

2024 RETIREE ENROLLMENT FORM

Jackson
HEALTH SYSTEM
PO Box 10789 • Attn: Mail Slot 32 • Tallahassee, FL 32302
Service Center: 855-56JHS4U (855-565-4748) Direct Bill Fax: 866-836-9943 JHS BENEFIT SELECTION FORM FOR RETIREES 65 & OVER AND/OR MEDICARE ELIGIBLE

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AST NAME				FIRST NAME	E		1	/II SS#			1 1		1	
ADDRESS [STREET, CIT	TY, STATE]								ZIP				
EMAIL ADDRESS								HOME PHONE						
BIRTH DATE				☐ MARRIED EFFEC	CTIVE DATE (MM/DD/Y	YYY)		CELLPHO	ONE					
			FEMALE	SINGLE										
OFOTION	0 1	NOTEL	IOTIONO											
SECTION may not increase	2: I	NSTRU	JCTIONS RETIR ections will continue in t	EES: You may conting	nue, decrease or c	ancel coverag	je; you may Your coloctio	not increase cove	rage. Unless F	HIPAA speci	al enrollme	ent rights a	pply, you	
			HMO plan is grandfath											
			. Enrollment in an AvMe											
SECTION 3: RETIREE MEDICAL (Please mark one box only) CANCEL MEDICAL									MEDICAL					
NOTE: IN ELECTING THE MONTHLY RATES		MENTAL PLAN F	FOR MYSELF AND ELIGIBLE DE	ENDENT, I UNDERSTAND THAT ENROLLMENT IN PART B AND PART D IS REQUI				HIGH PLAN			HIGH WITH NO RX PLAN			
Retiree 65 and Ov		1							\$1,324.56			\$575.	75	
Retiree 65 and Ov	ver & Sr	oouse/DP 65						\$2,269.23			\$986.37			
			ver 65 [†] plus Child(ren) [†]					\$3,622.17			□ \$2,339.37			
Retiree 65 and Over & Spouse/DP Over 65 [†] plus Child(ren) [†] on AvMed Standard HMO Retiree 65 and Over & Child(ren) [†] on AvMed POS Plan								\$3,329.03 \$2,677.50			\$2,046.17 \$1,928.69			
Retiree 65 and Ov	ver & Ch	hild(ren)† on	AvMed Standard HMO	AvMed DOC DI					\$2,384.36			\$1,635.	55	
			nder 65†, Child(ren)† on nder 65†, Child(ren)† on						□ \$4,270.87 □ \$3,094.24			\$3,522.06 \$2,345.43		
Retiree 65 and Ov	ver & Sp	oouse/DP Ur	nder 65 on AvMed POS	Plan				\$3,136.99			\$2,388.18			
Retiree 65 and Uv	ver & Sp	oouse/DP Ur	nder 65 on AvMed Stand	dard HMU	1				\$2,564.24			\$1,815.	43	
DEPENDEN	NT C	OVERAG	GEONLY (Please	e mark one box only	y)		1.000		ICAL					
			& OVER WITH NON-J		JACKSU			ON SELECT 10 Plan	JACKSON HMO	STANDAR PLAN	ן ע	JACKSO POS PLA		
				ouse/DP Under 6	5† 🗖 :	\$841.86	$\vdash \vdash$	\$887.06	□ \$1,239.6				2.43	
·				Child(ren		\$723.25		\$762.12	□ \$ ⁻	□ \$1,059.80		□ \$1,352.94		
			Spouse/DP Under	,	,	,194.86	ļ	\$1,259.08		1,769.68		□ \$2,94		
† Option also applies	s to Adult	Children (AC)	between 26 through 30 years	s of age, children of a Do	omestic Partner and/c	r eligible depen	dents. *Jackso	n Standard HMO is a	ı grandfathered-ii	n plan and is	only available	e to current pa	ırticipants.	
			E DENTAL (Please mark one	box only) 🗆 CA	ANCEL DEN	TAL 🗆 N	OT ENROLLED	* Delta DHN	10 plans are	e not availat	ole outside d	f Florida.	
NOTE: DENTAL COVERA PROVIDED TO ADULT C	CHILDREN)T I (AC).		- STANDA		_		- ENRICHE						
			DELTA DH			DELTA PPO □ \$38.88		DELTA DHMO * □ \$18.15			DELTA PPO □ \$50.90			
,			l □ ¢0	107				\$30.07			□ \$100.63			
	Depend	ent	□ \$9 □ \$16					□ \$30						
Retiree & One D		ent		.48		76.92		□ \$30 □ \$47).07					
Retiree & One D Retiree & Family	у		□ \$16 □ \$25	.17	□ \$1	76.92		□ \$47).07 7.81			\$100.63 \$162.27	N	
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