Jackson HEALTH SYSTEM

FBMC Benefits Management, Inc. • PO Box 10789 • Attn: Mail Slot 32 • Tallahassee, FL 32302
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2026 RETIREE ENROLLMENT FORM

JHS SELECTION FORM FOR RETIREES UNDER 65 & NOT MEDICARE ELIGIBLE

SECTION 1: RETIREE INFORMATION

PLEASE WRITE IN ALL CAPITAL LETTERS

LAST NAME	FIRST NAME	MI	SS#

ADDRESS [STREET, CITY, STATE]	ZIP

EMAIL ADDRESS	HOME PHONE

BIRTH DATE	☐ MALE ☐ FEMALE	☐ MARRIED ☐ SINGLE	CELLPHONE	EFFECTIVE DATE (MM/DD/YYYY)

SECTION 2: INSTRUCTIONS

RETIREES: You may only continue, decrease, or cancel coverage. You may not increase coverage. Unless HIPAA special enrollment rights apply, you may not increase or add coverage. Elections will continue in the following plan years unless you change them. Your selection will be effective Jan. 1, 2026. Please note that all cancellations are IRREVOCABLE. Please remember to complete the Dependent Information section if you have coverage that includes dependents. If you do not participate in Open Enrollment, your current medical coverage and those of your dependents will continue for the 2026 plan year. Jackson Standard HMO is a grandfathered plan and is only available to current participants.

SECTION 3: RETIREE MEDICAL

(Please mark one box only)

☐ **CANCEL MEDICAL** ☐ **NOT ENROLLED**

MONTHLY RATES FOR:	**MEDICAL RATES**			
	JACKSON FIRST HMO	**JACKSON SELECT HMO PLAN**	**JACKSON STANDARD HMO PLAN***	**JACKSON POS PLAN**
Retiree Only	☐ $824.48	☐ $868.80	☐ $1,060.17	☐ $1,950.63
Retiree & Spouse/DP Under 65	☐ $1,730.54	☐ $1,823.50	☐ $2,394.38	☐ $3,713.58
Retiree & Child(ren)†	☐ $1,602.87	☐ $1,689.04	☐ $2,200.77	☐ $3,403.34
Retiree & Spouse/DP Under 65, plus Child(ren)†	☐ $2,110.45	☐ $2,223.88	☐ $2,964.78	☐ $5,040.72
Retiree Under 65 & Spouse/DP Over 65 on Medicare - High HMO No Rx	N/A	☐ $1,488.45	N/A	☐ $2,570.28
Retiree Under 65 & Spouse/DP Over 65 on Medicare - High HMO	N/A	☐ $2,294.36	N/A	☐ $3,376.19
Retiree Under 65 + Child(ren) & Spouse Over 65 on Medicare w/High HMO No Rx	N/A	☐ $2,308.69	N/A	N/A
Retiree Under 65 + Child(ren) & Spouse Over 65 on Medicare w/High HMO	N/A	☐ $3,114.60	N/A	N/A

† Option also applies to Adult Children (AC) between 26 through 30 years of age, children of a Domestic Partner and/or eligible dependents. *Jackson Standard HMO is a grandfathered-in plan and is only available to current participants.

SECTION 4: RETIREE DENTAL

(Please mark one box only)

☐ **CANCEL DENTAL** ☐ **NOT ENROLLED**

MONTHLY RATES FOR:	**- Standard -**		**- Enriched -**	
	Delta DHMO*	**Delta PPO**	**Delta DHMO***	**Delta PPO**
Retiree Only	☐ $9.97	☐ $38.88	☐ $18.15	☐ $50.90
Retiree & One Dependent	☐ $16.48	☐ $76.92	☐ $30.07	☐ $100.63
Retiree & Family	☐ $25.17	☐ $123.98	☐ $47.81	☐ $162.27

*Delta DHMO Plans are not available outside Florida NOTE: Dental coverage is not provided to Adult Children (AC).

SECTION 5: RETIREE VISION

(Please mark one box only) ☐ **CANCEL VISION** ☐ **NOT ENROLLED**

NOTE: Vision coverage is not provided to Adult Children (AC)

MONTHLY RATES FOR:	**BASE PLAN**	**PREMIER PLAN**
Retiree Only	☐ $4.14	☐ $9.95
Retiree & One Dependent	☐ $8.30	☐ $21.39
Retiree & Family	☐ $15.23	☐ $41.29

SECTION 6: RETIREE & DEPENDENT INFORMATION

Relationship	M/F	Last Name/First Name	Social Security Number	✓**	Coverage Desired				Date of Birth	Check One*	
					Medical	Dental	Vision	Constant Credit	MM/DD/YYYY	DP/CDP	AC
				☐							
				☐							
				☐							
				☐							

* If enrolling a Domestic Partner, Child of a Domestic Partner or Adult Child(ren), please select the appropriate box. **NOTE: You may only continue or cancel dependent coverage. You may not add new dependents.**
** Please check mark (✓)dependent who resides outside Miami-Dade, Broward, and Palm Beach.

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

Life Insurance	☐ Continue Life Insurance	☐ Cancel Life Insurance	
ARAG Legal - UltimateAdvisor	☐ Retiree Only $13.43	☐ Retiree + Family $17.73	☐ Cancel
ARAG Legal - UltimateAdvisor Plus	☐ Retiree Only $18.07	☐ Retiree + Family $23.84	☐ Cancel
Ocenture ConstantCredit	☐ Retiree Only $11.50	☐ Retiree + Spouse $23.00	☐ Cancel
Ocenture ID Commander	☐ Retiree Only $10.50	☐ Retiree + Family $22.50	☐ Cancel
Pet Assure ☐ $8.00	**PetPlus** ☐ Single Pet $4.50	☐ Multiple Pet $8.50	☐ Cancel
Pet Assure/PetPlus ☐ Single Pet $12.50	☐ Multiple Pet $16.50		

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree. I understand and agree that JHS and FBMC Benefits Management, Inc. will be held harmless from any liability resulting from either my participation in any of the benefits herein or my failure to sign or accurately complete this enrollment form. F.S. Section 817.234 (1) (b)

RETIREE SIGNATURE	DATE