com

### **VOYA FINANCIAL 403(b) & 457**

Stacey Sherbinsky  
954-486-2236  
s.sherbinsky@voyafa.com

Gwenn Wayne  
954-486-2236  
gwenn.wayne@voyafa.com  
Group#09058

# Final Work Checks

## 2019 PAYROLL CALENDAR

PP#	END	END	PAYDAY
1	12/16/2018	12/29/2018	1/4/2019
2	12/30/2018	1/12/2019	1/18/2019
3	1/13/2019	1/26/2019	2/1/2019
4	1/27/2019	2/9/2019	2/15/2019
5	2/10/2019	2/23/2019	3/1/2019
6	2/24/2019	3/9/2019	3/15/2019
7	3/10/2019	3/23/2019	3/29/2019
8	3/24/2019	4/6/2019	4/12/2019
9	4/7/2019	4/20/2019	4/26/2019
10	4/21/2019	5/4/2019	5/10/2019
11	5/5/2019	5/18/2019	5/24/2019
12	5/19/2019	6/1/2019	6/7/2019
13	6/2/2019	6/15/2019	6/21/2019
14	6/16/2019	6/29/2019	7/5/2019
15	6/30/2019	7/13/2019	7/19/2019
16	7/14/2019	7/27/2019	8/2/2019
17	7/28/2019	8/10/2019	8/16/2019
18	8/11/2019	8/24/2019	8/30/2019
19	8/25/2019	9/7/2019	9/13/2019
20	9/8/2019	9/21/2019	9/27/2019
21	9/22/2019	10/5/2019	10/11/2019
22	10/6/2019	10/19/2019	10/25/2019
23	10/20/2019	11/2/2019	11/8/2019
24	11/3/2019	11/16/2019	11/22/2019
25	11/17/2019	11/30/2019	12/6/2019
26	12/1/2019	12/14/2019	12/20/2019
1	12/15/2019	12/28/2019	1/3/2020

## ATTACHMENT B FORM

**Attachment B**  
HUMAN RESOURCES CAPITAL MANAGEMENT  
**FINAL PROCESSING FORM**

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**Personal Information**

Full Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell #: \_\_\_\_\_  
 Social Security # (Last 4 digits): \_\_\_\_\_  
 Last 4: \_\_\_\_\_  
 Personal / Home E-Mail address: \_\_\_\_\_

I understand that if there is an existing debt to the Jackson Health Systems, monies due may be taken out of the last pay check in accordance with agreed policies and applicable contractual agreements. I hereby understand that my rights to retain my current insurance coverage through COBRA will expire upon 60 days from separation, and my packet, along with a certification of my health benefits in accordance with the Health Information Portability and Accountability Act, will be mailed to my home address on file. For further information, I can contact Fringe Benefits (FBG) at (305) 585-6812.

You have an obligation to maintain confidentiality of JHS/PHF proprietary information and you are advised not to take or use any material containing confidential or proprietary information outside of JHS/PHF. Please return any materials, documents or JHS/PHF property you may have in your possession to your Supervisor.

**YOUR FINAL CHECK(S) WILL BE MAILED TO YOUR CURRENT ADDRESS ON FILE OR THE UPDATED ADDRESS PROVIDED ABOVE.**

EMPLOYEE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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**For HRM Records Administration Use Only**

Check Date: \_\_\_\_\_ PFI Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Check Date: \_\_\_\_\_ PFI Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Signature: \_\_\_\_\_

Processed By: \_\_\_\_\_ Date: \_\_\_\_\_ Resignation List: \_\_\_\_\_

\* Required information for final mailing of W-2 form, benefits information and final check.  
 PLEASE RETURN THIS FORM TO:  
 HR Service Center - 1500 NW 12<sup>th</sup> Avenue, Miami, FL 33136 - Phone: (305) 585-6771

# FRS Pension Additional Forms Required

1.

**Florida Retirement System Pension Plan**  
**Health Insurance Subsidy Certification Form**  
 Revised Payroll Section  
 PO BOX 9000 Tallahassee, FL 32315-9000  
 Local Phone: 850-907-6500 Toll Free: 844-377-1888

PAYEE SSN: \_\_\_\_\_ PAYEE NAME: \_\_\_\_\_

I hereby make application for the Health Insurance Subsidy (HIS). I have read the instructions on the enclosed sheet and checked one of the four boxes below. I have checked the **ONE** box below that applies to the earliest insurance coverage date.

For FRS processing only

SIGNATURE OF PAYEE \_\_\_\_\_ DATE \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

**SECTION A: To be completed by Payee who will have health premiums deducted from pension payment**  
 This is to certify that I have already completed the required paperwork to have approval/ deduction of my health insurance premium from my Florida Retirement System (FRS) monthly benefit. I understand the subsidy will be added AFTER the insurance deduction logic. \*\*Please check with your former employer about approval for the People First Service Center (state agencies) if you have questions about pension deductions from your retirement benefit.

**SECTION B: To be completed by former FRS (non-state) employer or People First Service Center (1-888-683-4753) for state agencies**  
 This is to certify that the above named payee had health insurance coverage effective \_\_\_\_\_ and is currently covered through our agency.  
 Signature: FRS Agency Representative \_\_\_\_\_ Date \_\_\_\_\_ FRS Agency Name \_\_\_\_\_ Phone # \_\_\_\_\_

**SECTION C: To be completed by Insurance Company - (insurance cards are not accepted)**  
 This is to certify that the above named payee has health coverage with \_\_\_\_\_ (Company Name) with an effective policy date of \_\_\_\_\_ (Date) (Please use the earliest possible coverage date).  
 Company Representative Signature \_\_\_\_\_ Date \_\_\_\_\_ Company Address \_\_\_\_\_ Phone # \_\_\_\_\_

**SECTION D: Payee provides Medicare or Military Insurance**  
 I have attached a photocopy of either a MEDICARE or Military ID/IDMILITARY card.  
**PLEASE DO NOT SEND YOUR ORIGINAL CARD.** It will not be returned.  
 NOTE: We will use your Medicare effective date to determine your HIS effective date. Your HIS effective date cannot be earlier than your Medicare effective date.  
 Please return completed form to the Retired Payroll Section. (See address above)  
 Other contact information:  
 Fax: 850-410-2010  
 Email: Retirement@flrs.mylfla.com

Rule 605-4.000, F.A.C. Application, Page 1 of 1

3.

**FLORIDA RETIREMENT SYSTEM**  
**WITHHOLDING CERTIFICATE FOR PENSION PAYMENTS**

PAYEE NAME: \_\_\_\_\_ PAYEE SOCIAL SECURITY NUMBER: \_\_\_\_\_  
 PAYEE SIGNATURE: \_\_\_\_\_ MEMBER SOCIAL SECURITY NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Federal tax withholding amounts are based on both Marital Status AND Allowances. Some pension payments are too small for tax to be withheld based on the selection of these two withholding options. You MUST complete either Section A, B, or C to select your tax withholding status. If you need help with your tax liability, please contact a Federal Internal Revenue Service (IRS) office. You may also use Online Services at www.irs.myfloridacomb.com to calculate different tax options, agent your withholding status electronically or confirm a Form W-4P has been processed by our office.

**INCOMPLETE FORMS WILL BE RETURNED**

**Section A (or)**  I elect **NOT** to have federal income tax withheld from my monthly pension.  
 I want to have federal income tax withheld from my monthly pension based on:

**Section B (or)** Marital Status AND Allowances  
 Single  zero **Additional Monthly Amount** (if any)  
 Married  1  2  
 Claiming Single  other \_\_\_\_\_ (in addition to calculated tax table amount)

**Section C** I want to have federal income tax withheld from my monthly pension based on:  
 Marital Status AND Allowances **For a Total Monthly Amount of:**  
 Single  zero  
 Married  1  2  
 Claiming Single  other \_\_\_\_\_ (number) \$ \_\_\_\_\_ (required minimum tax withholding amount per month)

I understand that if this Total Monthly Amount is less than the calculated tax table amount, the calculated (gross) amount will be withheld.

PAYEE MAILING ADDRESS: \_\_\_\_\_ COMPLETE AND MAIL TO:  
 DIVISION OF RETIREMENT  
 RETIRED PAYROLL SECTION  
 PO BOX 9000  
 TALLAHASSEE, FL 32315-9000  
 OR FAX TO:  
 850-410-2010  
 Contact us toll free at 844-377-1888 or locally at 850-907-6500 for questions.  
 Email: Retirement@flrs.mylfla.com  
 Website: www.flrs.mylfla.com

2.

**Department of Financial Services**  
**Division of Accounting and Auditing - Bureau of Vendor Relations**

**Retiree Direct Deposit Authorization**

All forms submitted must be complete and signed by the retiree or the retiree's power of attorney on file with the Florida Retirement System.

The social security number is required to be collected pursuant to 112C.011, and all data will be used to comply with the Internal Revenue Code and to comply with section 110.01(1)(b) of the Florida Constitution.

Select the appropriate action:  
 - **New request** - If a payee does not currently have direct deposit with the State.  
 - **Change request** - If a payee has a current direct deposit with the State and is requesting a change (alternate change of payee name, account number and etc).  
 - **Stop request** - If a payee wishes to stop an active direct deposit authorization.

Report items of information:  
 - Submit a copy of a valid driver's license or government issued identification of the retiree (original photo ID required).  
 - Provide a copy of a driver's license will not be returned.  
 - The name on the form must match the name on file with the Florida Retirement System. If you change your name with the Florida Retirement System, you must also change your name for direct deposit.  
 - The authorization will remain in effect until terminated in writing. The State will not be responsible for any data that may arise solely by error of any member or third-party information provided on the Direct Deposit Payment Authorization Form.  
 - Banking industry rules require the State, as originator of electronic payments, to identify payments where the entire payment amount is subsequently transferred to a financial institution outside the United States. The rules are referred to as "International ACH Transactions (IAT) rules" and are pursuant to requirements of the United States Treasury Office of Foreign Assets Control (OFAC). Funds will be sent to IAT payees. These payments will be made by wire transfer. Contact your financial institution to see if IAT rules apply to you.

A voided personal check can be identified with the Direct Deposit Authorization request. Ask the State how the terms and conditions of the check will be used to confirm the financial institution information.

**DISCLAIMER:** This form is provided for informational purposes only. It is not intended to constitute an offer of insurance or any other financial product. For more information, please contact your agent or the Department of Financial Services. This form is not a contract. It is subject to change without notice. It is void where prohibited. It is not intended to constitute an offer of insurance or any other financial product. For more information, please contact your agent or the Department of Financial Services. This form is not a contract. It is subject to change without notice. It is void where prohibited.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail this form to the address below:  
 Department of Financial Services  
 Division of Accounting and Auditing - Bureau of Vendor Relations  
 200 East Commerce Street  
 Tallahassee, Florida 32302-0001  
 Telephone: 904-498-2000  
 Fax: 904-498-2001  
 For prompt establishment of Direct Deposit, complete your IAT request through the Florida Retirement System website and a [www.flrs.com](http://www.flrs.com) link is provided. Paper Direct Deposit Authorization forms are processed in 4 weeks for processing.

DPS-41-298, Rev. 04/2016  
 Rule 690-22.002, F.A.C.

**Florida Retirement System Pension Plan**  
**Health Insurance Subsidy Certification Form**  
 Revised Payroll Section  
 PO BOX 9000 Tallahassee, FL 32315-9000  
 Local Phone: 850-907-6500 Toll Free: 844-377-1888

The Health Insurance Subsidy (HIS) is additional money added to your monthly retirement benefit to help offset the cost of your health insurance. The HIS is not a health insurance policy. Refer to Section 112.363, Florida Statutes.

**APPLICATION PROCESS:**  
 The payee or their legal representative:  
 1. Must sign and date the top portion of Form HIS-1.  
 2. Is responsible for having one section (A, B, or C) of Form HIS-1 completed with appropriate signatures or photocopies attached.  
 3. Is responsible for submitting by mail or fax the completed Form HIS-1 to a timely manner to the Division of Retirement CR following up with the private insurance company or FRS agency representative that submits the form on their behalf.

**ELIGIBILITY:**  
 HIS applications are sent to those people that are most likely to be eligible for the HIS. To be eligible, the retiree (or their surviving beneficiary receiving monthly benefits) must certify that they have one of the following types of insurance listed below. (Coverage with any company or coverage through any employer).  
 - Health  
 - Cancer  
 - Accident  
 - Disability  
 - Dental  
 - Medicare Part A and/or Part B  
 - Vision  
 - Military health coverage

**NOTE:** A spouse or other family member may pay for the single or family coverage insurance.

**NOT ELIGIBLE:**  
 Retirees who receive the following types of payments are not eligible for the HIS:  
 - Recipients of Medicaid, Medically Needy Programs and Health of the Brotherhood  
 - Florida Institute of Food and Agricultural Sciences (IFAS) Supplemental Retirement Program Benefits  
 - Florida National Guard Benefits  
 - Florida State University System Optional Retirement Programs  
 - Florida State University System Optional Retirement Programs  
 - Florida State Community College System Optional Retirement Programs  
 - Florida State Teachers' Retirement System Survivors' Benefits  
 - Retirees already receiving health insurance at no cost through the State of Florida (Section 110.1232, F.S.).

**HIS PAYMENTS:**  
 Eligible retirees (or their surviving beneficiary receiving monthly benefits) will receive \$5 per month for each year of creditable service used to calculate the retirement benefit. Years of employment in the Deferred Retirement Option Program (DROP) do not count towards your total years of service for the HIS calculation. Effective July 1, 2021, the HIS payment increased to at least \$30, but not more than \$150 per month. This subsidy is contingent upon continued approval by the Florida Legislature.

**RETROACTIVE HIS PAYMENTS:**  
 The completed application must be returned to the Division of Retirement within six months of the date retirement benefits started in order to receive the subsidy retroactive to the effective retirement date (or the month following DROP termination if applicable). If the completed form is not received within six months, retroactive subsidy payments will be limited to a maximum of six months. DROP participants cannot apply for the HIS until they have terminated employment and participation in the DROP.

Rule 605-4.000, F.A.C. Instructions Page 1 of 1

**CONTACT 844-377-1881 OR VISIT MYFRS.COM FOR REQUIRED FORMS.**



# PHT Annuity Additional Forms Required

1.

HS-1 Public Health Trust Defined Benefit Pension Plan Health Insurance Subsidy Certification Form  
The Benefits Department, 1500 NW 12th Ave Suite 1009 Miami, FL 33136  
Phone: 786-466-8355 Fax: 305-355-5011

PAYEE SSN: \_\_\_\_\_ PAYEE NAME: \_\_\_\_\_

I hereby make application for the Health Insurance Subsidy (HIS). I have read the instructions on the enclosed sheet and checked one of the four boxes below. I have checked the **one** box below that provides the earliest insurance coverage date.

For this insurance only

SIGNATURE OF PAYEE \_\_\_\_\_ DATE \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

**SECTION A: To be completed by Payee who will have health premiums deducted from pension payment**  
 This is to certify that I have already completed the required paperwork to have payroll deduction of my health insurance premium from my monthly pension benefit. I understand the subsidy will be added AFTER the insurance deduction begins. **Please check with the Benefits Department if you have questions about premium deductions from your retirement benefit.**

**SECTION B: To be completed by the Jackson Benefits Department.**  
 This is to certify that the above named payee has health insurance coverage effective \_\_\_\_\_ and is currently covered through our agency.  
 Signature: Jackson Benefits Representative \_\_\_\_\_ Date \_\_\_\_\_ Phone # \_\_\_\_\_

**SECTION C: To be completed by Insurance Company. (Insurance cards are not accepted.)**  
 This is to certify that the above named payee has health coverage with \_\_\_\_\_ (Company Name) with an effective policy date of \_\_\_\_\_ (Date). (Please use the earliest possible coverage date).  
 Company Representative Signature \_\_\_\_\_ Date \_\_\_\_\_ Company Address \_\_\_\_\_ Phone # \_\_\_\_\_

**SECTION D: Payee provides MEDICARE or Military Insurance Information**  
 I have attached a photocopy of either a MEDICARE or Military OUTPATIENT CARD.  
**PLEASE DO NOT SEND YOUR ORIGINAL CARD. It will not be returned.**  
 NOTE: We will use your Medicare effective date to determine your HIS effective date. Your HIS effective date cannot be earlier than your Medicare effective date.

ATTACH COPY OF CARD HERE MEDICARE OR MILITARY OUTPATIENT CARD

Please Return to the Benefits Department  
1500 NW 12th Ave Suite 1009  
Miami, FL 33136  
Phone: 786-466-8355 Fax: 305-355-5011

Public Health Trust Defined Benefit Pension Plan Health Insurance Subsidy Certification Form  
The Benefits Department, 1500 NW 12th Ave Suite 1009 Miami, FL 33136  
Phone: 786-466-8355 Fax: 305-355-5011

The Health Insurance Subsidy (HIS) is additional money added to your monthly retirement benefit to help offset the cost of your health insurance. The HIS is not a health insurance policy.

**APPLICATION PROCESS:**  
 1. Must sign and date the top portion of Form HIS-1.  
 2. Is responsible for having one section (A,B,C or D) of Form HIS-1 completed with appropriate signatures or photo copies attached.  
 3. Is responsible for submitting by mail or fax the completed Form HIS-1 in a timely manner to the Benefits Department.

**ELIGIBILITY:**  
 HIS applications are sent to those people that are most likely to be eligible for the HIS. To be eligible, the retiree must certify that they have one of the following types of insurance listed below. (Coverage with any company or coverage through any employer):  
 - Health  
 - Cancer  
 - Accident  
 - Disability  
 - Dental  
 - Vision  
 - Medicare Part A and/or Part B  
 - Tricare  
 - Military health coverage

**NOTE:** A spouse or other family member may pay for the single or family coverage insurance.

**NOT ELIGIBLE:**  
 Retirees who receive the following types of payments are not eligible for the HIS:  
 - Reimbursements of Medical, Medicare Medigap Programs and Health of the Brotherhood  
 - Florida Institute of Food and Agricultural Sciences (IFAS) Supplemental Retirement Program Benefits  
 - Florida National Guard Benefits  
 - Florida Special Pensions or Relief Act  
 - Florida Senior Management Services Optional Annuity Programs  
 - Florida State University System Optional Retirement Programs  
 - Florida State Community College System Optional Retirement Programs  
 - Florida Teachers' Retirement System Survivors' Benefits  
 - Retirees already receiving health insurance at no cost through the State of Florida (Section 110.1232, F.S.)

**HIS PAYMENTS:**  
 Eligible retirees will receive \$5 per month for each year of creditable service used to calculate the retirement benefit. The HIS subsidy is at least \$20, but not more than \$150 per month. The maximum health insurance subsidy of \$150 is the total maximum you may receive from both the FRS and PHT combined.

2.

Northern Trust

**SAMPLE CHECK**

**REVERSE STATEMENT**

**Check Elements Referenced**

- 1. Check signature appear on the check stub.
- 2. An incorrect listing of the gross and net amount of the benefit in addition to year-to-date earnings and deductions appear on the reverse.
- 3. Check the "Temporary Status" section each month; gross earnings up to 1,800 dollars.
- 4. The Federal Tax Election Form allows participants to replace their federal deductions.
- 5. The individualized State Tax Election Form allows participants to update their state tax withholding elections. The election applies on the statement and complies with state withholding requirements.
- 6. When participants receive their benefit in the form of a paper check, the actual date will be printed at the bottom of the page. The check can be readily dated on the perforations.

Northern Trust

Northern Trust

**Data Elements Released**

- 1. Use the Electronic Deposit Authorization Form to allow instructions for direct deposit of your benefit.
- 2. Use the Address Change Form to submit an address change.
- 3. The Federal Tax Election Form (aka TEFRA) helps update legal requirements for meeting participants' their tax election rights.

Northern Trust

# PHT Pension Modeling Tool

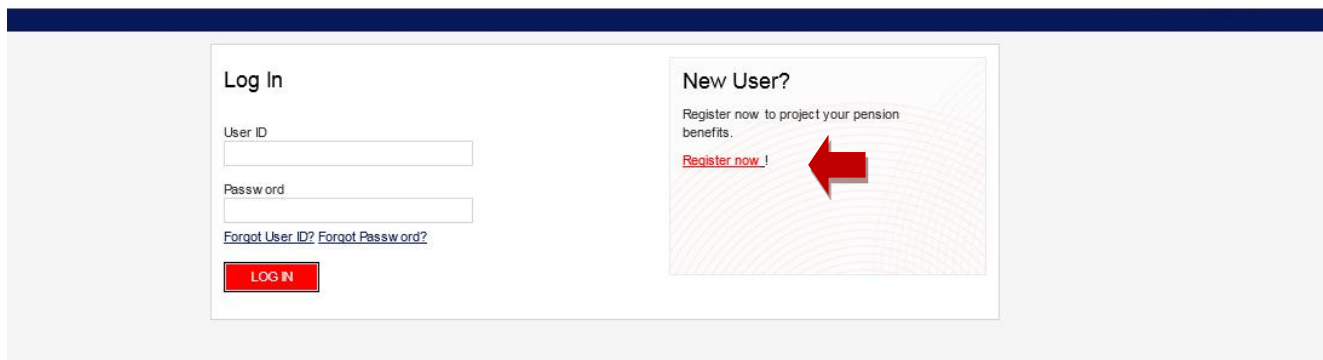
## PHT Pension Modeling Tool

### Accessing the Pension Modeling Tool and Logging On

Access the tool by logging on at: <https://eepoint.towerswatson.com/sites/jhs/ess/>

The first time you access the system, you will need to set up your user name and password by clicking on the **Register now** link.

### Pension Self Service

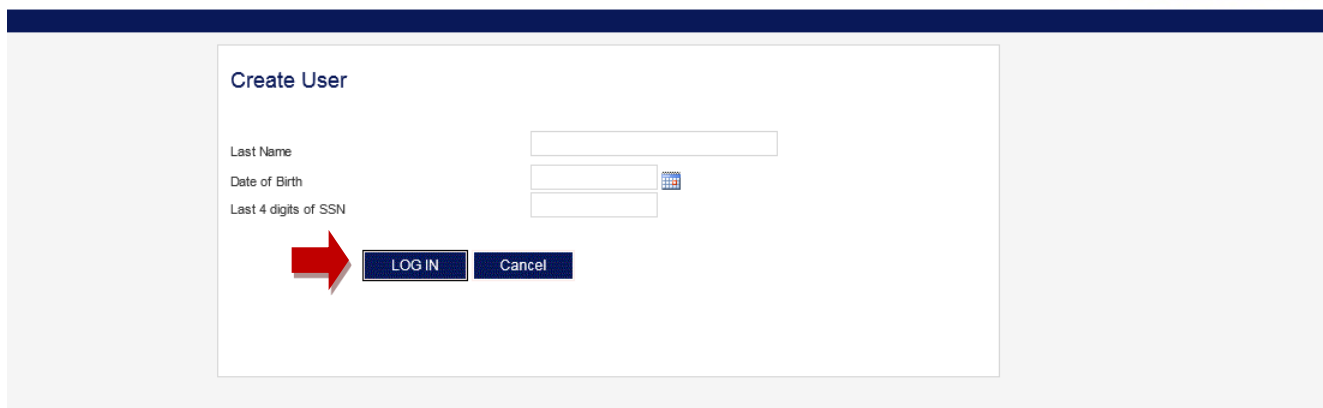


You will need to enter the following information to validate your eligibility:

- Your last name
- Your date of birth (MM/DD/YYYY)
- The last four (4) digits of your Social Security number

Then, click the **Log In** button.

### Pension Self Service



# PHT Pension Modeling Tool

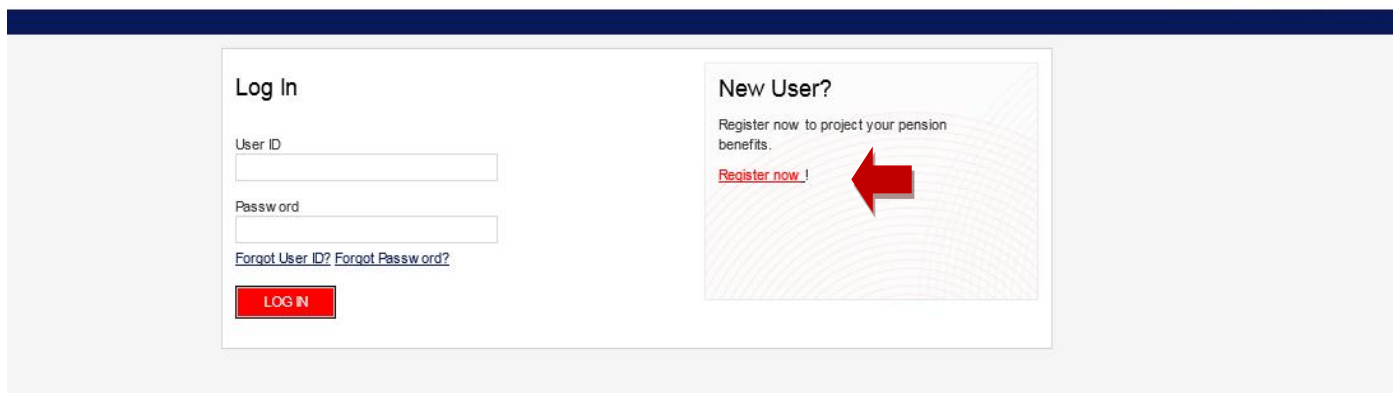
## PHT Pension Modeling Tool

### Accessing the Pension Modeling Tool and Logging On

Access the tool by logging on at: <https://eepoint.towerswatson.com/sites/jhs/ess/>

The first time you access the system, you will need to set up your user name and password by clicking on the **Register now** link.

### Pension Self Service



**Log In**

User ID

Password

[Forgot User ID?](#) [Forgot Password?](#)

**LOG IN**

**New User?**

Register now to project your pension benefits.

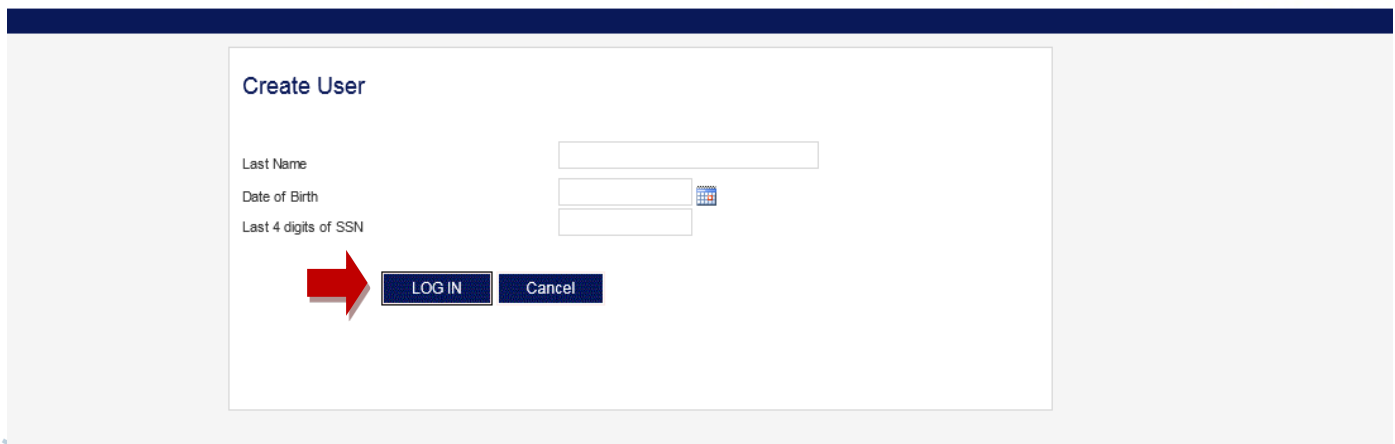
[Register now !](#)

You will need to enter the following information to validate your eligibility:

- Your last name
- Your date of birth (MM/DD/YYYY)
- The last four (4) digits of your Social Security number


Then, click the **Log In** button.

### Pension Self Service




**Create User**

Last Name

Date of Birth  

Last 4 digits of SSN

 **LOG IN** **Cancel**

# PHT Pension Modeling Tool

Once your eligibility is validated, your name should appear in the top left corner of the screen. Enter the following in the fields provided:

- **User name:** Enter the user name you would like to use. You may want to consider using First Name.Last Name as an option. **Ex:** If your name is Jane Doe, enter Jane.Doe in the field.
- **Confirm user name:** Re-enter the user name entered (**Ex:** Jane.Doe).
- **New password and confirm password:** Click the **Password Policy** link to review the criteria needed for your password *before* you create it.
- **Security Questions 1 and 2:** Select a question and provide the correct answer in the field below. The two questions must be different.

Click the **Log In** button.

## Pension Self Service

**Create User**

Person, Test

User Name

Confirm User Name

New Password  [Password Policy](#)

Confirm Password

Security Question 1

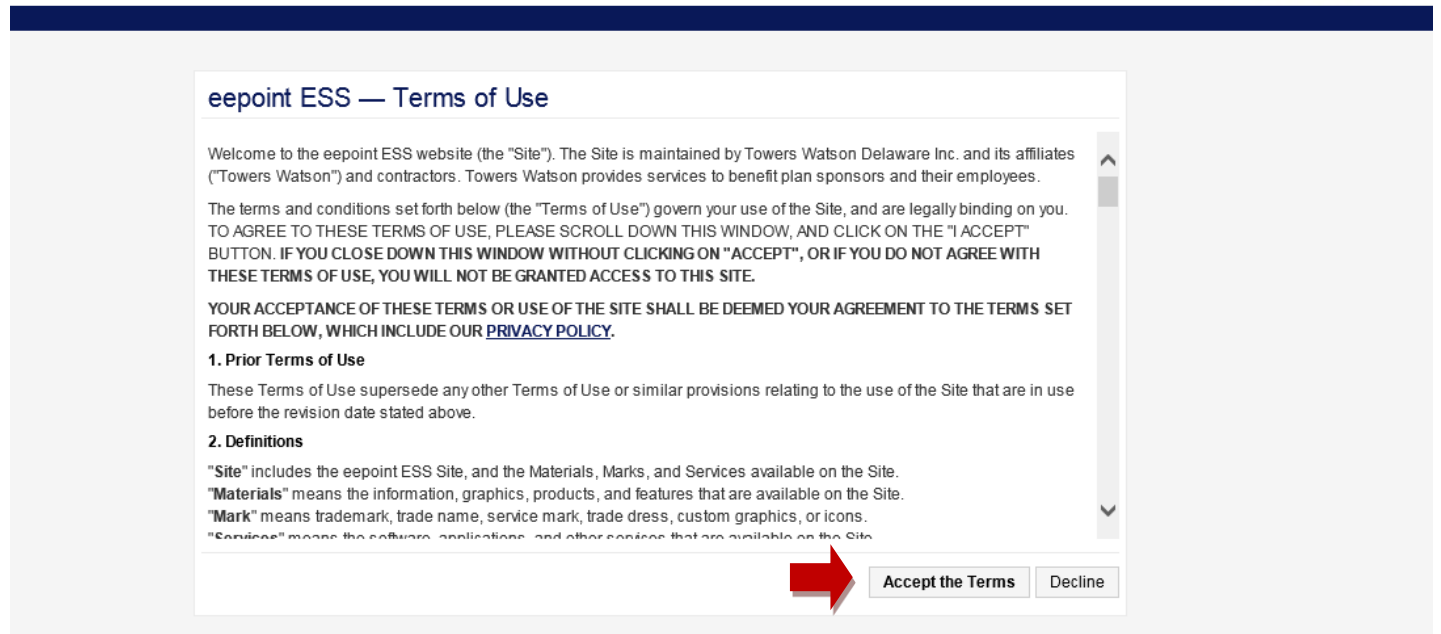
Security Question 2

**IMPORTANT** Please keep your access information in a secure location and do not share your access with others.

# PHT Pension Modeling Tool

To begin using the modeling tool, you must accept the terms of use. Click the **Accept the Terms** button to complete the account creation process.

## Pension Self Service



The screenshot shows a web browser window titled "eepoint ESS — Terms of Use". The page content includes a welcome message, a disclaimer, and sections for "1. Prior Terms of Use" and "2. Definitions". At the bottom right, there are two buttons: "Accept the Terms" and "Decline". A red arrow points to the "Accept the Terms" button.

**eepoint ESS — Terms of Use**

Welcome to the eepoint ESS website (the "Site"). The Site is maintained by Towers Watson Delaware Inc. and its affiliates ("Towers Watson") and contractors. Towers Watson provides services to benefit plan sponsors and their employees.

The terms and conditions set forth below (the "Terms of Use") govern your use of the Site, and are legally binding on you. TO AGREE TO THESE TERMS OF USE, PLEASE SCROLL DOWN THIS WINDOW, AND CLICK ON THE "I ACCEPT" BUTTON. IF YOU CLOSE DOWN THIS WINDOW WITHOUT CLICKING ON "ACCEPT", OR IF YOU DO NOT AGREE WITH THESE TERMS OF USE, YOU WILL NOT BE GRANTED ACCESS TO THIS SITE.

YOUR ACCEPTANCE OF THESE TERMS OR USE OF THE SITE SHALL BE DEEMED YOUR AGREEMENT TO THE TERMS SET FORTH BELOW, WHICH INCLUDE OUR [PRIVACY POLICY](#).

**1. Prior Terms of Use**

These Terms of Use supersede any other Terms of Use or similar provisions relating to the use of the Site that are in use before the revision date stated above.

**2. Definitions**

"Site" includes the eepoint ESS Site, and the Materials, Marks, and Services available on the Site.  
"Materials" means the information, graphics, products, and features that are available on the Site.  
"Mark" means trademark, trade name, service mark, trade dress, custom graphics, or icons.  
"Services" means the software, applications, and other services that are available on the Site.

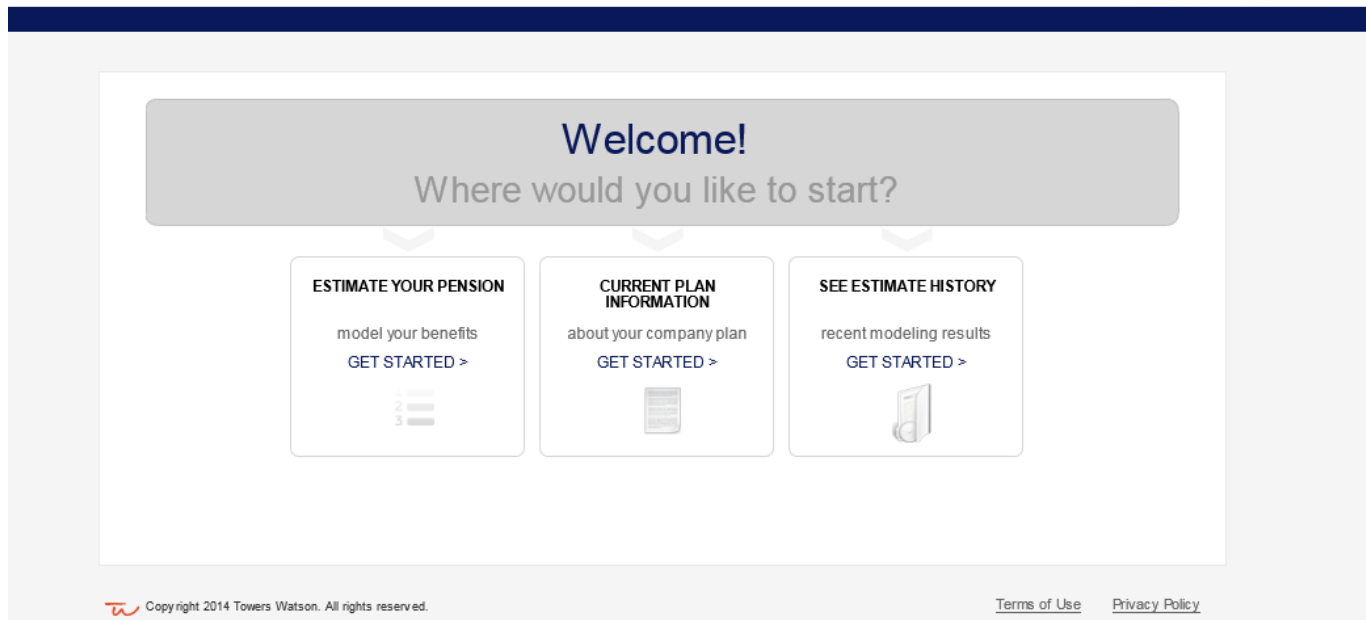
**Accept the Terms** Decline

# PHT Pension Modeling Tool

## Using Pension Self Service

As soon as your account is created, you will be taken to the **Pension Self Service Welcome Screen**.

### Pension Self Service



Use **Estimate Your Pension** to create different payout scenarios based on age and retirement date.

Review **Current Plan Information**, view your summary pension plan description online and access contact information to learn more about your pension and other benefits.

Manage your **Estimate History** by reviewing prior scenarios and deleting unwanted ones.

## Running Your Estimates

On **My Assumptions**, under **Estimate Your Pension**, enter your estimated retirement date or age at retirement and when you want payments to commence. Be sure to include your beneficiary's date of birth to see the joint and survivor optional forms of payment that may be available to you. You can enter three different combinations at one time.

Click **Next** to generate your estimate results.

**Note:** All results are estimates only and do not represent a guarantee of retirement income.

# PHT Pension Modeling Tool

## PHT Retirement Self Service Calculator



HOME CONTACT Change Password Log Out

### Pension Modeling

1 MY PERSONAL INFORMATION 2 MY ASSUMPTIONS 3 MY RESULTS

Specify the Retirement Date and other modeling assumptions to project your benefits for up to three scenarios. Click NEXT to see your results.

My Assumptions		Scenario 1	Scenario 2	Scenario 3
I plan to work until:				
Quick Date	<input checked="" type="radio"/> Age 65: 10/31/2046	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
Age	<input type="radio"/> 65	<input type="radio"/>	<input type="radio"/>	
Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	
I will start my pension payments	Immediately upon termination			
Joint Annuitant Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	

**Joint Annuitant Information**

It is critical that you provide the date of birth of your joint annuitant. This date is used in the calculation of Options 3 and 4. Please note that the information used does not change your beneficiary designation on file. To change your beneficiary designation, please complete the Pension Beneficiary Form and return it to the Employee Shared Service Center / 305-585-6771.

BACK 1 2 3 NEXT

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**NOTE: Need to change your password? Click **Estimate Your Pension, Current Plan Information** or **Estimate History** and in the top right corner is a **Change Password** link. Enter your old password and a new password, confirm your new password and then confirm your security questions and click **Log In**.**

# Notices

## HIPAA PRIVACY

The Plan complies with the privacy requirements of the Health Insurance Portability and Accountability Act of (HIPAA). These requirements are described in a Notice of Privacy that was previously given to you. A copy of this notice is available from your Plan Administrator free of charge upon request.

## HIPAA SPECIAL ENROLLMENT NOTICE

If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. To request special enrollment or obtain more information, contact your Plan Administrator.

NOTE: This assumes that the retiree plan is not a separate, standalone retiree plan.

## WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998 ANNUAL NOTICE

Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedemas. Call your Plan Administrator for more information.

## COBRA OVERVIEW

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event, also called a "qualifying event." After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." Your spouse and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. This is not a complete account of all COBRA terms and conditions. Please contact your Plan Administrator for more information.

Note: This is optional and not required. It doesn't really satisfy any rule. This is just alerting the retiree that his or her dependents may have a COBRA right. The retiree no longer has COBRA rights if he or she has elected the retiree plan.



# Notes

# Notes

# Notes



**Office Hours: 7:30 a.m. - 5 p.m., Monday - Friday ET**

**On-site FBMC Service Center**

Jackson Memorial Hospital  
1611 N.W. 12th Avenue  
Park Plaza West L-109B  
Miami, FL 33136-1096  
305-585-6512

**Retirement Department**

Jackson Memorial Hospital  
1500 N.W. 12th Avenue, Suite 106W  
Miami, FL 33136  
786-466-8355  
E-Mail: [Phretirement@jhsmiami.org](mailto:Phretirement@jhsmiami.org)  
Fax: 305-355-5011



Contract Administrator  
FBMC Benefits Management, Inc.  
PO Box 1878 • Tallahassee, Florida 32302-1878  
FBMC Service Center 855-56JHS4U (855-565-4748)  
[myFBMC.com](http://myFBMC.com)

**Disclaimer:** This guide does not contain an exhaustive list of the terms and conditions of each benefit. Please refer to the policy, certificate of coverage, or the carrier for more information. Information contained herein does not constitute an insurance certificate or policy. Certificates or policies will be provided to participants following the start of the plan year, if applicable.