



2025

RETIREE OVER 65 BENEFITS GUIDE

Health, Wealth, and More

Jackson
HEALTH SYSTEM

Miracles made daily.



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Important Dates to Remember

Your open enrollment dates are:
Oct. 28, 2024 through Nov 15, 2024

Your plan year dates are:
Jan. 1, 2025 – Dec. 31, 2025

ONLINE RESOURCES:

Click below to view
important information:

- Jackson Benefits Website:
JacksonBenefits.org

Important Reminders:

**LISTED BELOW ARE THE CHANGES
FOR THE 2025 PLAN YEAR:**

- Rate increase for High Rx and High No Rx Medical Plans
- If you are currently covering Dependent Under 65 Or Children only:
- Premium Rate Increase for all Medical plans

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Open Enrollment News

- Medicare option are available to JHS retirees! You have an opportunity to enroll within an Over 65 Medicare plan options being offered through Humana or Avmed.
- Enrollment is done directly through the carriers. Contact:
Humana
1-800-824-8242,
Post enrollment: 1-800-782-8633 (TTY 711) OR

AvMed
1-800-453-4564 (TTY 711)
Mon – Fri, 8 a.m. – 8 p.m. EST
Post enrollment: 1-800-782-8633,
Mon – Fri, 8 a.m. – 9 p.m. EST (TTY 711).
- If you are currently enrolled in an Over 65 medical plan and do not wish to Opt into one of the new plans being offered, no further action is needed. You will remain in your current plan.

NOTE: 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 42 for more details.

KEY THINGS TO KNOW



2025 Plan Highlights

Core Benefits Available

Over 65 Medical Plans

- AvMed High Plan with Rx
- AvMed High without Rx

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

Important Enrollment Information

Open Enrollment for the 2025 plan year will take place Nov. 6 through Nov. 22, 2024

Please note that it is a CHANGES ONLY enrollment for 2025 plan year benefits. For the effective date of January 1st, you have an opportunity to enroll with Humana or Avmed for your Over 65 plan. You must enroll directly with the carriers.

If you are currently enrolled in an Over 65 medical plan and do not wish to opt into one of the new plans being offered, no further action is needed. You will remain in your current plan.

An Over 65 Retiree letter, enrollment form, and FBMC return envelope are included with this mailing. To make your benefits selections, please complete the enrollment form and a deduction authorization form and return it by mail, postmarked by Nov. 22, 2024, which is the last day of the enrollment. The ACH, FRS, or PHT deduction authorization forms are all available online at JacksonBenefits.org

You must fax/mail completed forms to:

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

- Fax to: 1-866-836-9943

Mailed forms must be postmarked by Nov. 22, 2024, which is the last day of the enrollment.

Please direct all questions or comments to Customer Service at 855-56JHS4U (855-565-4748), Mon. – Fri., 7 a.m. – 7 p.m. ET.

MEDICAL PLANS



Group Medical Plans

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

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

MEDICAL PLANS

AvMed Retiree, Spouse/DP & Dependents Monthly Rates

	AVMED HIGH PLAN	AVMED HIGH W/NO RX PLAN
Retiree 65 and Over Only	\$1,390.79	\$604.54
Retiree 65 and Over & Spouse/DP 65 and Over	\$2,382.69	\$1,035.69
Retiree 65 and Over & Spouse/DP 65 & Over plus Child(ren) [†] on AvMed POS Plan	\$2,811.38	\$2,456.28
Retiree 65 and Over & Spouse/DP 65 & Over plus Child(ren) [†] on AvMed Standard HMO	\$3,495.48	\$2,148.48
Retiree 65 and Over & Child(ren) [†] on AvMed POS Plan	\$2,811.38	\$2,025.13
Retiree 65 and Over & Child(ren) [†] on AvMed Standard HMO	\$2,503.58	\$1,717.33
Retiree 65 and Over & Spouse/DP Under 65 on AvMed POS Plan	\$4,484.42	\$3,698.17
Retiree 65 and Over & Spouse/DP Under 65 on AvMed Standard HMO	\$3,248.95	\$2,462.70
Retiree 65 and Over & Spouse under 65 on POS	\$3,293.84	\$2,507.59
Retiree and Spouse <65 on Standard HMO	\$2,692.45	\$1,906.20

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

	JACKSON FIRST HMO PLAN	JACKSON SELECT HMO PLAN	JACKSON STANDARD HMO PLAN • Only available to current participants	JACKSON POS PLAN
Spouse/DP Under 65 [†]	\$841.86	\$887.06	\$1,239.68	\$1,812.43
Child(ren) [†]	\$723.25	\$762.12	\$1,059.80	\$1,352.94
Spouse/DP Under 65 and Child(ren) [†]	\$1,194.86	\$1,259.08	\$1,769.68	\$2,946.31

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

AVMED HEALTH PLANS HIGH OPTION WITH RX

Visit our website at Avmed.org/jhs

Medicare Benefit Summary



MEDICARE ELIGIBLE RETIREE HIGH OPTION WITH PRESCRIPTION DRUG COVERAGE

JACKSON HEALTH SYSTEM	SCHEDULE OF BENEFITS
MEDICARE PART B DEDUCTIBLE:	\$257 Per Calendar Year Not Covered
LIFETIME MAXIMUM	Unlimited
DEDUCTIBLE AMOUNT PER CALENDAR YEAR Per Individual	\$257 for Private Duty Nursing – Medically Necessary \$257 for Foreign Travel Emergency Care – Medically Necessary
CHOICE OF HOSPITALS	Unlimited
INPATIENT HOSPITAL FACILITY <i>Covered by Medicare Part A. Medicare covers:</i> Days 1—60: All but \$1,676 Days 61—90: All but \$419 per day Days 91—150: All but \$838 per day <i>*Days 91—150 are the 60 Lifetime Reserve Days. Medicare will cease until a new Benefit Period begins. A new Benefit Period begins after you have been out of the hospital or facility for at least 60 days. In a new Benefit Period, all Medicare Part A will renew except for the Lifetime Reserve Days.</i>	100% up to \$1,676 100% up to \$419 per day 100% up to \$838 per day *365 additional lifetime days after Medicare Lifetime Reserve Days are exhausted Covered at 100% of Medicare eligible expense Must be Medically Necessary Limiting semi-private room (unless Medically Necessary) & board amount
HOSPITAL OUTPATIENT/PHYSICIAN <i>Covered by Medicare Part B</i>	Remainder 20% of Medicare approved amount
SKILLED NURSING FACILITIES <i>Days 1—20: Covered by Medicare Part A</i> <i>Days 21—100: Covered all but \$209.50 per day</i> <i>Days 101 & beyond: You pay all costs</i>	Days 1—20: Not Covered Days 21—100: 100% up to \$209.50 per day Days 101 & beyond: Not Covered
PHYSICIAN VISITS/ILLNESS <i>Covered by Medicare Part B</i>	Remainder 20% of Medicare approved amount
EMERGENCY AND URGENT CARE SERVICES <i>Covered by Medicare Part B</i>	Remainder 20% of Medicare approved amount
PHYSICIAN'S OFFICE VISIT <i>Covered by Medicare Part B</i>	Remainder 20% of Medicare approved amount
SPECIALIST'S OFFICE VISIT <i>Covered by Medicare Part B</i>	Remainder 20% of Medicare approved amount
SURGICAL PROCEDURES <i>Covered by Medicare Part B</i>	Remainder 20% of Medicare approved amount
PREVENTIVE CARE <i>Covered by Medicare Part B</i> Includes, but is not limited to: Annual Screening Mammogram Pap Smear & Pelvic Exam Bone Mass Measurement Prostate Cancer Screening Physical Exam (Yearly "Wellness" Exam) Colorectal Screening <i>Subject to Preventive Care guidelines outlined in the "2025 Medicare & You" publication from Centers for Medicare & Medicaid Services (CMS).</i>	No Charge

SF-JHS MEDICARE RETIREE BENEFIT SUMMARY HIGH OPTION W/RX-25
SF-4142(01/25)

AVMED HEALTH PLANS HIGH OPTION WITH RX

Visit our website at Avmed.org/jhs

Medicare Benefit Summary



MEDICARE ELIGIBLE RETIREE HIGH OPTION WITH PRESCRIPTION DRUG COVERAGE

JACKSON HEALTH SYSTEM	SCHEDULE OF BENEFITS
ACUPUNCTURE (Chronic Low Back Pain) only <i>Covered by Medicare Part B</i> Includes, but not limited to: 12 acupuncture visits in 90 days for chronic low back pain lasting 12 weeks or longer. No more than 20 Acupuncture treatments annually. <i>Subject to additional details outlined at www.medicare.gov.</i>	Remainder 20% of Medicare approved amount
AMBULATORY SURGERY CENTERS <i>Covered by Medicare Part B</i> <i>*Facility where surgical procedures are performed, and you're expected to be released within 24 hours.</i>	Remainder 20% of Medicare approved amount
MEDICARE TELEHEALTH, E-VISITS, AND VIRTUAL CHECK-INS <i>Covered by Medicare Part B</i>	Remainder 20% of Medicare approved amount
ALLERGY INJECTIONS <i>Covered by Medicare Part B</i>	Remainder 20% of Medicare approved amount
DURABLE MEDICAL EQUIPMENT <i>Covered by Medicare Part B</i>	Remainder 20% of Medicare approved amount
IMMUNIZATIONS <i>Covered by Medicare Part B</i>	Remainder 20% of Medicare approved amount
X-RAYS <i>Covered by Medicare Part B</i>	Remainder 20% of Medicare approved amount
ADVANCED RADIOLOGICAL IMAGING (I.E. MRIs, MRAs, CAT Scans and PET Scans) <i>Covered by Medicare Part B</i>	Remainder 20% of Medicare approved amount
PHYSICAL THERAPY SERVICES <i>Covered by Medicare Part B</i>	Remainder 20% of Medicare approved amount
TMJ <i>Covered by Medicare Part B</i> Surgical and Non-Surgical	Remainder 20% of Medicare approved amount
OTHER LAB/RADIOLOGY SERVICES <i>Covered by Medicare Part B</i>	Remainder 20% of Medicare approved amount
SHORT-TERM REHABILITATION <i>Covered by Medicare Part B</i> Includes: Cardiac Rehab Speech Therapy Occupational Therapy Pulmonary Rehab Cognitive Therapy Chiropractic Therapy (includes Chiropractors)	Remainder 20% of Medicare approved amount
AMBULANCE <i>Covered by Medicare Part B</i>	Remainder 20% of Medicare approved amount

AVMED HEALTH PLANS HIGH OPTION WITH RX

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Medicare Benefit Summary



MEDICARE ELIGIBLE RETIREE HIGH OPTION WITH PRESCRIPTION DRUG COVERAGE

JACKSON HEALTH SYSTEM	SCHEDULE OF BENEFITS
HOME HEALTH CARE <i>Covered by Medicare Part A</i> When covered by Medicare When not covered by Medicare	No Charge Plan will pay up to \$40 per visit limited to \$1,600 per calendar year
FOREIGN TRAVEL/EMERGENCY CARE <i>Not covered by Medicare Part A</i> <i>Covered by Medicare Part B – Medically Necessary</i>	80% of Medicare approved amount after \$257 calendar year deductible, up to a lifetime maximum of \$50,000
PRIVATE DUTY NURSING <i>Medicare Part A</i> <i>Covered by Medicare Part B – Medically Necessary (While Inpatient In a Hospital or Other Health Care Facility Only)</i>	Not Covered 80% of the Reasonable & Customary charges after \$257 calendar year deductible
MATERNITY SERVICES <i>Covered by Medicare Part B</i> Initial Visit to confirm pregnancy All subsequent prenatal and postnatal visits <i>Covered by Medicare Part A</i> Delivery (Inpatient Hospital or Birthing Center)	Remainder 20% of Medicare approved amount Remainder 20% of Medicare approved amount Days 1 to 60: 100% up to \$1,676 Days 61 to 90: 100% up to \$419 per day Days 91-150: 100% up to \$838 per day
ABORTION-NON-ELECTIVE <i>Covered by Medicare Part A</i> Inpatient	Payable as Inpatient
OUTPATIENT SURGICAL FACILITY <i>Covered by Medicare Part B</i> Surgical sterilization procedures for Vasectomy/Tubal Ligations	Remainder 20% of Medicare approved amount
BLOOD <i>First three pints of blood not covered by Medicare</i>	First three pints of blood covered at 100% of the Reasonable & Customary charges
OUTPATIENT FACILITY <i>Covered by Medicare Part B</i> Services in Operating and Recovery Room, Procedures Room and Treatment	Remainder 20% of Medicare approved amount
HOSPICE <i>Covered by Medicare Part A</i> Inpatient Services Outpatient Services (same coinsurance level as Home Health Care)	Plan pays 100% of amount approved but not paid by Medicare, when Medicare certification and election requirements are met
INFERTILITY - OFFICE VISIT FOR DIAGNOSIS <i>Covered by Medicare Part B</i>	Remainder 20% of Medicare approved amount
ORGAN TRANSPLANT <i>Covered by Medicare Part A</i>	Payable as Inpatient Hospital
EXTERNAL PROSTHESES <i>Covered by Medicare Part B</i>	Remainder 20% of Medicare approved amount

SF-JHS MEDICARE RETIREE BENEFIT SUMMARY HIGH OPTION W/RX-25
 SF-4142(01/25)

AVMED HEALTH PLANS HIGH OPTION WITH RX

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Medicare Benefit Summary



MEDICARE ELIGIBLE RETIREE HIGH OPTION WITH PRESCRIPTION DRUG COVERAGE

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MENTAL HEALTH /SUBSTANCE ABUSE INPATIENT <i>Covered by Medicare Part A</i> <u>Mental Health</u> Acute: based on ratio of 1:1 Partial: based on a ratio of 2:1 <u>Substance Abuse</u> Acute detoxification: requires 24 hour nursing; based on a ratio of 1:1 Acute Inpatient Rehab: requires 24 hour nursing; based on a ratio of 1:1 Partial: based on a ratio of 2:1 Residential: based on a ratio of 2:1	Plan pays 100% of amount approved but not paid by Medicare; if charges not approved by Medicare, there is no coverage
MENTAL HEALTH/SUBSTANCE ABUSE OUTPATIENT HOSPITAL/FACILITY <i>Covered by Medicare Part B</i>	Coverage assumes enrollment in Medicare Part B 20% of Medicare approved amount; Plan pays remainder of charges approved, but not paid by Medicare Part B and member has \$0 responsibility. \$0 costs for yearly depression screening
PARTIAL HOSPITALIZATION MENTAL HEALTH CARE <i>Covered by Medicare Part B</i>	Remainder 20% of Medicare approved amount coinsurance each day for partial hospitalization services you get in a hospital outpatient setting or community mental health center
EYEGLASSES <i>Covered by Medicare Part B</i>	Not Covered
PRESCRIPTION DRUG COVERAGE <i>Not Covered by Medicare Part D</i> Retail (30-day supply) Specialty (30-day supply at Participating Specialty Pharmacy) Mail Order (90-day supply at Participating Pharmacy) Mail Order at Non-Participating Pharmacy	Not Covered 20% after \$200 calendar year deductible \$100 copayment per prescription for Specialty drugs 100% after \$10 copayment for Generic 100% after \$20 copayment for Preferred Brand 100% after \$30 copayment for Non-Preferred Brand Not Covered

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

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

AVMED HEALTH PLANS HIGH OPTION WITHOUT RX

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MEDICARE ELIGIBLE RETIREE HIGH OPTION WITHOUT PRESCRIPTION DRUG COVERAGE

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EMERGENCY AND URGENT CARE SERVICES Covered by Medicare Part B	Remainder 20% of Medicare approved amount
PHYSICIAN'S OFFICE VISIT Covered by Medicare Part B	Remainder 20% of Medicare approved amount
SPECIALIST'S OFFICE VISIT Covered by Medicare Part B	Remainder 20% of Medicare approved amount
SURGICAL PROCEDURES Covered by Medicare Part B	Remainder 20% of Medicare approved amount
PREVENTIVE CARE Covered by Medicare Part B Includes, but is not limited to: Annual Screening Mammogram Pap Smear & Pelvic Exam Bone Mass Measurement Prostate Cancer Screening Physical Exam (Yearly "Wellness" Exam) Colorectal Screening <i>Subject to Preventive Care guidelines outlined in the "2025 Medicare & You" publication from Centers for Medicare & Medicaid Services (CMS)</i>	No Charge

SF-JHS MEDICARE RETIREE BENEFIT SUMMARY HIGH OPTION W/O RX-25
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AMBULATORY SURGERY CENTERS <i>Covered by Medicare Part B</i> <i>*Facility where surgical procedures are performed, and you're expected to be released within 24 hours.</i>	Remainder 20% of Medicare approved amount
MEDICARE TELEHEALTH, E-VISITS, AND VIRTUAL CHECK-INS <i>Covered by Medicare Part B</i>	Remainder 20% of Medicare approved amount
ALLERGY INJECTIONS <i>Covered by Medicare Part B</i>	Remainder 20% of Medicare approved amount
DURABLE MEDICAL EQUIPMENT <i>Covered by Medicare Part B</i>	Remainder 20% of Medicare approved amount
IMMUNIZATIONS <i>Covered by Medicare Part B</i>	Remainder 20% of Medicare approved amount
X-RAYS <i>Covered by Medicare Part B</i>	Remainder 20% of Medicare approved amount
ADVANCED RADIOLOGICAL IMAGING (I.E. MRIs, MRAs, CAT Scans and PET Scans) <i>Covered by Medicare Part B</i>	Remainder 20% of Medicare approved amount
PHYSICAL THERAPY SERVICES <i>Covered by Medicare Part B</i>	Remainder 20% of Medicare approved amount
TMJ Surgical and Non-Surgical <i>Covered by Medicare Part B</i>	Remainder 20% of Medicare approved amount
OTHER LAB/RADIOLOGY SERVICES <i>Covered by Medicare Part B</i>	Remainder 20% of Medicare approved amount
SHORT-TERM REHABILITATION <i>Covered by Medicare Part B</i> <u>Includes:</u> Cardiac Rehab Speech Therapy Occupational Therapy Pulmonary Rehab Cognitive Therapy Chiropractic Therapy (includes Chiropractors)	Remainder 20% of Medicare approved amount
AMBULANCE <i>Covered by Medicare Part B</i>	Remainder 20% of Medicare approved amount

SF-JHS MEDICARE RETIREE BENEFIT SUMMARY HIGH OPTION W/O RX-25
 SF-4143(01/25)

AVMED HEALTH PLANS HIGH OPTION WITHOUT RX

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Medicare Benefit Summary



MEDICARE ELIGIBLE RETIREE HIGH OPTION WITHOUT PRESCRIPTION DRUG COVERAGE

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HOME HEALTH CARE <i>Covered by Medicare Part A</i> When covered by Medicare When not covered by Medicare	No Charge Plan will pay up to \$40 per visit limited to \$1,600 per calendar year
FOREIGN TRAVEL/EMERGENCY CARE <i>Not covered by Medicare Part A</i> <i>Covered by Medicare Part B – Medically Necessary</i>	80% of Medicare approved amount after \$257 calendar year deductible, up to a lifetime maximum of \$50,000
PRIVATE DUTY NURSING <i>Medicare Part A</i> <i>Covered by Medicare Part B – Medically Necessary (While Inpatient In a Hospital or Other Health Care Facility Only)</i>	Not Covered 80% of the Reasonable & Customary charges after \$257 calendar year deductible
MATERNITY SERVICES <i>Covered by Medicare Part B</i> Initial Visit to confirm pregnancy All subsequent prenatal and postnatal visits <i>Covered by Medicare Part A</i> Delivery (Inpatient Hospital or Birthing Center)	Remainder 20% of Medicare approved amount Remainder 20% of Medicare approved amount Days 1 to 60: 100% up to \$1,676 Days 61 to 90: 100% up to \$419 per day Days 91 -150: 100% up to \$838 per day
ABORTION-NON-ELECTIVE <i>Covered by Medicare Part A</i> Inpatient	Payable as Inpatient
OUTPATIENT SURGICAL FACILITY <i>Covered by Medicare Part B</i> Surgical sterilization procedures for Vasectomy/Tubal Ligations	Remainder 20% of Medicare approved amount
BLOOD <i>First three pints of blood not covered by Medicare</i>	First three pints of blood covered at 100% of the Reasonable & Customary charges
OUTPATIENT FACILITY <i>Covered by Medicare Part B</i> Services in Operating and Recovery Room, Procedures Room and Treatment	Remainder 20% of Medicare approved amount
HOSPICE <i>Covered by Medicare Part A</i> Inpatient Services Outpatient Services (same coinsurance level as Home Health Care)	Plan pays 100% of amount approved but not paid by Medicare, when Medicare certification and election requirements are met
INFERTILITY - OFFICE VISIT FOR DIAGNOSIS <i>Covered by Medicare Part B</i>	Remainder 20% of Medicare approved amount
ORGAN TRANSPLANT <i>Covered by Medicare Part A</i>	Payable as Inpatient Hospital
EXTERNAL PROSTHESES <i>Covered by Medicare Part B</i>	Remainder 20% of Medicare approved amount

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MENTAL HEALTH /SUBSTANCE ABUSE INPATIENT <i>Covered by Medicare Part A</i> <u>Mental Health</u> Acute: based on ratio of 1:1 Partial: based on a ratio of 2:1 <u>Substance Abuse</u> Acute detoxification: requires 24 hour nursing; based on a ratio of 1:1 Acute Inpatient Rehab: requires 24 hour nursing; based on a ratio of 1:1 Partial: based on a ratio of 2:1 Residential: based on a ratio of 2:1	Plan pays 100% of amount approved, but not paid by Medicare; if charges not approved by Medicare, there is no coverage
MENTAL HEALTH/SUBSTANCE ABUSE OUTPATIENT HOSPITAL/FACILITY <i>Covered by Medicare Part B</i>	Coverage assumes enrollment in Medicare Part B 20% of Medicare approved amount; Plan pays remainder of charges approved, but not paid by Medicare Part B, and member has \$0 responsibility. \$0 cost for yearly depression screening
PARTIAL HOSPITALIZATION MENTAL HEALTH CARE <i>Covered by Medicare Part B</i>	Remainder of 20% Medicare approved amount coinsurance each day for partial hospitalization services you get in a hospital outpatient setting or community mental health center
EYEGLASSES <i>Covered by Medicare Part B</i>	Not Covered
PRESCRIPTION DRUG COVERAGE <i>Not Covered by Medicare Part D</i>	Not Covered

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

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

SF-JHS MEDICARE RETIREE BENEFIT SUMMARY HIGH OPTION W/O RX-25
SF-4143(01/25)

AVMED HEALTH BENEFIT COMPARISON

Medicare Benefit Summary



MEDICARE ELIGIBLE RETIREES/DEPENDENTS: COMPARISON OF RETIREE HIGH OPTION PLANS FOR JACKSON HEALTH SYSTEM

BENEFIT HIGHLIGHTS	HIGH WITH RX	HIGH W/O RX
MEDICARE PART B DEDUCTIBLE:	\$257 Per Calendar Year Not Covered	\$257 Per Calendar Year Not Covered
LIFETIME MAXIMUM	Unlimited	Unlimited
DEDUCTIBLE AMOUNT PER CALENDAR YEAR Per Individual (Medically Necessary)	\$257 for Private Duty Nursing \$257 for Foreign Travel Emergency Care	\$257 for Private Duty Nursing \$257 for Foreign Travel Emergency Care
CHOICE OF HOSPITALS	Unlimited	Unlimited
INPATIENT HOSPITAL FACILITY <i>Covered by Medicare Part A. Medicare covers:</i> Days 1 to 60: All but \$1,676 Days 61 to 90: All but \$419 per day Days 91 -150*: All but \$838 per day <i>*Days 91-150 are the 60 Lifetime Reserve Days. Medicare will cease until a new Benefit Period begins. A new Benefit Period begins after you have been out of the hospital or facility for at least 60 days. In a new Benefit Period, all Medicare Part A will renew except for the Lifetime Reserve Days.</i>	100% up to \$1,676 100% up to \$419 per day 100% up to \$838 per day *365 additional lifetime days after Medicare Lifetime Reserve Days are exhausted Covered at 100% of Medicare eligible expense Must be Medically Necessary	100% up to \$1,676 100% up to \$419 per day 100% up to \$838 per day *365 additional lifetime days after Medicare Lifetime Reserve Days are exhausted Covered at 100% of Medicare eligible expense Must be Medically Necessary
HOSPITAL OUTPATIENT/PHYSICIAN <i>Covered by Medicare Part B</i>	Remainder 20% of Medicare approved amount	Remainder 20% of Medicare approved amount
SKILLED NURSING FACILITIES <i>Days 1 - 20: Covered by Medicare Part A</i> <i>Days 21 - 100: Covered all but \$209.50 per day</i> <i>Days 101 & beyond: You pay all costs</i>	Days 1 - 20: Not Covered Days 21 - 100: Up to \$209.50 per day Days 101 & beyond: Not Covered	Days 1 - 20: Not Covered Days 21 - 100: Up to \$209.50 per day Days 101 & beyond: Not Covered
PREVENTIVE CARE <i>Covered by Medicare Part B</i> <i>Includes, but is not limited to:</i> <i>Annual Screening Mammogram</i> <i>Pap Smear & Pelvic Exam</i> <i>Bone Mass Measurement</i> <i>Prostate Cancer Screening</i> <i>Physical Exam (Yearly "Wellness" Exam</i> <i>Colorectal Screening)</i>	No Charge	No Charge

AVMED HEALTH BENEFIT COMPARISON

Medicare Benefit Summary



MEDICARE ELIGIBLE RETIREES/DEPENDENTS: COMPARISON OF RETIREE HIGH OPTION PLANS FOR JACKSON HEALTH SYSTEM

BENEFIT HIGHLIGHTS	HIGH WITH RX	HIGH W/O RX
PHYSICIAN VISITS/ILLNESS <i>Covered by Medicare Part B</i>	Remainder 20% of Medicare approved amount	Remainder 20% of Medicare approved amount
DURABLE MEDICAL EQUIPMENT <i>Covered by Medicare Part B</i>	Remainder 20% of Medicare approved amount	Remainder 20% of Medicare approved amount
X-RAYS <i>Covered by Medicare Part B</i>	Remainder 20% of Medicare approved amount	Remainder 20% of Medicare approved amount
PHYSICAL THERAPY SERVICES <i>Covered by Medicare Part B</i>	Remainder 20% of Medicare approved amount	Remainder 20% of Medicare approved amount
SHORT-TERM REHABILITATION <i>Covered by Medicare Part B</i> Includes: Cardiac Rehab Speech Therapy Occupational Therapy Pulmonary Rehab Cognitive Therapy Chiropractic Therapy (includes Chiropractors)	Remainder 20% of Medicare approved amount	Remainder 20% of Medicare approved amount
AMBULANCE <i>Covered by Medicare Part B</i>	Remainder 20% of Medicare approved amount	Remainder 20% of Medicare approved amount
HOME HEALTH CARE <i>Covered by Medicare Part A</i> <i>When covered by Medicare</i> <i>When not covered by Medicare</i>	No Charge Plan will pay up to \$40 per visit limited to \$1,600 per calendar year	No Charge Plan will pay up to \$40 per visit limited to \$1,600 per calendar year
FOREIGN TRAVEL/EMERGENCY CARE <i>Not covered by Medicare Part A</i> <i>Covered by Medicare Part B – Medically Necessary</i>	80% of covered expenses after \$250 calendar year deductible, up to a lifetime maximum of \$50,000	80% of covered expenses after \$250 calendar year deductible, up to a lifetime maximum of \$50,000
ACUPUNCTURE (Chronic Low Back Pain) only <i>Covered by Medicare Part B</i> Includes, but not limited to: 12 acupuncture visits in 90 days for chronic low back pain lasting 12 weeks or longer. No more than 20 Acupuncture treatments annually <i>Subject to additional details outlined at www.medicare.gov.</i>	Remainder 20% of Medicare approved amount	Remainder 20% of Medicare approved amount

AVMED HEALTH BENEFIT COMPARISON

Medicare Benefit Summary



MEDICARE ELIGIBLE RETIREES/DEPENDENTS: COMPARISON OF RETIREE HIGH OPTION PLANS FOR JACKSON HEALTH SYSTEM

BENEFIT HIGHLIGHTS	HIGH WITH RX	HIGH W/O RX
AMBULATORY SURGERY CENTERS <i>Covered by Medicare Part B</i> <i>*Facility where surgical procedures are performed, and you're expected to be released within 24 hours.</i>	Remainder 20% of Medicare approved amount	Remainder 20% of Medicare approved amount
MEDICARE TELEHEALTH, E-VISITS, AND VIRTUAL CHECK-INS <i>Covered by Medicare Part B</i>	Remainder 20% of Medicare approved amount	Remainder 20% of Medicare approved amount
PRIVATE DUTY NURSING <i>Covered by Medicare Part B – Medically Necessary</i> <i>(While Inpatient in a Hospital or Other Health Care Facility only)</i>	80% of Reasonable & Customary charges after \$257 calendar year deductible	80% of Reasonable & Customary charges after \$257 calendar year deductible
BLOOD <i>First three pints of blood not covered by Medicare</i>	First three pints of blood covered at 100% of Reasonable & Customary charges	First three pints of blood covered at 100% of Reasonable & Customary charges
ROUTINE FOOT DISORDERS <i>Covered by Medicare Part B</i>	Not covered except for services associated with foot care for diabetes and peripheral vascular disease	Not covered except for services associated with foot care for diabetes and peripheral vascular disease
MENTAL HEALTH/SUBSTANCE ABUSE INPATIENT <i>Covered by Medicare Part A</i> <u>Mental Health</u> Acute: based on ratio of 1:1 Partial: based on a ratio of 2:1 <u>Substance Abuse</u> Acute detoxification: requires 24 hour nursing; based on a ratio of 1:1 Acute Inpatient Rehab: requires 24 hour nursing; based on a ratio of 1:1 Partial: based on a ratio of 2:1 Residential: based on a ratio of 2:1	Plan pays 100% of amount approved but not paid by Medicare; if charges not approved by Medicare, there is no coverage	Plan pays 100% of amount approved but not paid by Medicare; if charges not approved by Medicare, there is no coverage
MENTAL HEALTH/SUBSTANCE ABUSE OUTPATIENT HOSPITAL/FACILITY <i>Covered by Medicare Part B</i>	Coverage assumes enrollment in Medicare Part B; Plan pays remainder of charges approved but not paid by Medicare Part B and member has \$0 responsibility \$0 for yearly depression screening	Coverage assumes enrollment in Medicare Part B; Plan pays remainder of charges approved but not paid by Medicare Part B and member has \$0 responsibility \$0 for yearly depression screening

AVMED HEALTH BENEFIT COMPARISON

Medicare Benefit Summary



MEDICARE ELIGIBLE RETIREES/DEPENDENTS: COMPARISON OF RETIREE HIGH OPTION PLANS FOR JACKSON HEALTH SYSTEM

PARTIAL HOSPITALIZATION MENTAL HEALTH CARE <i>Covered by Medicare Part B</i>	Remainder 20% of Medicare approved amount	Remainder 20% of Medicare approved amount
MATERNITY SERVICES <i>Covered by Medicare Part B</i> Initial Visit to confirm pregnancy All subsequent Prenatal Visits, Postnatal Visits and Physician's Delivery Charges (i.e. global maternity fee) Physician's Office Visits in addition to the global maternity fee when performed by an OB or Specialist <i>Covered by Medicare Part A</i> Delivery - Facility (Inpatient Hospital, Birthing Center)	Remainder 20% of Medicare approved amount Remainder 20% of Medicare approved amount Remainder 20% of Medicare approved amount Days 1 to 60: 100% up to \$1,676 Days 61 to 90: 100% up to \$419 per day Days 91 -150: 100% up to \$838 per day	Remainder 20% of Medicare approved amount Remainder 20% of Medicare approved amount Remainder 20% of Medicare approved amount Days 1 to 60: 100% up to \$1,676 Days 61 to 90: 100% up to \$419 per day Days 91 -150: 100% up to \$838 per day
EYEGLASSES <i>Covered by Medicare Part B</i>	Not Covered	Not Covered
PRESCRIPTION DRUG COVERAGE <i>Not Covered by Medicare Part D</i> <u>JHS RX PLAN COVERAGE</u> Retail (30-day supply) Specialty (30-day supply at Participating Specialty Pharmacy) Mail Order (90-day supply at participating pharmacy) Mail Order at Non-Participating Pharmacy	Not Covered 20% after \$200 calendar year deductible 100% after \$100 copayment 100% after \$10 copayment for Generic; 100% after \$20 copayment for Preferred Brand; 100% after \$30 copayment for Non-Preferred Brand Not Covered	Not Covered Not Covered Not Covered Not Covered

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

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

2025 MEDICARE PLANS COMPARISON CHART

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

2025 MEDICARE PLANS COMPARISON CHART

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)

2025 MEDICARE PLANS COMPARISON CHART

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 visit 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	\$15/visit Group or Individual therapy
Outpatient Substance Abuse	\$15 visit 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	\$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

2025 MEDICARE PLANS COMPARISON CHART

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
\$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%

2025 MEDICARE PLANS COMPARISON CHART

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

2025 MEDICARE PLANS COMPARISON CHART

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
10%	10%	18%	25%	20%	30%	\$0
\$0	\$0	18%	25%	20%	25%	\$0
\$0 90 strips per (or 3 strips per day)	\$0 90 strips per (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

2025 MEDICARE PLANS COMPARISON CHART

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

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
\$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%

2025 MEDICARE PLANS COMPARISON CHART

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 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

2025 MEDICARE PLANS COMPARISON CHART

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
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 \$2000 moop or coverage limit, they are 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 \$2000 moop or coverage limit, they are 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 \$2000 moop or coverage limit, they are 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 \$2000 moop or coverage limit, they are 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

2025 MEDICARE PLANS COMPARISON CHART

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	

2025 MEDICARE PLANS COMPARISON CHART

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		\$149	\$149e	\$0

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.

DENTAL PLANS



You may choose from the following dental plans:

- Delta Dental PPO
- DeltaCare USA (DHMO)

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

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

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

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

- Can visit any licensed dentist, including the dental specialist of your choice. We highly encourage you to find a provider in the Delta Dental PPO network to save the most in out-of-pocket costs.
- 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 Dental PPO network dentist.

Under either of the Delta Dental PPO 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.

Benefits are payable at various coinsurance levels, depending on the type of services being performed. A dental deductible is applied for services other than preventive and diagnostic. The standard plan has an annual dollar maximum of \$1,000. The enriched plan includes an orthodontia benefit not provided under the standard plan. The annual dollar maximum is \$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 PPO¹ network to maximize your savings². These dentists have agreed to reduced fees, and you won't get charged more than your expected share of the bill³. Find a PPO dentist at deltadentalins.com

DENTAL PLANS

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.

DeltaCare (DHMO) Features and Benefits

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

You must select a dentist from the DeltaCare network if you elect this plan. This will be your assigned provider. You can change your assigned provider anytime throughout the year, you do not have to wait for open enrollment.

- 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 in any 12-month period are 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 (DHMO) ⁺	STANDARD	ENRICHED
Retiree Only	\$9.97	\$18.15
Retiree + One Dependent ⁺	\$16.48	\$30.07
Retiree + Dependents ⁺	\$25.17	\$47.81
Delta 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 DHMO plans are not available outside of Florida.

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

DELTA DENTAL PPO CHART

Delta PPO Dental Plan

	STANDARD	ENRICHED
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/DEDUCTIBLE¹	\$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)	100% (In PPO Network) / 75% (Out of PPO Network)	100% (In PPO Network) / 75% (Out of PPO Network)
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%
Prostodontics (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		
Consultation	Not Covered	Adult & Child covered at 50% after a one time deductible of \$50 per person. \$1,300 lifetime maximum benefit
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.

DELTA DENTAL PPO CHART

DeltaCare (DHMO) Dental 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		
Consultation	You pay orthodontia as follows:	You pay orthodontia as follows:
Evaluation	Comprehensive for dependent children	Comprehensive for dependent children
Records	under age 19: \$1,500. Adults: \$2,800	under age 19: \$1,500. Adults: \$2,800
8080 Children - Normal Class II	\$200 copayment for pre and post orthodontic records.	\$200 copayment for pre and post orthodontic records.
8090 Adult - Normal Class II		
8680 Orthodontic Retention	\$300 copayment	\$300 copayment

VISION PLANS



Davis Vision Plan by MetLife

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

Vision Plan	Monthly Rates
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

VISION PLANS

Covered Vision Services	BASE PLAN COPAY	PREMIER PLAN COPAY
FREQUENCY		
Exam	Once Every Calendar Year	Once Every Calendar Year
Lenses & Lens Upgrades	Once Every Calendar Year	Once Every Calendar Year
Frame	Once Every Other Calendar Year	Once Every Calendar Year
Contacts Evaluation & Fitting	Once Every Calendar Year	Once Every Calendar Year
EXAMS & SERVICES		
Eye Exam	\$25	\$10
CONTACTS EVALUATION, FITTING: 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: 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	\$60 / \$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/Premium Scratch Resistant Coating	\$0 / \$30	\$0 / \$30
Scratch-Protection Plan (Single-Vision Multifocal)	\$20 / \$40	\$20 / \$40
ADDITIONAL SAVINGS		
Retinal Imaging (Member charge)	\$39	\$39
Additional Pairs of Eyeglasses	30% Discount ¹	30% Discount ¹
CONTACTS² IN LIEU OF GLASSES		
Contact Allowance	\$100	\$120
Any Overages	Additional 15% Off	Additional 15% Off
THE EXCLUSIVE COLLECTION OF CONTACT LENSES: ³	Any Overage ¹ N/A	Any Overage ¹ Covered In Full

VISION PLANS

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.

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 years¹. These events often have a considerable impact on one's finances or family.

¹ARAG 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 wide 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.

LEGAL INSURANCE FROM ARAG

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 Infirmary	•	•
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 Insurance¹		•
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 17845ret

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

¹The 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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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.

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

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

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.

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.
- 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.

NOTICES

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 your 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.

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](https://www.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](https://www.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. 27, 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

NOTICES

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 balance 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

NOTICES

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.

JHS LEGACY

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

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

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

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

ONLINE RESOURCES

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

FAX IN OR MAIL TO:

FBMC Benefits Management, Inc.
Retiree and Direct Bill Department
PO Box 10789 Att: Mail Slot 32
Tallahassee, FL 32302-2789
Fax: 1-866-836-9943

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

The image shows three overlapping forms from FBMC Benefits Management. The top-left form is the 'Direct Debit (ACH) Authorization Form For Monthly Premium Billing Payments'. It includes fields for Participant Information (Former Employer Name, Participant Name, Dependent Name, Street Address, City, State, Zip, Name of Financial Institution, Account Type, Routing Number, Account Number) and checkboxes for 'New ACH', 'Change ACH', and 'Cancel ACH'. It also has a section for 'Payee's signature' and 'Payee's address'. The top-right form is the 'PHT Pension Plan Insurance Payroll Authorization Form'. It includes fields for 'Payee Name' and 'Payee's address'. The bottom form is the 'FLORIDA RETIREMENT SYSTEM PENSION PLAN Insurance Payroll Deduction Authorization Form'. It includes fields for 'Payee SSN', 'Payee Name', 'DEDUCTION CODE: 408 (Health)', and 'DEDUCTION CODE: 409 (Life)'. It also has a section for 'Payee's signature' and 'Payee's address'. All forms include a footer with contact information for FBMC Benefits Management, Inc.

BENEFITS DIRECTORY

CONTRACT ADMINISTRATOR

FBMC Benefits Management, Inc.
Service Center
Monday - Friday, 7 a.m. - 7 p.m. ET
1-855-56JHS4U (855-565-4748)
myFBMC.com

FBMC On-Site Service Center
1140 NW 16th Street
Park Plaza West L-109B
Miami, FL 33136-1096
1-305-585-6512

MEDICAL PROVIDER

AvMed
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. – 8 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)

OVER 65 MEDICARE Part B Supplemental Options

Humana
Antonio Cruz
Senior Manager, Humana
6101 Blue Lagoon Dr. Suite 199
Miami, FL 33126
acruz2@humana.com
Toll Free: 1-800-824-8242
Fax: 305-698-3169

AvMed
Christian Munoz
Field Benefits Consultant - Medicare
Christian.munoz@avmed.org
Direct Line: 305-903-4775
3470 NW 82 Ave
Doral, FL 33122
Office: 1-800-453-4564
avmed.org

DENTAL PROVIDERS

Delta Dental
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
metlife.com/mybenefits

VISION PROVIDER

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

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](http://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



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.