# 2025

# RETIREE BENEFITS GUIDE

Health, Wealth, and More

*Miracles made daily.*

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## ONLINE RESOURCES:

Click below to view important information:

- Jackson Benefits Website: JacksonBenefits.org

**If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see page 64 for more details.**


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Retirement Dept. #786-466-2974
PHTRetirement@jhsmiami.org

## Retirement Information Session

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 your pension and benefits.

**Discussion Topics:**

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

**FRS** Sessions Every 1st Monday of the Month @10:00am Zoom Link: https://jhsmiami.zoom.us/j/84488178053

**PHT** Sessions Every 1st Monday of the Month @11:00am Zoom Link: https://jhsmiami.zoom.us/j/86918962329

# BENEFITS PROVIDERS DIRECTORY

## CONTRACT ADMINISTRATOR

**FBMC Benefits Management, Inc.**
Service Center
Mon - Fri, 7 a.m. - 7 p.m. ET
1-855-56JHS4U (855-565-4748)

**FBMC On-Site Service Center**
1611 NW 12th Avenue
Park Plaza West L-109B
Miami, FL 33136-1096
305-585-6512
JHSRetiree@fbmc.com

**Retirement Department**
Jackson Memorial Hospital
786-466-2974
E-Mail:
**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 786-466-2970
**Raymond.montalvo@jhsmaimi.org**

## MEDICAL PROVIDER

**AvMed (Under 65 and/or Dependent Coverage)**
1-844-439-5378
**avmed.org/jhs**

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

**Social Security**
**1-800-772-1213**
Social Security On Campus:
305-585-2559
**ssa.gov**

## OVER 65 MEDICARE ADVANTAGE PLANS

**AVMED**
1-800-453-4564 (TTY 711)
Mon – Fri, 8 a.m. – 5 p.m. EST
Medicare Post enrollment:
1-800-782-8633 (TTY 711)
**Oct. 1 - March 31**:
Mon. – Sun., 8 a.m. – 8 p.m. EST
**April 1 - Sept. 30**:
Mon. - Fri., 8 a.m. - 8 p.m.
and Sat., 8 a.m. - 1 p.m. EST

**AvMed Over 65 MEDICARE Part B Supplemental Options**
AvMed Rep
Christian Munoz
Field Benefits Consultant - Medicare
Christian.munoz@avmed.org
Mobile: 305-903-4775
Office: 1-800-453-4564
**avmed.org**

**HUMANA**
1-800-824-8242 (TTY 711)
Mon – Fri, 8 a.m. – 8 p.m. EST
Post enrollment: 1-866-396-8810 (TTY 711)

**HUMANA OVER 65 MEDICARE PART B SUPPLEMENTAL OPTIONS**
Antonio Cruz
Senior Manager, Humana
6101 Blue Lagoon Dr. Suite 199
Miami, FL 33126
**acruz2@humana.com**
Toll Free: 1-800-824-8242
Direct line: 305-458-3513
Fax: 305-698-3169

## DENTAL PROVIDERS

**Delta Dental**
PPO - 800-521-2651
DeltaCare USA - 800-422-4234
PO Box 1809
Alpharetta, GA 30023-1809
PPO Group Number – 19083
DHMO Group Number – 78933
**deltadentalins.com**

## VISION PROVIDER

**Davis Vision by MetLife**
**Vision Care Processing Unit**
PO Box 1525
Latham, NY 12110
Member Service: 1-833-393-5433
**metlife.com/mybenefits**

## LIFE INSURANCE PROVIDER

**Reliance Standard Life Insurance Company**
Customer Service: 1-800-351-7500
**reliancestandard.com**

## LEGAL INSURANCE

**ARAG**
500 Grand Avenue, Suite 100
Des Moines, IA 50309
1-800-247-4184
**ARAGlegal.com/myinfo**
Access Code: 17845ret

## OTHER PROVIDERS

**Pet Benefit Solutions**
1-800-891-2565
customercare@petbenefits.com
**www.petbenefits.com/land/jacksonhealthretirees**

**ID Commander**
Membership Services
1-855-592-7941
Mon - Fri, 9 a.m. - 6 p.m. ET
**idcommander.com**

**ConstantCredit**
Membership Services
1-855-592-7940
Mon – Fri, 9 a.m. - 6 p.m. ET
**constantcredit.com**


If there is any discrepancy between the plan details in this benefits guide and the official plan documents, the language in the official plan documents shall prevail as accurate.

# VOLUNTARY BENEFITS 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:

### GROUP ACCIDENT INSURANCE:

**Aflac Group**
1-800-433-3036
aflacgroupinsurance.com

### GROUP CRITICAL ILLNESS INSURANCE:

**Aflac Group**
1-800-433-3036
aflacgroupinsurance.com

### INDIVIDUAL CRITICAL ILLNESS INSURANCE:

**CRITICAL ILLNESS & HEART/ STROKE INSURANCE:**
American Heritage Life Insurance Company
1-800-521-3535
**allstatebenefits.com**

### GROUP HOSPITAL INDEMNITY INSURANCE:

**Aflac Group**
1-800-433-3036
aflacgroupinsurance.com

### UNIVERSAL LIFE INSURANCE:

**Trustmark**
Customer Care
1-800-918-8877
Customer Care Email
customercare@trustmarksolutions.com
Claims Phone
1-877-201-9373
trustmarksolutions.com

**Transamerica Life Insurance Company**
1-888-763-7474
transamerica.com

**ReliaSTAR Universal Life Insurance (Voya)**
1-800-537-5024
voya.com

### TERM LIFE INSURANCE:

**Chubb**
1-855-241-9891 Ext 3.
Customer Service at email:
csmail@visfin.com

### WHOLE LIFE INSURANCE:

**UNUM Whole Life Insurance**
with Long Term Care
1-800-635-5597
unum.com

### LONG TERM CARE INSURANCE:

**UNUM Long Term Care**
1-800-331-1538
unum.com



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# KEY THINGS TO KNOW

# 2025 Plan Highlights

## Core Benefits Available: Under 65 Dependents Medical Plans

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

## Dental Plans

- Delta Dental PPO Standard or Enriched
- DeltaCare USA DHMO Standard or Enriched

## Vision Plans

- Base Plan
- Premier Plan

### Over 65 Medicare Plans

- AvMed Medicare Circle (Miami-Dade or Broward)
- AvMed Medicare Choice (Miami-Dade or Broward)
- Avmed Medicare Access (Miami-Dade or Broward)
- AvMed Medicare Premium Saver (Broward)
- Humana LPPO 079/187 RX 412
- Humana RPPO 079/632 RX 417
- Humana HMO 076/135 RX 288

**If you are age 65 and over, you may enroll in the Over 65 Medicare Advantage plan options being offered through Humana or Avmed. Enrollment is done DIRECTLY through the carriers. For benefits information or to enroll in any of these plans, please contact:**

**AVMED**

1-800-453-4564 (TTY 711)
Mon – Fri, 8 a.m. – 5 p.m. EST
Medicare Post enrollment: 1-800-782-8633 (TTY 711)
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# KEY THINGS TO KNOW

## Important Information

- In addition to this 2025 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 coverages. 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 email Phtretirement@jhsmiami.org or calling 786-466-2974, Mon. – Fri., 7 a.m. – 5 p.m. ET.**

### Core Benefits Available:

| Medical | Dental | Vision | Life |
|---|---|---|---|

**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.

### 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.



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# KEY THINGS TO KNOW

## 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. 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.

## How to Complete a Change in Status

Read below to learn how to complete a change in status, such as Marriage, Birth or removing a dependent from the plans if said dependent gain coverage elsewhere.

If you experience a qualifying event—such as a change in marital status, loss of other health coverage, or any other significant life change—we advise you to contact our Third-Party Administrator (TPA), FBMC benefits promptly (within 30 days). They can assist you in understanding your options and ensuring that your benefits are adjusted accordingly.

Please reach out via email at JHSRetiree@fbmc.com. Make sure to include your full name, contact information, and a brief description of the qualifying event.



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# PHT DROP BENEFITS

| PROGRAM FEATURE | ALTERNATIVES INCLUDED IN PRICING |
|---|---|
| ELIGIBILITY | Within 12 months of attaining Age-based Normal Retirement 62 or 65 (not available upon retirement at 30 years of service) |
| LENGTH OF DROP PERIOD | 3 years |
| EMPLOYER & EMPLOYEE CONTRIBUTIONS | Contributions will continue to be made during the DROP period; employees will receive contributions made during the DROP period after retirement/ separation from service at end of DROP period |
| COST OF LIVING INCREASES DURING THE DROP PERIOD | None; COLA increases would first apply after retirement/ separation from service and commencement of benefits (after the DROP period) |
| INTEREST CREDITED TO ACCUMULATED DROP PAYMENTS AND EMPLOYEE CONTRIBUTIONS DURING DROP PERIOD | None |
| FORM OF PAYMENT ACCUMULATED DURING THE DROP PERIOD | Single life annuity (“Option 1”) |
| FORM OF PAYMENT AFTER RETIREMENT/SEPARATION FROM SERVICE AT END OF DROP PERIOD | All options available upon retirement |
| DEATH BENEFIT PAYABLE DURING DROP PERIOD | Same as for an active employee who has not entered the DROP |

If you would like to enroll in the PHT Drop, please email PHTretirement@jhsmiami.org for more information.



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# Group Medical Plans

## What AvMed medical plans are offered?

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

NOTE: If you are selecting health insurance, you are required to select a primary care physician.

## 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% 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% of benefits for covered charges after applicable copays. Concierge services 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% 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.



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# UNDER 65 MEDICAL PLANS

| Medical Monthly Premiums<br>Jackson Retiree, Spouse/DP and Dependents | JACKSON FIRST HMO PLAN | JACKSON SELECT HMO PLAN | JACKSON POS PLAN |
|---|---|---|---|
| Retiree Only | $804.37 | $847.61 | $1,903.05 |
| Retiree & Spouse/DP Under 65 | $1,688.33 | $1,779.02 | $3,623.00 |
| Retiree & Child(ren)† | $1,563.78 | $1,647.84 | $3,320.33 |
| Retiree & Spouse/DP Under 65, plus Child(ren)† | $2,058.98 | $2,169.64 | $4,917.78 |

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



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# UNDER 65 MEDICAL PLANS

| 2025 MEDICAL PLAN CHARTS - avmed.org/jhs | | |
|---|---|---|
| | **JACKSON FIRST HMO** | **JACKSON SELECT HMO** |
| | • Freedom to choose from a variety of JHS and UM healthcare professionals.<br>• Access to a concierge appointment scheduling | HMO Plan offered to Jackson Health System employees and covered dependents who reside or work in Miami-Dade, Broward and Palm Beach counties. 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.<br>• Offers nationwide network for dependents residing outside of service area |
| **Concierge Services** | Concierge Services Available | Concierge Services are Available |
| **Deductibles** | $0 | $0 |
| **PCP Office Visits** | $0 | $5 JHS PCP / $15 All Others |
| **Specialist Office Visits** | $0 | $15 JHS Specialist / $30 All Others |
| **Preventive Services** | $0 | $0 |
| **Pediatrician Office Visits** | $0 | $5 JHS Pediatrician / $15 All Others |
| **Routine Physical** | $0 | $0 |
| **Obstetrical/Gynecological** | $0 | $15 JHS OB-GYN / $30 All Others |
| **Maternity** | $0 | $30 Copay for First Visit.<br>No Charge For Subsequent Visits |
| **Preventive Mammogram/Pap Smears** | $0 | $0 |
| **Hospitalization - In-Patient** | Benefits Covered At 100% | $0 at JHS for hospital stay / $100 copay |
| **Urgent Care** | $50 participating; $100 non-participating; $5 copay/visit at Uhealth Jackson Urgent Care Centers | |
| **Emergency** | $200 copay (waived if admitted) , or $50 for ages 17 and under (Waived if Admitted) | $200 copay (waived if admitted) or $50 for ages 17 and under (Waived if Admitted) |
| **Outpatient Surgery** | $0 | $0 at JHS / $200 Outpatient |



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# UNDER 65 MEDICAL PLANS

| 2025 MEDICAL PLAN CHARTS - 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. |
| **Concierge Services** | N/A | N/A |
| **Deductibles** | $0 | $200 Deductible Individual/$500 Family |
| **PCP Office Visits** | $5 JHS PCP / $15 All Others | Plan Pays 70% Coinsurance, After Deductible Is Met |
| **Specialist Office Visits** | $15 JHS Specialist / $30 All Others | Plan Pays 70% Coinsurance, After Deductible Is Met |
| **Preventive Services** | $0 | Plan Pays 70% Coinsurance, After Deductible Is Met |
| **Pediatrician Office Visits** | $5 JHS Pediatrician / $15 All Others | Plan Pays 70% Coinsurance, After Deductible Is Met |
| **Routine Physical** | $0 | Plan Pays 70% Coinsurance, After Deductible Is Met |
| **Obstetrical/Gynecological** | $15 JHS OB-GYN / $30 All Others | Plan Pays 70% Coinsurance, After Deductible Is Met |
| **Maternity** | $30 copay for first visit. No charge for subsequent visits. | Plan Pays 70% Coinsurance, After Deductible Is Met |
| **Preventive Mammogram/Pap Smears** | $0 | Plan Pays 70% Coinsurance, After Deductible Is Met |
| **Hospitalization - In-Patient** | $0 at JHS for hospital / $200 copay | Plan Pays 70% Coinsurance, After Deductible Is Met |
| **Urgent Care** | $100 at both participating and non-participating; $5 copay/visit at Uhealth Jackson Urgent Care Centers | |
| **Emergency** | $200 copay (waived if admitted) or $100 for ages 17 and under (Waived if Admitted) | $200 copay/$100 for age 17 and under (Waived if Admitted) |
| **Outpatient Surgery** | $0 at JHS / $200 Outpatient | Plan Pays 70% Coinsurance, After Deductible Is Met |

**Chart continued on next page.**



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# UNDER 65 MEDICAL PLANS

| 2025 MEDICAL PLAN CHARTS - avmed.org/jhs | | |
|---|---|---|
| | JACKSON FIRST HMO | JACKSON SELECT HMO |
| **Prescription Drugs** | 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. | |
| **Participating Network Pharmacy** | $15 Generic/$35 Brand/ $50 Non-Preferred For 30-Day Supply | $15 Generic/$35 Brand/ $50 Non-Preferred For 30-Day Supply |
| **Mail Order** | $30 Generic/$70 Brand/ $100 Non-Preferred For 90-Day Supply | $30 Generic/$70 Brand/ $100 Non-Preferred For 90-Day Supply |
| **Specialty Rx** | $50 For 30-Day Supply Through Specialty Pharmacy | $50 For 30-Day Supply Through Specialty Pharmacy |
| **Substance Abuse Treatment** | | |
| **Inpatient** | $0 | $0 at JHS / $100 All Others |
| **Outpatient** | $0 | $5 JHS / $15 All Others |
| **Behavioral Health** | | |
| **Inpatient** | $0 | $0 at JHS / $100 All Others |
| **Outpatient** | $0 | $5 at JHS / $15 All Others |
| **Durable Medical Equipment (DME)** | $50 Per Episode Per Illness | $50 Per Episode Per Illness |
| **Coverage Area** | 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). |



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# UNDER 65 MEDICAL PLANS

| 2025 MEDICAL PLAN CHARTS - avmed.org/jhs | | |
|---|---|---|
| | JACKSON POS IN NETWORK | JACKSON POS OUT OF NETWORK |
| **Prescription Drugs** | 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. | |
| **Participating Network Pharmacy** | $15 Generic/$50 Brand/ $65 Non-Preferred For 30-Day Supply | Plan Pays 70% Coinsurance, After Deductible Is Met |
| **Mail Order** | $30 Generic/$100 Brand/$130 Non-Preferred For 90-Day Supply | Plan Pays 70% Coinsurance, After Deductible Is Met |
| **Specialty Rx** | $100 For 30-Day Supply Through Specialty Pharmacy | Plan Pays 70% Coinsurance, After Deductible Is Met |
| **Substance Abuse Treatment** | | |
| **Inpatient** | $0 at JHS / $200 All Others | Plan Pays 70% Coinsurance, After Deductible Is Met |
| **Outpatient** | $5 JHS / $15 All Others | Plan Pays 70% Coinsurance, After Deductible Is Met |
| **Behavioral Health** | | |
| **Inpatient** | $0 at JHS / $200 Inpatient | Plan Pays 70% Coinsurance, After Deductible Is Met |
| **Outpatient** | $5 JHS / $15 All Others | Plan Pays 70% Coinsurance, After Deductible Is Met |
| **Durable Medical Equipment (DME)** | 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. |
| **Coverage Area** | 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 |



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# 65 & OVER MEDICARE PLANS

## Group Medicare 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.

### Over 65 Medicare Plans

- AvMed Medicare Circle (Miami-Dade or Broward)
- AvMed Medicare Choice (Miami-Dade or Broward)
- Avmed Medicare Access (Miami-Dade or Broward)
- AvMed Medicare One (Miami-Dade or Broward)
- Humana LPPO 079/187 RX 412
- Humana RPPO 079/632 RX 417
- Humana HMO 076/135 RX 288

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**AVMED**

1-800-453-4564
Mon – Fri, 8 a.m. – 5 p.m. EST
Medicare Post enrollment: 1-800-782-8633 (TTY 711)
**Oct. 1 - March 31**: Mon. – Sun., 8 a.m. – 8 p.m. EST
**April 1 - Sept. 30**: Mon. - Fri., 8 a.m. - 8 p.m.
and Sat., 8 a.m. - 1 p.m. EST

**HUMANA**

1-800-824-8242 (TTY 711)
Mon – Fri, 8 a.m. – 8 p.m. EST
Post enrollment: 1-866-396-8810 (TTY 711)
Mon – Fri, 8 a.m. – 9 p.m. EST

## AvMed Dependent Coverage

### Retiree 65 and Over

| | JACKSON FIRST HMO PLAN | JACKSON SELECT HMO PLAN | JACKSON POS PLAN |
|---|---|---|---|
| Spouse/DP Under 65† | $883.95 | $931.41 | $1,903.05 |
| Child(ren)† | $759.41 | $800.23 | $1,420.59 |
| Spouse/DP Under 65 and Child(ren)† | $1,254.60 | $1,322.03 | $3,093.63 |

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



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# 65 & OVER MEDICARE PLANS

## More benefits are ready for you!

A plan designed to fit your lifestyle and deliver the coverage you need.

**We're excited to let you know that you may be eligible for a $0 monthly premium Medicare Advantage and prescription drug (MAPD) plan that gives you more benefits than Original Medicare.**

The Humana Medicare Employer preferred provider organization (PPO) is a Medicare Advantage plan (Medicare Part C). This plan combines Medicare Part A (hospital), Part B (other medical services) and Part D (prescription drugs) in one package of benefits.

### We're here to help you get ready

We'll assist you along the way to help you feel confident about managing your costs—and your well-being.

**Humana offers you a Medicare Employer PPO plan with:**

- All the benefits of Original Medicare—plus extra benefits
- Maximum out-of-pocket protection
- Worldwide emergency coverage
- Programs to help improve health and well-being
- Dedicated Customer Care team

### Extra benefits and resources

The Centers for Medicare & Medicaid Services (CMS) requires all private carriers to provide the same basic medical coverage for all members. It's the extra services and resources provided by Humana that move us past a relationship built on paid bills toward a partnership focused on helping you achieve lifelong well-being.

**SilverSneakers® fitness program**
A health and physical activity program that offers membership at fitness locations nationwide.

**Humana Well Dine®**
After your inpatient stay in a hospital or nursing facility, you're eligible for 10 nutritious meals delivered to your door at no additional cost to you.

**SmartSummary®**
Personalized monthly updates after you've had a claim. These updates show how you're using your healthcare plan and prescription drug plan and what you've spent.

**MyHumana**
Your secure online account at **Humana.com**.

### Enroll today!

To request an enrollment kit or for more information, contact our licensed Humana sales agents today.
**1-800-824-8242 (TTY: 711)**
Monday – Friday, 8 a.m. – 8 p.m., Eastern time.
Or call Ruben Veliz,
Humana Sales Manager
**305-698-3114 (TTY: 711)**



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# 65 & OVER MEDICARE PLANS

## 2025 Medicare Plans Comparison Chart

This comparison chart is a side-by-side representation of services offered through the AvMed and Humana Medicare Advantage Plans for both in-network and out-of-network providers.

| Service | AVMED MEDICARE CIRCLE (MIAMI-DADE) | AVMED MEDICARE CIRCLE (BROWARD) | AVMED MEDICARE CHOICE (MIAMI-DADE) | AVMED MEDICARE CHOICE (BROWARD) | AVMED MEDICARE ACCESS (MIAMI-DADE) | AVMED MEDICARE ACCESS (BROWARD) |
|---|---|---|---|---|---|---|
| | Miami-Dade | Broward | Miami-Dade | Broward | Miami-Dade | Broward |
| | Retiree Cost | Retiree Cost | Retiree Cost | Retiree Cost | Retiree Cost | Retiree Cost |
| Medical Plan Type | HMO | HMO | HMO | HMO | HMO-POS | HMO-POS |
| Drug Plan Type | 100% Part D | 100% Part D | 100% Part D | 100% Part D | 100% Part D | 100% Part D |
| PCP Required | Yes | Yes | Yes | Yes | Yes | Yes |
| Annual Deductible | 0 | 0 | $0 | $0 | $0 | $0 |
| Annual Maximum Out-of-Pocket (OOP) | $2,500 | $2,500 | $3,000 | $3,400 | $3,400 | $3,400 |
| OOP Exclusions | Dental and Part D Medication | Dental and Part D Medication | Dental and Part D Medication | Dental and Part D Medication | Dental and Part D Medication | Dental and Part D Medication |
| Medical Benefits | | | | | | |
| Inpatient Hospital Care | $50 days 1 to 5; $0 days 6 to 90 | $50 days 1 to 5; $0 days 6 to 90 | $75 days 1 to 5 $0 days 6 to 90 | $65 days 1 to 5 $0 days 6 to 90 | $0 days 1 to 5 $40 days 6 to 20 $0 days 21 to 90 | $0 days 1 to 5 $40 days 6 to 20 $0 days 21 to 90 |
| Inpatient Mental Health Care | $150 days 1 to 9 $0 days 10 to 90 | $150 days 1 to 9 $0 days 10 to 90 | $150 days 1 to 9 $0 days 10 to 90 | $150 days 1 to 9 $0 days 10 to 90 | $150 days 1 to 9 $0 days 10 to 90 | $150 days 1 to 9 $0 days 10 to 90 |
| Skilled Nursing Facility (SNF) | $0 days 1 to 20 $160 days 21 to 62 $0 days 63 to 100 | $0 days 1 to 20 $135 days 21 to 62 $0 days 63 to 100 | $0 days 1 to 20 $160 days 21 to 100 | $0 days 1 to 20 $135 days 21 to 100 | $0 days 1 to 20 $135 days 21 to 100 | $0 days 1 to 20 $135 days 21 to 100 |
| Home Health Care | $0 | $0 | $0 | $0 | $0 | $0 |



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# 65 & OVER MEDICARE PLANS

## 2025 Medicare Plans Comparison Chart

This comparison chart is a side-by-side representation of services offered through the AvMed and Humana Medicare Advantage Plans for both in-network and out-of-network providers.

| AVMED MEDICARE ONE (MIAMI-DADE) | AVMED MEDICARE ONE (BROWARD) | HUMANA LPPO 079/082 RX 412 | | HUMANA RPPO 079/623 RX 417 | | HUMANA HMO 076/135 RX 288 |
|---|---|---|---|---|---|---|
| Miami-Dade | Broward | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network |
| Retiree Cost | Retiree Cost | Retiree Cost | | Retiree Cost | | Retiree Cost |
| HMO | HMO | PPO | | PPO | | HMO |
| 100% Part D | 100% Part D | 100% | | 100% | | 100% |
| Yes | Yes | N/A | | N/A | | Yes |
| $0 | $0 | N/A | | N/A | | N/A |
| 1,000 | $1,500 | $4,800 | $8,950 | $6,500 | $8,950 | $500 |
| Dental and Part D Medication | Dental and Part D Medication | Pharmacy, Dental (Routine), Hearing Services (Routine), OTC Drugs and supplies, Vision (Routine) | Pharmacy, Dental (Routine), Hearing Services (Routine), OTC Drugs and supplies, Vision (Routine), Worldwide Coverage. | Part D Pharmacy, Dental Services (Routine), Hearing Services (Routine) , OTC Drugs and Supplies, Vision Services (Routine) | | Part D Pharmacy, Acupuncture (Routine), Dental Services (Routine), Hearing Services (Routine), Hyperbaric Oxygen Treatment, OTC Drugs and Supplies, Podiatry Services (Routine), Sleep Study (Home Based), Sleep Study (Facility Based), Transportation (Routine), Vision Services (Routine), Wound Care |
| | | | | | | |
| $0 days 1 to 90 | $0 days 1 to 90 | 100% after $290 Co-Payment per day (days 1-5) | 100% after $490 Co-Payment per day (days 27) | 100% after $325 copayment per day (days 1-5) | 60% per admission | $0 |
| $0 copay | $0 copay | 100% after $290 Co-Payment per day (days 1-5) | 100% after $490 Co-Payment per day (days 27) | 100% after $325 copayment per day (1-5) | 60% per admission | $0 |
| $0 copay for days 1 to 20; $160 copay for days 21 to 62; $0 copay for days 63 to 100 | $0 copay for days 1 to 20; $135 copay for days 21 to 62; $0 copay for days 63 to 100 | $0 for days 1-20; 100% after $160 copayment per day (days 21-100)• Plan pays $0 after 100 days | 100% after $250 copayment per day (days 1-58); $0 Co-payment per day (days 59-100)• Plan pays $0 after 100 days | $0 per day (days 1-20); $150 copayment per day (days 21-100)• Plan pays $0 after 100 days | 60% per day (days 1-100) Plan pays $0 after 100 days | $0 days 1-20; $50 per day (days 21-100) Plan pays $0 after 100 days. |
| $0 | $0 | $0 (Excludes Personal Home Care) | 50% (Excludes Personal Home Care) | $0 (Excludes Personal Home Care) | 40% (Excludes Personal Home Care) | $0 (Excludes Personal Home Care) |



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# 65 & OVER MEDICARE PLANS

## 2025 Medicare Plans Comparison Chart

This comparison chart is a side-by-side representation of services offered through the AvMed and Humana Medicare Advantage Plans for both in-network and out-of-network providers.

| Service | AVMED MEDICARE CIRCLE (MIAMI-DADE) | AVMED MEDICARE CIRCLE (BROWARD) | AVMED MEDICARE CHOICE (MIAMI-DADE) | AVMED MEDICARE CHOICE (BROWARD) | AVMED MEDICARE ACCESS (MIAMI-DADE) | AVMED MEDICARE ACCESS (BROWARD) |
|---|---|---|---|---|---|---|
| Doctor Office Visits - Primary Care | $0 | $0 | $0 | $0 | $0 | $0 |
| Doctor Office Visits - Specialist | $0 | $0 | $5 | $5 | $15 No Referral | $15 No Referral |
| Emergency Care | $100 | $100 | $100 | $100 | $120 | $120 |
| Urgently Needed Care | $0 | $0 | $10 | $10 | $20 copay for in-network, $50 copay for out of network | $20 copay for in-network, $50 copay for out of network |
| Chiropractic Services | $5 | $5 | $5 | $5 | $5 | $5 |
| Podiatry Services | $5 copay per visit One visit every 60 days for routine footcare in addition to Original Medicare benefits. | $5 copay per visit One visit every 60 days for routine footcare in addition to Original Medicare benefits. | $5 copay per visit One visit every 60 days for routine footcare in addition to Original Medicare benefits. | $5 copay per visit One visit every 60 days for routine footcare in addition to Original Medicare benefits. | $5 copay per visit One visit every 60 days for routine footcare in addition to Original Medicare benefits. | $5 copay per visit One visit every 60 days for routine footcare in addition to Original Medicare benefits. |
| Outpatient Mental Health Care | $15 vist Group or Individual Therapy | $15 vist Group or Individual Therapy | $15/visit Group or Individual therapy | $15/visit Group or Individual therapy | $15/visit Group or Individual therapy | $15/visit Group or Individual therapy |
| Outpatient Substance Abuse | $15 vist Group or Individual Therapy | $15 vist Group or Individual Therapy | $15/visit Group or Individual therapy | $15/visit Group or Individual therapy | $15/visit Group or Individual therapy | $15/visit Group or Individual therapy |
| Outpatient Surgery - Outpatient Hospital | $150 | $150 | $200 | $200 | $225 | $225 |
| Outpatient Surgery - Ambulatory Surgical Center | $50 | $75 | $50 | $75 | $75 | $75 |
| Professional Fees for Outpatient Surgeries - Outpatient Hospital | $0 | $0 | $0 | $0 | $0 | $0 |
| Ambulance Services | $145 copay per one-way transport | $180 copay per one-way transport | $165 copay per one-way transport | $180 copay per one-way transport | $165 copay per one-way transport | $165 copay per one-way transport |
| Outpatient Rehabilitation | $10/visit | $15/visit | $10/visit | $15/visit | $15/visit | $15/visit |



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# 65 & OVER MEDICARE PLANS

## 2025 Medicare Plans Comparison Chart

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| AVMED MEDICARE ONE (MIAMI-DADE) | AVMED MEDICARE ONE (BROWARD) | HUMANA LPPO 079/082 RX 412 | | HUMANA RPPO 079/623 RX 417 | | HUMANA HMO 076/135 RX 288 |
|---|---|---|---|---|---|---|
| $0 | $0 | $0 | $65 | $5 | 100% after $65 copayment | $0 |
| $0 No Referral | $0 No Referral | $40 | $65 | $45 | 100% after $65 copayment | $0 |
| $100 | $100 | $90 copayment; waived if admitted within 24 hours | $90 copayment; waived if admitted within 24 hours | $90 copayment; waived if admitted within 24 hours | $90 copayment; waived if admitted within 24 hours | $40 copayment, waived if admitted within 24 hours |
| $0 | $0 | $0 | $0 | $0 | 40% | $0 |
| $5 | $5 | $20 | $65 | $15 | $65 | $0 |
| $5 copay per visit One visit every 60 days for routine footcare in addition to Original Medicare benefits. | $5 copay per visit One visit every 60 days for routine footcare in addition to Original Medicare benefits. | $40 | $65 | $45 | $65 | $0 |
| $15/visit Group or Individual therapy | $15/visit Group or Individual therapy | 20% | 50% | $45 | 40% | $0 |
| $15/visit Group or Individual therapy | $15/visit Group or Individual therapy | 20% | 50% | $45 | 40% | $0 |
| $100 | $100 | $225 | 50% | $195 | 40% | $25 |
| $25 | $25 | $150 | 50% | $150 | 40% | $0 |
| $0 | $0 | $0 | $50 | $0 | $40 | $0 |
| $145 per one-way transport | $180 per one-way transport | $240 (Limited to Medicare-covered transportation) | $240 (Limited to Medicare-covered transportation) | $240 (Limited to Medicare-covered transportation) | $240 (Limited to Medicare-covered transportation) | $75 (Limited to Medicare-covered transportation) |
| $10/visit | $15/visit | $10 | $65 | $15 | $65 | now pay at 100% |



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## 2025 Medicare Plans Comparison Chart

This comparison chart is a side-by-side representation of services offered through the AvMed and Humana Medicare Advantage Plans for both in-network and out-of-network providers.

| Service | AVMED MEDICARE CIRCLE (MIAMI-DADE) | AVMED MEDICARE CIRCLE (BROWARD) | AVMED MEDICARE CHOICE (MIAMI-DADE) | AVMED MEDICARE CHOICE (BROWARD) | AVMED MEDICARE ACCESS (MIAMI-DADE) | AVMED MEDICARE ACCESS (BROWARD) |
|---|---|---|---|---|---|---|
| DURABLE MEDICAL EQUIPMENT | 20% | 20% | 20% | 20% | 20% | 20% |
| Prosthetic Devices | $0 | $0 | $0 | $0 | $0 | $0 |
| Diabetes Monitoring Supplies | $0 90 strips per (or 3 strips per day) | $0 90 strips per (or 3 strips per day) | $0 90 strips per (or 3 strips per day) | $0 90 strips per (or 3 strips per day) | $0 90 strips per (or 3 strips per day) | $0 90 strips per (or 3 strips per day) |
| Diagnostic - Basic Outpatient Hospital | $15 | $25 | $0 | $25 | $25 | $25 |
| Diagnostic - Basic Freestanding Facility | $0 | $5 | $0 | $10 | $10 | $10 |
| Diagnostic Radiology Services | $0 | $25-$50 | $50-$200 or 20% | $75-$100 | $50-$100 | $50-$100 |
| Lab Services | $0 | $0 | $0 | $0 | $0 | $0 |
| Medicare Part B Drugs | 20% | 20% | 20% | 20% | 20% | 20% |
| Preventive Services | $0 | $0 | $0 | $0 | $0 | $0 |
| Wellness Visits | $0 | $0 | $0 | $0 | $0 | $0 |
| Wellness Services | $0 | $0 | $0 | $0 | $0 | $0 |
| Dental Services (Medicare Covered Services) | $0-$150 | $0-$150 | $5-$200 | $10-$200 | $15-$225 | $15-$225 |
| - Exam | $0 | $0 | $0 | $0 | $0-$25 | $0-$25 |
| - Cleaning | $0 | $0 | $0 | $0 | $0-$45 | $0-$45 |
| - X-Ray | $0 | $0 | $0 | $0 | $0-$35 | $0-$35 |



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## 2025 Medicare Plans Comparison Chart

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|---|---|---|---|---|---|---|
| 10% | 10% | 18% | 25% | 20% | 30% | $0 |
| $0 | $0 | 18% | 25% | 20% | 25% | $0 |
| $0<br>90 strips per<br>(or 3 strips per day) | $0<br>90 strips per<br>(or 3 strips per day) | 10% | 50% | $0 | 30% | $0 |
| $15 | $25 | $225 or 20% | 50% | $80-$195 | $60 | $0-$25 |
| $5 | $5 | $50 | 60% | $50 | 40% | $0 |
| $0 | $25-$50 | $40 - $225 or 20% of cost | 50% | $65 - $195 | 40% | $0 - $25 |
| $0 | $0 | $0 | 50% | $0 | $0 | $0 |
| 20% | 20% | $0 | $0 | $0 | $0 | $0 |
| $0 | $0 | $0 | $0-50% | $0 | $0 to 40% coinsurance for Medicare-covered preventive services. | $0 |
| $0 | $0 | $0 | 50% | $0 | 40% | $0 |
| $0 | $0 | $0 | 50% | $0 | 40% | $0 |
| $0-$100 | $0-$100 | $40 | $65 | $45 | $65 | 100% ($6000 annual allowance for preventive and comprehensive service. Some restrictions apply.) |
| $0 | $0 | $0 (1 per year) | $0 (1 per year) | $0 (1 per year) | $0 (1 per year) | $0 up to 2 per year |
| $0 | $0 | $0 (1 per year) | $0 (1 per year) | $0 (1 per year) | $0 (1 per year) | $0 up to 2 per year |
| $0 | $0 | $0 (1 per year) | $0 (1 per year) | $0 (1 per year) | $0 (1 per year) | $0 up to 2 per year |



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# 65 & OVER MEDICARE PLANS

## 2025 Medicare Plans Comparison Chart

This comparison chart is a side-by-side representation of services offered through the AvMed and Humana Medicare Advantage Plans for both in-network and out-of-network providers.

| Service | AVMED MEDICARE CIRCLE (MIAMI-DADE) | | AVMED MEDICARE CIRCLE (BROWARD) | | AVMED MEDICARE CHOICE (MIAMI-DADE) | | AVMED MEDICARE CHOICE (BROWARD) | | AVMED MEDICARE ACCESS (MIAMI-DADE) | | AVMED MEDICARE ACCESS (BROWARD) | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Hearing Services (Hearing Loss Exam) | $0 Hearing Exam $1,500 Hearing Aid allowance per ear every two years | | $0 Hearing Exam $1,500 Hearing Aid allowance per ear every two years | | $5 Hearing Exam $1,200 Hearing Aid allowance per ear every two years | | $5 Hearing Exam $1,200 Hearing Aid allowance per ear every two years | | $5 Hearing Exam $1,000 Hearing Aid allowance per ear every two years | | $5 Hearing Exam $1,000 Hearing Aid allowance per ear every two years | |
| Vision Services (Medicare Covered Eye Exam) | $0 Vision exam $450 eyewear/ contacts allowance | | $0 Vision exam $450 eyewear/contacts allowance | | $0 Vision exam $350 eyewear/contacts allowance | | $0 Vision exam $350 eyewear/contacts allowance | | $0 Vision exam $350 eyewear/contacts allowance | | $0 Vision exam $350 eyewear/contacts allowance | |
| Pharmacy Benefits | | | | | | | | | | | | |
| | Preferred Pharmacy | Standard Pharmacy | Preferred Pharmacy | Standard Pharmacy | Preferred Pharmacy | Standard Pharmacy | Preferred Pharmacy | Standard Pharmacy | Preferred Pharmacy | Standard Pharmacy | Preferred Pharmacy | Standard Pharmacy |
| Deductible | $0 | | $0 | | $0 | | $0 | | $0 | | $0 | |
| Network | Major Chains | | Major Chains | | Major Chains | | Major Chains | | Major Chains | | Major Chains | |
| Drug Usage Management | Yes | | Yes | | Yes | | Yes | | Yes | | Yes | |
| Initial Coverage Period | | | | | | | | | | | | |
| Initial Coverage | $2,000 | | $2,000 | | $2,000 | | $2,000 | | $2,000 | | $2,000 | |
| Tier 1 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 |
| Tier 2 | $0 | $15 | $0 | $15 | $0 | $15 | $0 | $15 | $0 | $15 | $0 | $15 |
| Tier 3 | $0 | $47 | $10 | $47 | $25 | $47 | $30 | $47 | $30 | $47 | $30 | $47 |
| Tier 4 | $65 | $100 | $65 | $100 | $70 | $100 | $75 | $100 | $75 | $100 | $75 | $100 |



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# 65 & OVER MEDICARE PLANS

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| AVMED MEDICARE ONE (MIAMI-DADE) | | AVMED MEDICARE ONE (BROWARD) | | HUMANA LPPO 079/082 RX 412 | | HUMANA RPPO 079/623 RX 417 | | HUMANA HMO 076/135 RX 288 |
|---|---|---|---|---|---|---|---|---|
| $5 Hearing Exam. $1,500 Hearing Aid allowance per every two years | | $5 Hearing Exam. $1,500 Hearing Aid allowance per every two years | | $0 copayment for routine hearing exams up to 1 per year | $0 copayment for routine hearing exams up to 1 per year | $0 copayment for routine hearing exams up to 1 per year | $0 copayment for routine hearing exams up to 1 per year | Routine Benefits are: $0 copay for fitting/evaluation, routine hearing exams up to 1 per year. • $1000 maximum benefit coverage amount for hearing aids (all types) up to 1 per ear per year. • Note: Includes 1 month battery supply and 1 year warranty. |
| $0 Vision exam $450 eyewear/ contacts allowance | | $0 Vision exam $450 eyewear/ contacts allowance | | $40 | $65 •$40 combined maximum benefit coverage amount per year for routine exam (includes refraction) up to 1 per year. •$100 combined maximum benefit coverage amount per year for contact lenses, eyeglasses (lenses and frames), including lens options such as ultraviolet protection and scratch resistant coating, fitting for eyeglasses (lenses and frames). | $40 •$40 combined maximum benefit coverage amount per year for routine exam (includes refraction) up to 1 per year.•$100 combined maximum benefit coverage amount per year for contact lenses, eyeglasses (lenses and frames), including lens options such as ultraviolet protection and scratch resistant coating, fitting for eyeglasses (lenses and frame) | $65 | $0 •100% for routine exam up to 1 per year. •$350 maximum benefit coverage amount per year for contact lenses or eyeglasses-lenses and frames plus fitting. •Eyeglasses include polycarbonate lenses with ultraviolet protection and scratch-resistant coating. |
| | | | | | | | | |
| Preferred Pharmacy | Standard Pharmacy | Preferred Pharmacy | Standard Pharmacy | N/A | N/A | N/A | N/A | N/A |
| $0 | | $0 | | $0 | N/A | $100 (Tier 1 is excluded from the deductible) | N/A | N/A |
| Major Chains | | Major Chains | | Major Chains | N/A | Major Chains | N/A | Major Chains |
| Yes | | Yes | | Yes | N/A | Yes | N/A | Yes |
| | | | | | | | | |
| $2,000 | | $2,000 | | $2,000 | N/A | $2,000 | N/A | $2,000 |
| $0 | $0 | $0 | $0 | $0 | $0 | $5 | $15 | $0 |
| $0 | $15 | $0 | $15 | $47 | $131 | $45 | $135 | $0 |
| $0 | $47 | $10 | $47 | $160 | $290 | $95 | $285 | $5 |
| $65 | $100 | $65 | $100 | 30% | N/A | 31% | N/A | 33% |



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|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Tier 5 | 33% | 33% | 33% | 33% | 33% | 33% | 33% | 33% | 33% | 33% | 33% | 33% |
| Tier 6 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 |
| Catastrophic | | | | | | | | | | | | |
| OOP threshold | $2,000 | | $2,000 | | $2,000 | | $2,000 | | $2,000 | | $2,000 | |
| Tier 1 | $0 | | $0 | | $0 | | $0 | | $0 | | $0 | |
| Tier 2 | $0 | | $0 | | $0 | | $0 | | $0 | | $0 | |
| Tier 3 | $0 | | $0 | | $0 | | $0 | | $0 | | $0 | |
| Tier 4 | $0 | | $0 | | $0 | | $0 | | $0 | | $0 | |
| **Tier 5** | N/A | | N/A | | N/A | | N/A | | N/A | | N/A | |
| **Tier 6** | $0 | | $0 | | $0 | | $0 | | $0 | | $0 | |
| **Mail Order** | 100 day supply | | 100 day supply | | 100 day supply | | 100 day supply | | 100 day supply | | 100 day supply | |
| **Tier 1** | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 |
| **Tier 2** | $0 | $30 | $0 | $30 | $0 | $30 | $0 | $30 | $0 | $30 | $0 | $30 |
| **Tier 3** | $0 | $75 | $50 | $90 | $62.50 | $105 | $75 | $120 | $75 | $120 | $75 | $120 |



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# 65 & OVER MEDICARE PLANS

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|---|---|---|---|---|---|---|---|---|
| 33% | 33% | 33% | 33% | N/A | N/A | N/A | N/A | N/A |
| $0 | $0 | $0 | $0 | N/A | N/A | N/A | N/A | N/A |
| | | | | | | | | |
| $2,000 | | $2,000 | | $2,000 | N/A | $2,000 | N/A | $2,000 |
| $0 | | $0 | | Once the member reaches the $2000 moop or coverage limit, they are covered at 100%. $0 copay | N/A | Once the member reaches the $2000 moop or coverage limit, they are covered at 100%. $0 copay | N/A | Once the member reaches the $2 moop or coverage limit, they a covered at 100%. $0 copay |
| $0 | | $0 | | Once the member reaches the $2000 moop or coverage limit, they are covered at 100%. $0 copay | N/A | Once the member reaches the $2000 moop or coverage limit, they are covered at 100%. $0 copay | N/A | Once the member reaches the $2 moop or coverage limit, they a covered at 100%. $0 copay |
| $0 | | $0 | | Once the member reaches the $2000 moop or coverage limit, they are covered at 100%. $0 copay | N/A | Once the member reaches the $2000 moop or coverage limit, they are covered at 100%. $0 copay | N/A | Once the member reaches the $2 moop or coverage limit, they a covered at 100%. $0 copay |
| $0 | | $0 | | Once the member reaches the $2000 moop or coverage limit, they are covered at 100%. $0 copay | N/A | Once the member reaches the $2000 moop or coverage limit, they are covered at 100%. $0 copay | N/A | Once the member reaches the $2 moop or coverage limit, they a covered at 100%. $0 copay |
| N/A | | N/A | | N/A | N/A | N/A | N/A | N/A |
| $0 | | $0 | | N/A | N/A | N/A | N/A | N/A |
| 100 day supply | | 100 day supply | | 90 Days | N/A | 90 Days | N/A | 90 Days |
| $0 | $0 | $0 | $0 | $0 | N/A | $0 | N/A | $0 |
| $0 | $30 | $0 | $30 | $131 | N/A | $125 | N/A | $0 |
| $0 | $75 | $50 | $90 | $470 | N/A | $275 | N/A | $5 |



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# 65 & OVER MEDICARE PLANS

## 2025 Medicare Plans Comparison Chart

This comparison chart is a side-by-side representation of services offered through the AvMed and Humana Medicare Advantage Plans for both in-network and out-of-network providers.

| Service | AVMED MEDICARE CIRCLE (MIAMI-DADE) | | AVMED MEDICARE CIRCLE (BROWARD) | | AVMED MEDICARE CHOICE (MIAMI-DADE) | | AVMED MEDICARE CHOICE (BROWARD) | | AVMED MEDICARE ACCESS (MIAMI-DADE) | | AVMED MEDICARE ACCESS (BROWARD) | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Tier 4 | $162.50 | $255 | $187.50 | $300 | $175 | $255 | $187.50 | $300 | $187.50 | $300 | $187.50 | $300 |
| Tier 5 | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Tier 6 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 |
| Premium | | | | | | | | | | | | |
| Monthly Premium | $0 | | $0 | | $0 | | $0 | | $0 | | $0 | |



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# 65 & OVER MEDICARE PLANS

## 2025 Medicare Plans Comparison Chart

This comparison chart is a side-by-side representation of services offered through the AvMed and Humana Medicare Advantage Plans for both in-network and out-of-network providers.

| AVMED MEDICARE ONE (MIAMI-DADE) | | AVMED MEDICARE ONE (BROWARD) | | HUMANA LPPO 079/082 RX 412 | | HUMANA RPPO 079/623 RX 417 | | HUMANA HMO 076/135 RX 288 |
|---|---|---|---|---|---|---|---|---|
| $162.50 | $255 | $187.50 | $300 | N/A | N/A | N/A | N/A | N/A |
| N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 |
| | | | | | | | | |
| $0 | | $0 | | $0 | $0 | $149 | $149e | $0 |



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# DENTAL PLANS

## Choose from the following dental plans:

- Delta Dental PPO
- DeltaCare USA (DHMO)

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

DHMO 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 choose one of the plan's participating dentists to receive benefits. There is no annual dollar maximum under the prepaid dental programs.

## Delta Dental PPO

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

When you're covered under either of the PPO 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 Dental PPO network.

The Delta Dental network provides access to the largest network of its kind nationwide. Delta Dental PPO network dentists agree to accept the Delta Dental 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.

Depending on the type of services being performed, benefits are payable at various coinsurance levels. 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 $2,000 under the Enriched plan, and $1,300 lifetime max for orthodontia.

If you visit a non-contracted provider your out-of-pocket costs may be higher. Network dentists are paid at contracted fees.

Visit a dentist in the PPO[1] network to maximize your savings[2]. These dentists have agreed to reduced fees, and you won't get charged more than your expected share of the bill[3]. Find a PPO dentist at **deltadentalins.com**

If you can't find a PPO dentist, consider a Delta Dental Premiere® dentist. These dentists have agreed to set fees and offer another opportunity to save.

1. In Texas, Delta Dental Insurance Company provides a dental provider organization (DPO) plan.

2. You can still visit any licensed dentist, but your out-of-pocket costs may be higher if you choose a non-PPO dentist. Network dentists are paid contracted fees.

3. You are responsible for any applicable deductibles, coinsurance, amounts over annual or lifetime maximums and charges for non-covered services. Out-of-network dentists may bill the difference between their usual fee and Delta Dental's maximum contract allowance.



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# DENTAL PLANS

## DeltaCare USA (DHMO)

When you enroll in the DeltaCare USA (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. Split family option allows up to three assigned providers. 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 at no charge. The member is able to have one additional cleaning at 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 Plan | Monthly Rates | |
|---|---|---|
| DeltaCare USA **(DHMO)*** | **STANDARD** | **ENRICHED** |
| Retiree Only | $9.97 | $18.15 |
| Retiree + One Dependent+ | $16.48 | $30.07 |
| Retiree + Dependents+ | $25.17 | $47.81 |
| Delta Dental **PPO** | **STANDARD** | **ENRICHED** |
| Retiree Only | $38.88 | $50.90 |
| Retiree + One Dependent+ | $76.92 | $100.63 |
| Retiree + Dependents+ | $123.98 | $162.27 |

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

* DeltaCare USA (DHMO) plans are not available outside of Florida.



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# DELTA DENTAL PPO CHART

## Delta PPO Dental Plan

| | STANDARD | ENRICHED |
|---|---|---|
| **CHOICE OF DENTIST** | You'll likely save most with a dentist who participates in the Delta PPO network.. Services provided by out-of-network providers will be reimbursed at the maximum plan allowance of usual and customary charges. Percentages below are based on Delta's applicable allowances and not necessarily the dentist's actual charge. | |
| **MAXIMUM BENEFIT/DEDUCTIBLE[1]** | $1,000 per year per person, $50 deductible per year per person; $150 family maximum | $2,000 per year per person, $50 deductible per year per person; $150 family maximum |
| **TYPE I** | **STANDARD** | **ENRICHED** |
| 0150 Comprehensive Oral Evaluation - New or Established | Plan Pays (No deductible) - 100% | Plan Pays (No deductible) - 100% |
| 0120 Periodic Oral Exam | 100% | 100% |
| **X-RAYS** | 100% | 100% |
| 1110/20 Prophylaxis | 100% (Twice per calendar year) | 100% (Twice per calendar year) |
| 1208 Fluoride Treatment (up to and not including age 19) | 100%, 2x per year | 100%, 2x per year |
| 1351 Sealant- Per Tooth | 100% - up to and not including ages 9 or 16 depending on the tooth number. | 100% to age 16 |
| 1510 Space Maintainers | 100% - up to and not including age 14 | 100% to age 19 |
| **TYPE II** | **STANDARD** | **ENRICHED** |
| 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% - child up to and not including 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 Coronal remnants - primary 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% |
| **TYPE III** | **STANDARD** | **ENRICHED** |
| Crown & Bridge: | | |
| 2791 Crown Full Cast Predominately Base Metal | 50% - limited to 12 years and older | 50% |
| 2751 Crown Porcelain Fused To Base Metal | 50% - limited to 12 years and older | 50% |
| Pontics: | | |
| 6210 Full Cast | 50% - are limited to 16 years and older | 50% |
| 6240 Porcelain Fused To Metal | 50% - are limited to 16 years and older | 50% |
| Prosthodontics (Dentures): | | |
| 5110 Complete Upper | 50% | 50% |
| 5120 Complete Lower | 50% | 50% |
| 5213/14 Partial Upper Or Lower - Cast Metal Base | 50% | 50% |
| Implants | 50% | 50% |
| Temporomandibular joint (TMJ) | 50% | 50% |
| **ORTHODONTIA** | | Adult & Child covered at 50% after a one time deductible of $50 per person. $1,300 lifetime maximum benefit |
| Consultation | Not Covered | |
| Evaluation | Not Covered | |
| Records | Not Covered | |
| Children | Not Covered | |
| Adult | Not Covered | |

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

[1] The deductible does not apply to any diagnostic or preventive services, and that amounts Delta Dental pays for those services do not count towards the annual maximum.



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# DELTA DENTAL PPO CHART

## DeltaCare USA (DHMO) Plan

| | STANDARD | ENRICHED |
|---|---|---|
| **CHOICE OF DENTIST** | Limited to providers participating in the DeltaCare USA network. | |
| **MAXIMUM BENEFIT/DEDUCTIBLE** | No Maximum, No Deductible | |
| **TYPE I** | **STANDARD - YOU PAY** | **ENRICHED - YOU PAY** |
| 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 |
| 1206 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 |
| **TYPE II** | **STANDARD** | **ENRICHED** |
| Fillings: (White) | | |
| 2330 One Surface | $15.00 | No Charge |
| 2331 Two Surfaces | $20.00 | No Charge |
| 2332 Three Surfaces | $23.00 | No Charge |
| 2335 – Four or More Surfaces | $25.00 | No charge |
| Root Canals | | |
| 3310 Anterior | $75.00 | $70.00 |
| 3320 Bicuspid | $85.00 | $80.00 |
| 3330 Molar | $150.00 | $140.00 |
| 3410 Apicoectomy - anterior | $100.00 | $90.00 |
| Extractions: | | |
| 7111 Coronal remnants - primary 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 |
| **TYPE III** | **STANDARD** | **ENRICHED** |
| 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 |
| Prosthodontics (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 |
| **ORTHODONTIA**<br>Consultation<br>Evaluation<br>Records<br>8080 Children - Normal Class II<br>8090 Adult - Normal Class II | You pay orthodontia as follows: Comprehensive for dependent children under age 19: $1,500. Adults: $2,800 $200 copayment for pre and post orthodontic records. | You pay orthodontia as follows: Comprehensive for dependent children under age 19: $1,500. Adults: $2,800 $200 copayment for pre and post orthodontic records. |
| 8680 Orthodontic Retention | $300 copayment | $300 copayment |



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# VISION PLANS

## Davis Vision Plan by MetLife

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 |
|---|---|
| **BASE PLAN** | |
| Retiree Only | $4.14 |
| Retiree + One | $8.30 |
| Retiree + 2 or more | $15.23 |
| **PREMIER PLAN** | |
| Retiree Only | $9.95 |
| Retiree + One† | $21.39 |
| Retiree + 2 or more† | $41.29 |



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# VISION PLANS

| Covered Vision Services | BASE PLAN COPAY | PREMIER PLAN COPAY |
|---|---|---|
| **FREQUENCY** | | |
| Exam<br>Lenses & Lens Upgrades<br>Frame<br>Contacts Evaluation & Fitting | Once Every Calendar Year<br>Once Every Calendar Year<br>Once Every Other Calendar Year<br>Once Every Calendar Year | Once Every Calendar Year<br>Once Every Calendar Year<br>Once Every Calendar Year<br>Once Every Calendar Year |
| **EXAMS & SERVICES** | | |
| Eye Exam | $25 | $10 |
| **CONTACTS EVALUATION, FITTING:**<br>Standard Lens & Specialty Lens | 15% Discount[1] | 15% Discount[1] |
| **GLASSES** | | |
| **FRAMES** | | |
| Other Locations | $100 | $160 |
| Visionworks[4] | $150 | Covered In Full |
| Any Overages | Additional 20% Off Any Overage[1] | Additional 20% Off Any Overage[1] |
| **THE EXCLUSIVE COLLECTION:**<br>Fashion/Designer/Premier | Covered in Full/$15/$40 | Covered In Full |
| **LENSES** | $25 | $0 |
| **COPAYS FOR OPTIONS & UPGRADES** | | |
| **LENS OPTIONS** | | |
| 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 1.67/ High Index Lenses 1.74 | $60/$120 | $120 |
| Polarized Lenses | $75 | $75 |
| Progressive Lenses (Standard/Premium/Ultra/ Ultimate) | $65 / $105 / $140 / $175 | $0 / $90 / $140 / $175 |
| Anti-Reflective (AR) Coating (Standard/Premium/ Ultra/Ultimate) | $40 / $55 / $69 / $85 | $35 / $48 / $60 / $85 |
| Ultraviolet Coating | $15 | $12 |
| Tinting of Plastic Lenses (Solid / Gradient) | $15 | $0 |
| Plastic Photochromic Lenses (Transitions® Signature™) | $70 | $65 |
| Standard Scratch-Resistant Coating/Premium Scratch-Resistant Coating | $0 / $30 | $0 / $30 |
| Scratch-Protection Plan (Single-Vision | Multifocal) | $20 | $30 | $20 | $40 |
| **ADDITIONAL SAVINGS** | | |
| Retinal Imaging (Member charge) | $39 | $39 |
| Additional Pairs of Eyeglasses | 30% Discount[1] | 30% Discount[1] |
| **CONTACTS[2] IN LIEU OF GLASSES** | | |
| Contact Allowance | $100 | $120 |
| Any Overages | Additional 15% Off Any Overage[1] | Additional 15% Off Any Overage[1] |
| **THE EXCLUSIVE COLLECTION OF CONTACT LENSES:** [3] | N/A | Covered In Full |



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| 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.




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## Under 65 - Life Insurance

**THE MONTHLY LIFE AND AD&D INSURANCE RATE IS 17¢ PER THOUSAND DOLLARS OF YOUR PRE-RETIREMENT ANNUAL SALARY.**

| ____________________ | x .00017 + = | $____________________ |
|---|---|---|
| **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 RATES FOR $15,000 IN COVERAGE | MONTHLY RATES 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 1-800-351-7500.**

### 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 Life Insurance for Retirees Under 65 also includes Basic AD&D. The rate is $.155/$1,000 for Basic Life and $.015/$1,000 for the AD&D for a combined total of $.17. 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.



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# LEGAL INSURANCE FROM ARAG

## Legal happens.

Legal troubles can happen to anyone. We've all been there – you get caught speeding, a contractor ghosts you mid-remodel or true love doesn't work out. And when trouble happens, ARAG legal insurance protects. ARAG also helps with other legal needs like contract reviews or adding your newborn to your will.

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. You'll have access to a nationwide network of attorneys when you need help with legal issues at any stage in life. Plus, attorney fees are 100% paid in full for most covered matters when you work with a network attorney who can offer legal guidance, review personal documents, and represent you, if needed.

## How legal shows up in your life.

Most consumers believe legal troubles are rare, once-in-a-lifetime events. But they're far more common than you think. 85% of individuals experienced a legal event in the past three years[1]. These events often have a considerable impact on one's finances or family.

[1]ARAG Stress Research Study, general consumers and members with known legal issues, October 2022.

## Why should you get legal insurance?

- Work with a network attorney and attorney fees are **100% paid in full** for most covered legal matters.
- **Save thousands of dollars**, on average, for legal matters by avoiding costly legal fees.
- **We help connect you** with local attorneys – many who average 20+ years of experience.
- Address your covered legal situations with a network attorney who is only **a phone call away** for legal help and representation.
- Use DIY Docs® to create a variety of **legally valid documents**, like a will or power of attorney, including state-specific templates.

## What does legal insurance cover?

The ARAG legal insurance plan covers a wide range of legal needs, like the examples on the following page, where plan options are broken down.

## Choose Flexible Benefit Options

You'll have two options to choose from: UltimateAdvisor®, which features a variety of legal coverages and services, and UltimateAdvisor Plus™, which offers more comprehensive legal coverage and additional services like Identity Theft Protection, tax services and services for parents and grandparents.

For specific details about your plan, and to view a complete list of coverages, visit: **ARAGlegal.com/myinfo** and enter Access Code: **17845ret**.

To talk with someone, call ARAG at **800-247-4184**.

| | UltimateAdvisor® | UltimateAdvisor Plus™ |
|---|---|---|
| Retiree | $13.43 | $18.07 |
| Family | $17.73 | $23.84 |

Any legal matter that occurs or is initiated prior to the effective date of your legal plan will be considered excluded and no benefits will apply. ARAG defines this as an event covered by this policy whose initiation date will be considered the earlier of the date (a) written notice of a legal dispute is sent or filed by you or received by you; or (b) a ticket or citation is issued; or (c) an attorney is hired. If your matter is considered pre-existing, in-office benefits are not available; however, as long as the matter is not listed under "Exclusions" in the plan, you are able to receive advice from a network attorney under the telephone legal access services benefit. You can also receive a reduced fee benefit of at least 25% off the network attorney's normal rate if you have not previously hired an attorney.

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. 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, contact us.



If there is any discrepancy between the plan details in this benefits guide and the official plan documents, the language in the official plan documents shall prevail as accurate.

# Compare Your Legal Insurance Plan Options from ARAG®

| Plan Options | Ultimate Advisor® | Ultimate AdvisorPlus™ |
|---|---|---|
| **Consumer Protection** | | |
| Auto Repairs, Buy/Sell a Car, Consumer Fraud, Contractors and More | ● | ● |
| Insurance Disputes | ● | ● |
| **Estate Planning** | | |
| Wills and Powers of Attorney | ● | ● |
| Revocable Living Trusts | ● | ● |
| Irrevocable Living Trusts | ● | ● |
| Protection of Inheritance Rights | ● | ● |
| Estate Administration & Closing (9 Hours) | ● | ● |
| **Family** | | |
| Adoption | ● | ● |
| Alimony/Child Custody/Visitation/Child Support (8 Hours) | | ● |
| Initial Child Custody/Child Support Agreements (8 Hours) | | ● |
| Contested Divorce (10 Hours) | ● | |
| Contested Divorce (15 Hours) | | ● |
| Uncontested Divorce | ● | ● |
| Domestic Partnership Agreement | ● | ● |
| Domestic Violence Protection | ● | ● |
| Restraining/Protective Order | ● | ● |
| Elder Law - Member Support | ● | ● |
| Funeral Directive | ● | ● |
| Gender Identifier Change | ● | ● |
| Guardianship/Conservatorship | ● | ● |
| Hospital Visitation Authorization | ● | ● |
| Mental Incompetency or Infirmity | ● | ● |
| Name Change | ● | ● |
| Postnuptial Agreements | ● | ● |
| Prenuptial Agreements | ● | ● |
| School Administrative Hearings | | ● |
| **Real Estate — Primary and Secondary Residence** | | |
| Buy/Sell | ● | ● |
| Home Equity Loan | ● | ● |
| Refinance | ● | ● |
| Foreclosure | ● | ● |
| Real Estate Disputes | ● | ● |
| Neighbor Disputes | ● | ● |
| Easements | ● | ● |
| Zoning and Variances | ● | ● |
| Building Codes | ● | ● |
| **Traffic and Vehicle (Excluding DWI)** | | |
| Driving Privilege Protection | ● | ● |
| Driving Privilege Restoration | ● | ● |
| Minor Traffic | ● | ● |
| **Services for Tenants** | | |
| Disputes with a Landlord — Contracts, Lease, Eviction, Deposits | ● | ● |

| Plan Options | Ultimate Advisor® | Ultimate AdvisorPlus™ |
|---|---|---|
| **Financial Services** | | |
| Financial Education and Counseling Services | ● | ● |
| **Immigration** | | |
| Immigration Services | ● | ● |
| **Government Benefits** | | |
| Social Security/Veterans/Medicare | ● | ● |
| **Identity Theft** | | |
| Identity Theft Services | ● | ● |
| Full-Service Identity Restoration | | ● |
| $1 Million Theft Insurance[1] | | ● |
| Single-Bureau Credit Monitoring | | ● |
| Internet Surveillance | | ● |
| Change of Address Monitoring | | ● |
| Child Identity Monitoring | | ● |
| Lost Wallet Services | | ● |
| **Taxes** | | |
| Tax Services | | ● |
| IRS Audit Protection | ● | ● |
| IRS Collection Defense | ● | ● |
| Property Tax — Primary and Secondary Residence | | ● |
| **Debt** | | |
| Bankruptcy | ● | ● |
| Defense of Debt Collection | ● | ● |
| Defense of Garnishment | ● | ● |
| Mechanic's Lien | ● | ● |
| Student Loan Debt Collection | ● | ● |
| **Services for Parents/Grandparents** | | |
| Annual Legal Checkup, Advice and Caregiving Services | | ● |
| **Criminal** | | |
| Criminal Misdemeanor Defense | | ● |
| Habeas Corpus | ● | ● |
| Parental Responsibilities | ● | ● |
| Juvenile Court | ● | ● |
| **Civil Damage Defense** | | |
| Libel/Slander, Pet-Related Matters and More | ● | ● |
| **General Coverages** | | |
| Credit Record Correction | | ● |
| Small Claims Court | ● | ● |
| Miscellaneous Services (4 Hours per Year) | | ● |
| Document Preparation and Review | ● | ● |
| Personal Property Protection | ● | ● |
| **Premium Rate** | | |
| **Family bi-weekly** | $8.18 | $11.00 |
| **Individual bi-weekly** | $6.20 | $8.34 |

Legal Insurance

**800-247-4184**

**ARAGlegal.com/plans, access code 17845jhs**

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

[1]The Identity Theft Insurance is underwritten and administered by American Bankers Insurance Company of Florida, an Assurant company. Please refer to the actual policies for terms, conditions, and exclusions of coverage. Coverage may not be available in all jurisdictions. Please see the plan summary document 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. 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, contact us.

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2023 Standard Plan Design Rev 1/22 200365jhs



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# PET ASSURE AND PETPLUS

## Pet Assure Veterinary Discount Plan

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

You will save hundreds on your pets' medical care for only $8 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% off all in-house medical services** 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.
- **ThePetTag Lost Pet Recovery Service. Every pet that joins can register in ThePetTag, Pet Assure's Lost Pet Recovery Service.**

There are dozens of network providers in Miami and the surrounding areas. For a complete list of participating veterinary practices, visit Pet Assure online at **petbenefits.com/search**

**Pet Assure and PetPlus are brought to you by Pet Benefit Solutions. If you have any questions, please call Pet Benefit Solutions at 800-891-2565, or visit petbenefits.com.**

## PetPlus Prescription Discount Plan

With PetPlus, members receive up to 40% off their pet's prescriptions, preventatives, food, treats, and more. It's instant savings without any paperwork, and no exclusions based on pre-existing conditions. All dogs and cats are covered!

You will get up to 40% off on:

- Flea and Tick Preventatives
- Heartworm Preventatives
- Rx Medications
- Vitamins and Supplements
- Food (Rx & Non-Rx)
- Treats and Toys

**Additional Benefits:**

- Free shipping on all orders from PetCareRx.com
- Pickup human-grade Rx from participating pharmacies, including CVS, Walmart and other independent CVS Caremark® pharmacies
- 24/7 Pet Telehealth powered by AskVet

**Enroll today to start saving!**

| Pet Assure & PetPlus Rates | Monthly Rates |
|---|---|
| Pet Assure Unlimited Plan | $8.00 |
| PetPlus Single Pet Plan | $4.50 |
| PetPlus Unlimited Plan | $8.50 |
| Pet Assure Unlimited + PetPlus Single Pet | $12.50 |
| Pet Assure Unlimited + PetPlus Unlimited | $16.50 |

Unlimited plans covers all pets in your household.



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# 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 |

## JHS NURSE EMERITUS PROGRAM

The JHS Nurse Emeritus Program is our way of supporting our new to practice nurses as they integrate into the workforce, and ensure that their experience is a positive one. Our nurses will gain real time experiences with our retired nurses, called Nurse Emeriti, to help them navigate the ups and downs of their new profession. The JHS Nurse Emeritus program will help us to fulfill our mission to retain the brightest and the best for the care of our patients. So, if you have retired from JHS with in the last 3 years and would like to give back, while being paid, to this fine organization that helped you to retire comfortably.

## PLEASE CONTACT US AT THE JHS CENTER FOR ACADEMIC PARTNERSHIPS:

Beverly Fray, PhD, APRN-CNS-BC
Manager, bfray2@jhsmiami.org
Office: 305-585-6684
Cell: 305-586-6753

Anabel Perez, Specialist
Anabel.perez@jhsmiami.org
Office: 305-585-7158
Cell: 305-505-5238

Andrea Socorro Sardi
andrea.socorrosardi@jhsmiami.org
Office: 305-585-3491

## 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** 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

**Jackson West Medical Center Volunteer Services:** 786-466-1076



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# NEW RETIREE FORMS AND ONLINE RESOURCES

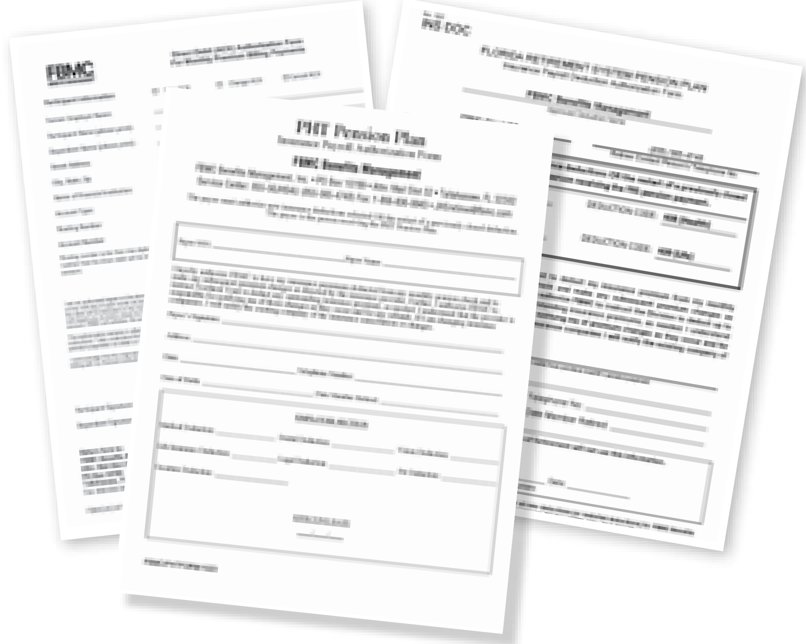
## DOWNLOAD AN FRS, PHT, OR ACH FORM AT JACKSONBENEFITS.ORG

## FAX IN OR MAIL TO:

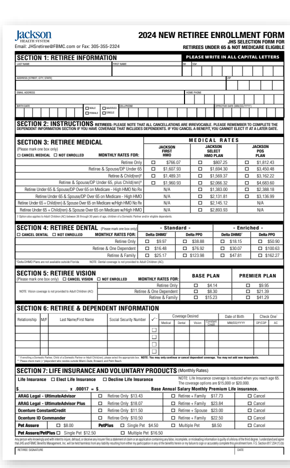
FBMC Benefits Management, Inc.
PO Box 10789
Attn: Mail Slot 32
Tallahassee, FL 32302-2789

Fax: 1-866-836-9943

**Forms are only required if you are adding any NEW benefits.**



## REVIEW YOUR ENROLLMENT FORMS AT JACKSONBENEFITS.ORG



2024 NEW RETIREE ENROLLMENT FORM
JHS SELECTION FORM FOR RETIREES UNDER 65 & NOT MEDICARE ELIGIBLE

SECTION 1: RETIREE INFORMATION
SECTION 2: INSTRUCTIONS
SECTION 3: RETIREE MEDICAL
SECTION 4: RETIREE DENTAL
SECTION 5: RETIREE VISION
SECTION 6: RETIREE & DEPENDENT INFORMATION
SECTION 7: LIFE INSURANCE AND VOLUNTARY PRODUCTS

2024 NEW RETIREE ENROLLMENT FORM
JHS BENEFIT SELECTION FORM FOR RETIREES 65 & OVER AND/OR MEDICARE ELIGIBLE

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



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# PERSONAL LEAVE & EXTENDED ILLNESS

## 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.



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# 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.

**COREBRIDGE FINANCIAL: (formerly AIG Retirement)**
**JHS 403(b) & 457(b) Plans**

Camilo Restrepo – Financial Advisor
Mobile Number: 305-433-1409
Camilo.Restrepo@corebridgefinancial.com

Roxann Murphy – Financial Advisor
Mobile Number: 954-826-2915
Roxann.Murphy@corebridgefinancial.com

Alex Harriehausen – Financial Advisor
Mobile Number: 305-710-6525
Alex.Harriehausen@corebridgefinancial.com

Armando Vazquez – Senior Financial Advisor
Mobile Number: 305-433-1790
Armando.Vazquez@corebridgefinancial.com

Dida Langsdale – Senior Financial Advisor
Mobile Number: 786-390-8710
Candida.Langsdale@corebridgefinancial.com

Richard Maurisma – Financial Advisor
Mobile Number: 786-350-8796
Richard.Maurisma@corebridgefinancial.com

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**Grandfathered Plans**
**JHS 403(b) & 457(b) Plans**

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**LINCOLN FINANCIAL GROUP:**
**403(b) & 457**
403(b) Account Contact:
800-454-6265
457 Account call:
800-341-0441
Alejandro M. Jerez CPWA Direct:
305-570-1816
Alejandro.Jerez@lfg.com

**FIDELITY INVESTMENTS:**
**403(b)**
1-800-343-0860
#51502 (Employer Plan Number)

**VOYA FINANCIAL**
**403(b) & 457(b)**
Group#09058
Stacey Sherbinsky
954-486-2236
s.sherbinsky@voyafa.com

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

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



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# FINAL WORK CHECKS

## 2025 PAYROLL CALENDAR

| PP# | BEGIN | END | PAYDAY |
|---|---|---|---|
| 1 | 12/22/2024 | 1/4/2025 | 1/10/2025 |
| 2 | 1/5/2025 | 1/18/2025 | 1/24/2025 |
| 3 | 1/19/2025 | 2/1/2025 | 2/7/2025 |
| 4 | 2/2/2025 | 2/15/2025 | 2/21/2025 |
| 5 | 2/16/2025 | 3/1/2025 | 3/7/2025 |
| 6 | 3/2/2025 | 3/15/2025 | 3/21/2025 |
| 7 | 3/16/2025 | 3/29/2025 | 4/4/2025 |
| 8 | 3/30/2025 | 4/12/2025 | 4/18/2025 |
| 9 | 4/13/2025 | 4/26/2025 | 5/2/2025 |
| 10 | 4/27/2025 | 5/10/2025 | 5/16/2025 |
| 11 | 5/11/2025 | 5/24/2025 | 5/30/2025 |
| 12 | 5/25/2025 | 6/7/2025 | 6/13/2025 |
| 13 | 6/8/2025 | 6/21/2025 | 6/27/2025 |
| 14 | 6/22/2025 | 7/5/2025 | 7/11/2025 |
| 15 | 7/6/2025 | 7/19/2025 | 7/25/2025 |
| 16 | 7/20/2025 | 8/2/2025 | 8/8/2025 |
| 17 | 8/3/2025 | 8/16/2025 | 8/22/2025 |
| 18 | 8/17/2025 | 8/30/2025 | 9/5/2025 |
| 19 | 8/31/2025 | 9/13/2025 | 9/19/2025 |
| 20 | 9/14/2025 | 9/27/2025 | 10/3/2025 |
| 21 | 9/28/2025 | 10/11/2025 | 10/17/2025 |
| 22 | 10/12/2025 | 10/25/2025 | 10/31/2025 |
| 23 | 10/26/2025 | 11/8/2025 | 11/14/2025 |
| 24 | 11/9/2025 | 11/22/2025 | 11/28/2025 |
| 25 | 11/23/2025 | 12/6/2025 | 12/12/2025 |
| 26 | 12/7/2025 | 12/20/2025 | 12/26/2025 |
| 1 | 12/21/2025 | 1/3/2026 | 1/9/2026 |

## ATTACHMENT B FORM

**Attachment B**

HUMAN RESOURCES CAPITAL MANAGEMENT

**FINAL PROCESSING FORM**

**Personal Information**

*Full Name: ______________________ Last / First / M.I.

*Address: ______________________ Street Address / Apartment/Unit #

______________________ City / State / ZIP Code

*Home Phone: ____________ Cell # : ____________

*Social Security # (Last 4 digits): ____________

Lawson #:

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 payroll 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 (FBMC) at (305) 585-6512. .**

***You have an obligation to maintain confidentiality of JHS/PHT Proprietary Information and you are advised not to take or use any material containing confidential or proprietary information outside of JHS/PHT. Please return any materials, documents or JHS/PHT 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** ____________

**For HRCM Records Administration Use Only**

Check Date:________ P/U Date:________ Amount:________ Signature:________

Check Date:________ P/U Date:________ Amount:________ Signature:________

AUDIT

Processed By:________ Date:________ Resignation List: ________

Rev 09/12

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



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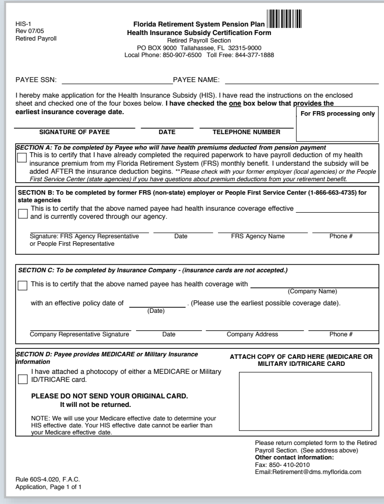
# FRS PENSION ADDITIONAL FORMS REQUIRED

**1.**



HIS-1
Rev 07/05
Retired Payroll

**Florida Retirement System Pension Plan**
**Health Insurance Subsidy Certification Form**
Retired 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 provides 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 payroll 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 begins. ***Please check with your former employer (local agencies) or the People First Service Center (state agencies) if you have questions about premium deductions from your retirement benefit.*

**SECTION B: To be completed by former FRS (non-state) employer or People First Service Center (1-866-663-4735) 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 or People First 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 information***

☐ I have attached a photocopy of either a MEDICARE or Military ID/TRICARE card.

**PLEASE DO NOT SEND YOUR ORIGINAL CARD. It will not be returned.**

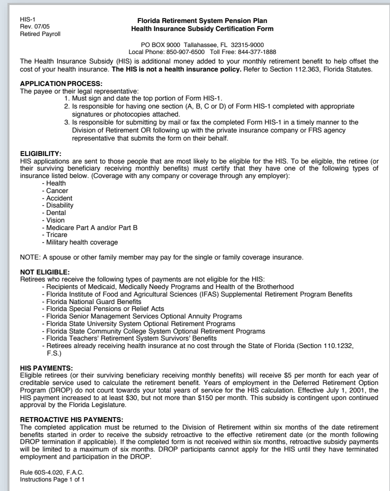
NOTE: We will use your Medicare effective date to determine your HIS effective date. Your HIS effective date cannot be earlier than your Medicare effective date.

**ATTACH COPY OF CARD HERE (MEDICARE OR MILITARY ID/TRICARE CARD**

Please return completed form to the Retired Payroll Section. (See address above)
**Other contact information:**
Fax: 850- 410-2010
Email:Retirement@dms.myflorida.com

Rule 60S-4.020, F.A.C.
Application, Page 1 of 1

**2.**



HIS-1
Rev. 07/05
Retired Payroll

**Florida Retirement System Pension Plan**
**Health Insurance Subsidy Certification Form**

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, C or D) 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 in a timely manner to the Division of Retirement OR 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
- 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:
- 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 Special Pensions or Relief Acts
- 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 (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, 2001, 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 60S-4.020, F.A.C.
Instructions Page 1 of 1

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



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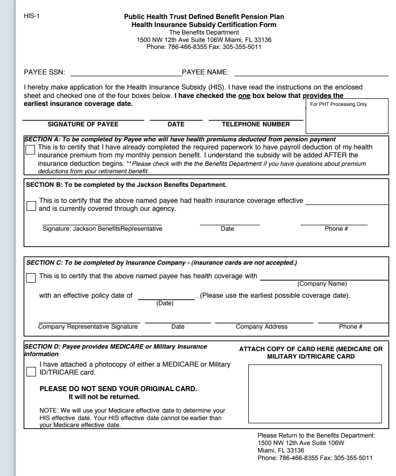
# PHT ANNUITY ADDITIONAL FORMS REQUIRED

1.



HIS-1

**Public Health Trust Defined Benefit Pension Plan**
**Health Insurance Subsidy Certification Form**
The Benefits Department
1500 NW 12th Ave Suite 106W 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 PHT 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 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 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 had health insurance coverage effective ____________ and is currently covered through our agency.

Signature: Jackson BenefitsRepresentative | 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 ID/TRICARE 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 ID/TRICARE CARD**

Please Return to the Benefits Department:
1500 NW 12th Ave Suite 106W
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 106W 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

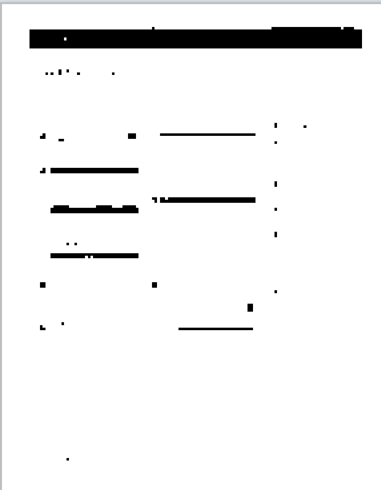
NOTE: A spouse or other family member may pay for the single or family coverage insurance.

**NOT ELIGIBLE:**
Retirees who receive the following types of payments are not eligible for the HIS:

- 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 Special Pensions or Relief Acts
- 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 $30, 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.



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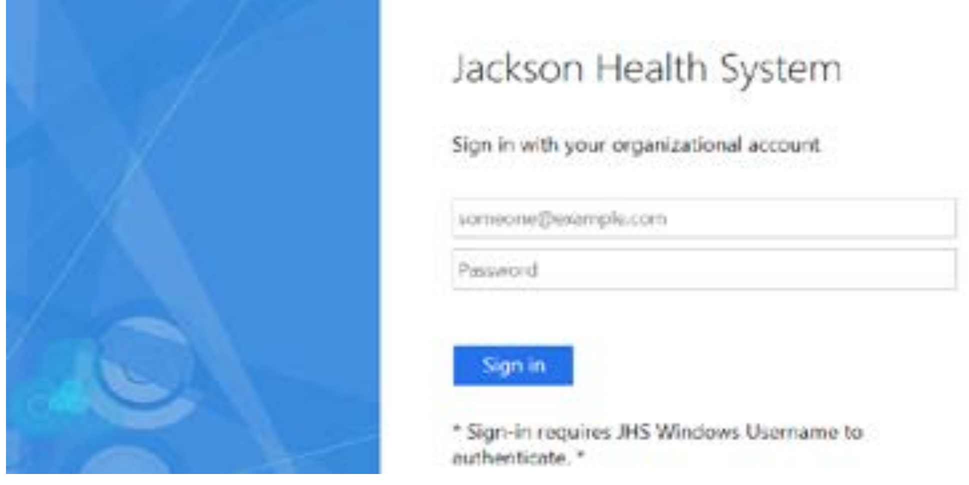
# PHT Pension Modeling Tool

## Accessing the Pension Modeling Tool and Logging On for ACTIVE MEMBERS

Access the tool by logging on at: https://adfs.jhsmiami.org/adfs/ls/idpinitiatedsignon.aspx




**NOTE: Active Members do not need to register for an account to access the tool.**



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# PHT PENSION MODELING TOOL

As soon as your account is created or you log in, you will be taken to the Welcome page (Home page). To navigate around the website, you can click on the Menu options at the top of the page or scroll down to the quick links on the page.

Jackson

How much money do you have after retirement?

The website provides a quick and easy way to model your Jackson Health System pension benefit under multiple life scenarios.

I want to...

**Compare My Estimates**

See how your pension changes when comparing different retirement scenarios.

**Update My Personal Information**

See and update your address and contact information.

**View My Plan Information**

See, download, or print information for your plan.

**View My Pension Statement**

See, download, or print your pension statement.



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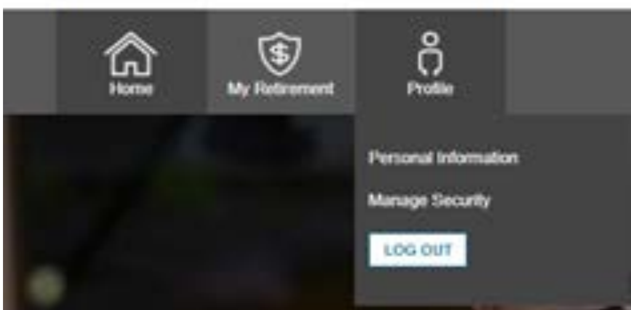
# PHT PENSION MODELING TOOL




Use the **Estimate My Pension Benefit** menu option to create a single payout scenarios based on age or retirement date.

Use the **Compare Scenarios** menu option to create different payout scenarios based on age or retirement date.

Use the **My Statement** to view, download and print a copy of your most recent pension statement.

Use the **Plan Information** menu option to view, download and print copies of various plan related documents such as the Summary Plan Description.

Use the **Forms** menu option to view, download and print a copy of the of the retirement application.

Use the **Terms To Know + FAQ** menu option to view, download and print copies of the frequently asked questions for Retiree Medical, Dental, Vision and Life Insurance Plans or the PHT DROP or the Monthly information session schedule.

Use the **Links + Contacts** menu option to access contact information and other external websites.

Use the **Personal Information** menu option to view your personal information and update your contact information, if applicable.

Use the **Manage Security** menu option to change your password and security questions.



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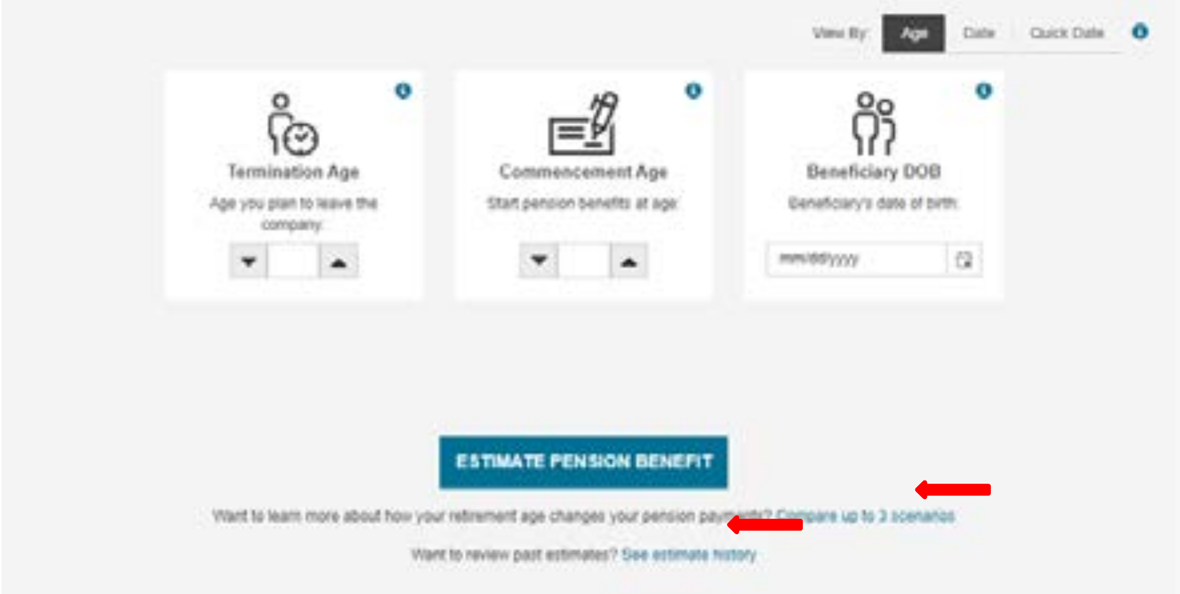
# PHT PENSION MODELING TOOL

## Running Your Estimates

To estimate a single scenario pension benefit:

- Click on the **Estimate My Pension** from the Home page or **Estimate My Pension Benefit** from the Retirement menu option
- Select whether you want to enter the assumptions for your estimate by Age or Date .
- If applicable, enter the age or date you plan to leave the company
- Enter date or age you want payments to commence.
- If applicable, enter your beneficiary's date of birth
- Click on Estimate Pension Benefit to generate your estimate results




Use the **Compare up to 3 scenarios** link go to the page where you can enter up to three different combinations at one time.

Use the **See estimate history** link to view prior scenarios that you have generated.

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

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# 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.

## Designation of Primary Care Physician

JHS generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. Until you make this designation, JHS designates one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the AvMed at 1-844-439-5378 or visit avmed.org/jhs.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from AvMed or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals.

For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the AvMed at 1-844-439-5378 or visit avmed.org/jhs.

## NEWBORN AND MOTHER'S HEALTH PROTECTION ACT

The Newborn and Mothers Health Protection Act has set rules for group health plans and insurance issuers regarding restrictions to coverage for hospital stays in connection with childbirth.
The length of stay may not be limited to less than: 48 hours following a vaginal delivery OR 96 hours following a cesarean section.
Determination of when the hospital stay begins is based on the following:

- For an in the hospital delivery: The stay begins at the time of the delivery. For multiple births, the stay begins at the time of the last delivery.
- For a delivery outside the hospital (i.e. birthing center): The stay begins at the time of admission to the hospital.

Requiring authorization for the stay is prohibited. If the attending provider and mother are both in agreement, then an early discharge is permitted.



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Group Health Plans may not:

- Deny eligibility or continued eligibility to enroll or renew coverage to avoid these requirements.
- Try to encourage the mother to take less by providing payments
or rebates.
- Penalize a provider or provide incentives to a provider in an attempt to induce them to furnish care that is not consistent with these rules.

These rules do not mandate hospital stay benefits on a plan that does not provide that coverage. The group plan is not prohibited from imposing deductibles, coinsurance, or other cost-sharing related to the benefits.

### NOTICE OF FBMC'S CAPACITY

FBMC Benefits Management, Inc. (FBMC) has been authorized by your employer to provide certain administrative services for some the insurance plans offered within your employer's benefit program. Importantly, FBMC is not the policyholder or an insurance company. The policyholder is the entity to whom the insurance policy has been issued; the employer is the policyholder for group insurance products and the employee is the policyholder for individual products. The policyholder is identified on either the face page or schedule page of the policy or certificate. The insurance companies noted in this guide have been selected by your employer and are liable for the funds to pay your insurance claims.

## CREDITABLE COVERAGE NOTICE

### IMPORTANT NOTICE FROM JACKSON HEALTH SYSTEM ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Jackson Health System and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Jackson Health System has determined that the prescription drug coverage offered by the Jackson First HMO, Jackson Select HMO and Jackson POS plans are, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and are therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.
3. When Can You Join A Medicare Drug Plan? You can join a Medicare drug plan when you first become eligible for Medicare and each year from Oct. 15, 2024 to Dec. 7, 2024.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan? Your current coverage pays for other health expenses, in addition to prescription drugs, and you will still be eligible to receive all of you current health and prescription drug benefits if you choose to enroll in a Medicare prescription drug plan.

If you do decide to join a Medicare drug plan and drop your current Jackson Health System coverage, be aware that you and your dependents will not be able to get this coverage back.

**When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?**
You should also know that if you drop or lose your current coverage with Jackson Health System and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

**For More Information About This Notice Or Your Current Prescription Drug Coverage**...Refer to your certificate of coverage issued by your medical insurance plan or visit **avmed.org/jhs**. Contact AvMed at 844-439-5378.

You will receive this notice annually and at other times in the future such as before the next period you can enroll in Medicare prescription drug coverage, and if this coverage changes. You also may request a copy.



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**For More Information About Your Options Under Medicare Prescription Drug Coverage...**More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

**For more information about Medicare prescription drug coverage:**

- Visit **medicare.gov**
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at **socialsecurity.gov**, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

REMEMBER: KEEP THIS CREDITABLE COVERAGE NOTICE. IF YOU DECIDE TO JOIN ONE OF THE MEDICARE DRUG PLANS, YOU MAY BE REQUIRED TO PROVIDE A COPY OF THIS NOTICE WHEN YOU JOIN TO SHOW WHETHER OR NOT YOU HAVE MAINTAINED CREDITABLE COVERAGE AND, THEREFORE, WHETHER OR NOT YOU ARE REQUIRED TO PAY A HIGHER PREMIUM (A PENALTY).

Last Updated: Oct. 28, 2024
Name of Entity: Jackson Health System
Contact-Position/Office: Human Resources
Health and Wellness Department
Address: 1500 NW 12 Ave, Suite 106 W., Miami, FL 33136
Phone Number: 786-466-8378



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## Your Rights and Protections Against Surprise Medical Bills

When you get emergency care or are treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from balance billing. In these cases, you shouldn't be charged more than your plan's copayments, coinsurance and/or deductible.

**What is "balance billing" (sometimes called "surprise billing")?**

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, like a copayment, coinsurance, or deductible. You may have additional costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network.

"Out-of-network" means providers and facilities that haven't signed a contract with your health plan to provide services. Out-of-network providers may be allowed to bill you for the difference between what your plan pays and the full amount charged for a service. This is called "**balance billing**." This amount is likely more than in-network costs for the same service and might not count toward your plan's deductible or annual out-of-pocket limit.

"Surprise billing" is an unexpected balance bill. This can happen when you can't control who is involved in your care—like when you have an emergency or when you schedule a visit at an in- network facility but are unexpectedly treated by an out-of-network provider. Surprise medical bills could cost thousands of dollars depending on the procedure or service.

**You're protected from balance billing for:**

**Emergency services**
If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most they can bill you is your plan's in-network cost-sharing amount (such as copayments, coinsurance, and deductibles). You **can't** be balance billed for these emergency services. This includes services you may get after you're in stable condition, unless you give written consent and give up your protections not to be balanced billed for these post-stabilization services.

**Certain services at an in-network hospital or ambulatory surgical center**
When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers can bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers **can't** balance bill you and may **not** ask you to give



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up your protections not to be balance billed.

If you get other types of services at these in-network facilities, out-of-network providers **can't** balance bill you, unless you give written consent and give up your protections.

**You're never required to give up your protections from balance billing. You also aren't required to get out-of-network care. You can choose a provider or facility in your plan's network.**

**In the state of Florida, there are comprehensive balance billing protections in addition to those provided by the federal No Surprises Act**. Florida law states that insurance companies are not allowed to bill you for amounts beyond your plan's in-network cost-sharing amount. That protection applies to HMO and PPO insurance plans for emergency services by out-of-network providers and facilities, as well as non-emergency services provided by out-of-network providers at in-network facilities. For PPOs, the state payment standard applies to emergency services and non-emergency services provided by out-of-network providers at in-network facilities. For HMOs, the state payment standard only applies to emergency services but the state also has a claim dispute resolution program in place. Under Florida law, these protections do not apply to ground ambulance services for PPO insurance plans, patients enrolled in PPO insurance plans who consent to non-emergency out-of-network services, and patients with self-funded insurance plans. The laws put in place by the state of Florida work together with the requirements of the No Surprises Act to ensure that you are protected from surprise medical bills.

**When balance billing isn't allowed, you also have these protections:**

- You're only responsible for paying your share of the cost (like the copayments, coinsurance, and deductible that you would pay if the provider or facility was in-network). Your health plan will pay any additional costs to out-of-network providers and facilities directly.

- Generally, your health plan must:
    - Cover emergency services without requiring you to get approval for services in advance (also known as "prior authorization").
    - Cover emergency services by out-of-network providers.
    - Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.
    - Count any amount you pay for emergency services or out-of-network services toward your in-network deductible and out-of-pocket limit.

**If you think you've been wrongly billed**, you may contact the Department of Health and Humans Services Center for Medicare and Medicaid Services by calling the No Surprises Helpdesk at 1-800-985-3059, or visiting http://www.cms.gov/nosurprises.

Visit http://www.cms.gov/nosurprises for more information about your rights under federal law.



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Contract Administrator
FBMC Benefits Management, Inc.
PO Box 1878 • Tallahassee, Florida 32302-1878
FBMC Service Center 855-56JHS4U (855-565-4748)
**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.