



**JPOFFHIT**

Jacksonville Police Officers & Fire Fighters  
Health Insurance Trust

# JACKSONVILLE POLICE OFFICERS & FIRE FIGHTERS HEALTH INSURANCE TRUST

ESTABLISHED  
2019

# WHAT IS JPOFFHIT?

- The Jacksonville Police Officers and Fire Fighters Health Insurance Trust (JPOFFHIT) is a trust created by the two Unions who represent the public safety sector of the City of Jacksonville. JPOFFHIT offers benefits to the Active and Retiree members of the local Fraternal Order of Police (FOP) and International Association of Fire Fighters (IAFF).
- Active employees of JSO and JFRD are in job roles that are governed by the Collective Bargaining Agreements (CBAs) between the Unions and the City.



**JACKSONVILLE**  
ASSOCIATION OF FIREFIGHTERS

INTERNATIONAL ASSOCIATION OF FIREFIGHTERS, LOCAL 122



**JPOFFHIT**  
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# IMPORTANT THINGS TO NOTE ABOUT ELIGIBILITY

## Retirement Eligibility

- Eligible Retirees includes those who retired in a position covered by any collective bargaining agreement between the City of Jacksonville and FOP or IAFF with at least 20 years of service or obtained disability retirement. Eligible Retirees also includes a surviving spouse, surviving dependent, or anyone otherwise entitled to an Eligible Retiree's survivor benefits.

## Spouse Eligibility

- Spouse, by legal marriage
  - Valid Marriage License

## Child(ren) Eligibility

- Children under the age of 26 by birth, adoption, marriage, or legal guardianship.
  - Valid Birth Certificate
  - Adoption Paperwork
  - Legal Guardianship Documents

## Grandchildren Eligibility

- Newborn children of a covered family member other than a spouse (such as grandchildren) are eligible for medical coverage until they reach 18 months as long as the child's parent remains covered.
  - Valid Birth Certificate

## Qualifying Life Events

The benefit elections you make during your enrollment period remain in effect for the entire plan year unless you experience a Qualified Life Event (QLE).

- Examples of QLEs include: Birth/adoption, Marriage/Divorce, Gain/loss of other coverage
- You will be required to furnish documentation to support the QLE. Supporting documentation must contain the reason for the change, the date of the event, and the family members who are affected by the event. ***You must submit your documentation and enrollment changes online no later than 30 days following the date of the event.***



# INSURANCE 101: FREQUENTLY USED TERMS

- **Deductible:** The amount you pay for your health care before the insurance plan pays. Also referred to as a Calendar Year Deductible (CYD) or abbreviated as DED on plan summaries (ex. CYD + 30%).
- **Coinsurance:** The amount you share with the insurance plan when paying for your health care, shown as a percentage.
- **Copay:** A fee you pay at the time of service on your medical, pharmacy, dental, or vision plans. Copays are a fixed fee, regardless of how much you have paid toward your deductible.
- **Out-of-Pocket Maximum:** The total amount you would pay for your care on a medical and pharmacy insurance plan. Out-of-pocket maximums include all copays, coinsurance, and deductible payments.



# JPOFFHIT BENEFITS



Medical - FL Blue



Dental - MetLife



Vision - EyeMed



Supplemental - Aflac



Wellness



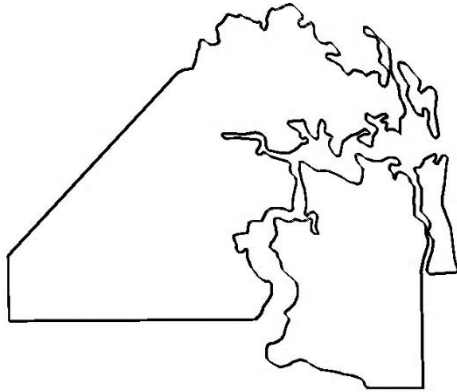
Legal Services



Identity Theft



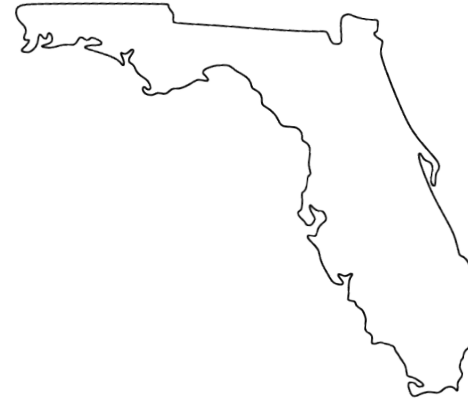
# ACCESS TO CARE – UNDERSTANDING MEDICAL PLANS OFFERED



## Regional Coverage UF Health Plan EPO

Available only in Duval, St. Johns, Clay, Alachua, and Nassau Counties

*Out-of-area coverage is for true emergencies only*



## Florida Only Blue Care HMO Plans

Offers comprehensive coverage throughout the state of Florida.

*Out-of-state coverage is for true emergencies only*



## In- and Out-of-State Coverage Blue Options PPO

Offers comprehensive coverage throughout the United States.



# MEDICAL SUMMARY – FL BLUE (INN)

	UF Direct Health EPO	Blue Care 65 HMO Higher Deductible	Blue Care 48 HMO Lower Deductible	Blue Options 5782 PPO
Medical Benefits	In-Network Only	In-Network Only	In-Network Only	In Network
<b>Deductible (CYD)</b>				
Individual	\$750	\$1,500	\$300	\$750
Family Maximum	\$1,500	\$3,000	\$600	\$1,500
<b>Out-of-Pocket Maximum</b>				
Maximum Individual	\$2,500	\$5,000	\$2,500	\$6,000
Family Maximum	\$5,000	\$10,000	\$5,000	\$12,000
Coinsurance	20%	30%	30%	30%
Primacy Care Physician (PCP)	\$10	\$25	\$25	\$30
Specialist	\$30	\$40	\$35	\$40
Preventative Care	\$0	\$0	\$0	\$0
Teladoc	\$0	\$0	\$0	\$0
Diagnostic Services				
Lab	\$0	\$0	\$0	\$0
X-Ray	CYD + 20%	CYD + 30%	\$30	\$35
Advanced Imaging Services (AIS)	CYD + 20%	CYD + 30%	\$300	\$300
Outpatient Surgery and Services	CYD + 20%	CYD + 30%	CYD + 30%	CYD + 30%
Inpatient Hospital Services	CYD + 20%	CYD + 30%	CYD + 30%	CYD + 30%
Emergency Room Services	CYD + 20%	CYD + 30%	\$300 + 30%	\$300 + 30%
Urgent Care Services	\$25	\$25	\$30	\$35
Therapy Services	Mental Health - \$10			
Outpatient	CYD + 20%	\$40	\$35	\$40
Inpatient	CYD + 20%	CYD + 30%	CYD + 30%	CYD + 30%

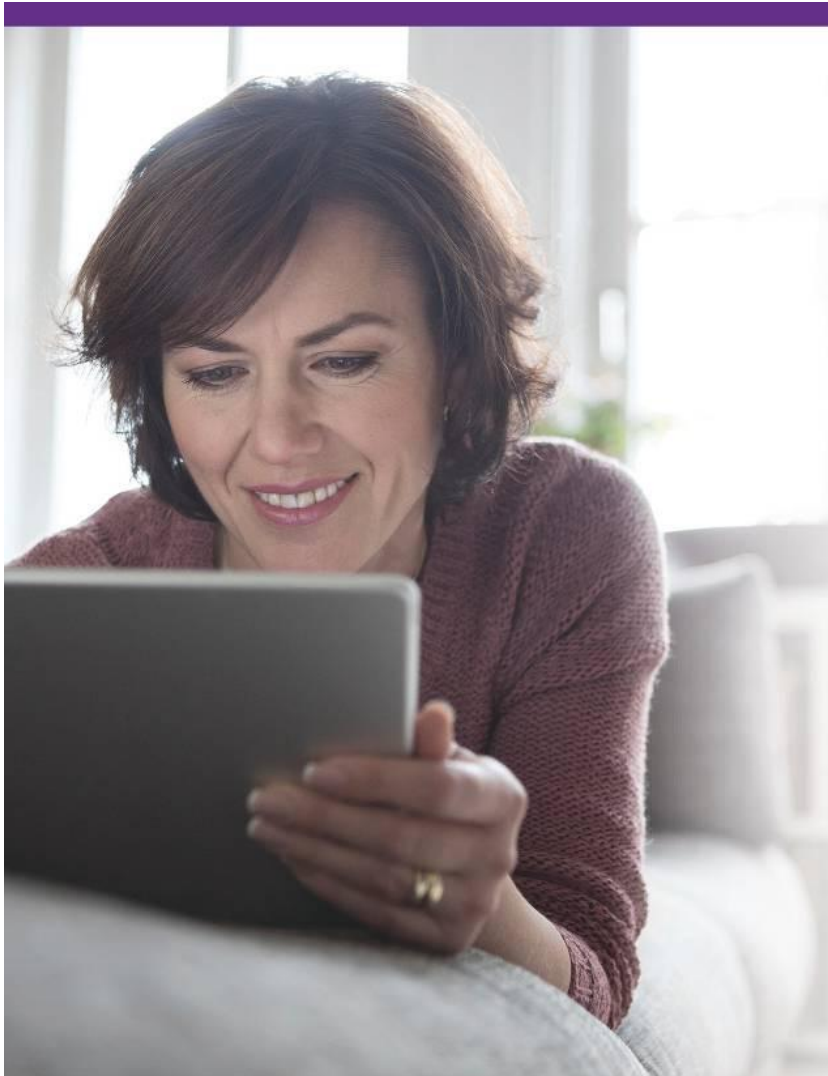
# PHARMACY PLAN

	UF Direct Health EPO	Blue Care 65 HMO Higher Deductible	Blue Care 48 HMO Lower Deductible	Blue Options 5782 PPO
Pharmacy Benefits	Retail (up to 30 days)			
Generic (Tier 1)	\$0	\$0	\$0	\$0
Brand Preferred (Tier 2)	\$40	\$40	\$40	\$40
Brand Non-Preferred (Tier 3)	\$75	\$75	\$75	\$75
Specialty Drugs	Based On Applicable Tier	Based On Applicable Tier	Based On Applicable Tier	Based On Applicable Tier
Mail Order	2x Copay (\$0 / \$80 / \$150)	2x Copay (\$0 / \$80 / \$150)	2x Copay (\$0 / \$80 / \$150)	2x Copay (\$0 / \$80 / \$150)

Members enrolled in any medical plan will have their pharmacy benefits provided through Express Scripts.



# TELEMEDICINE - \$0 COST TO MEDICAL ENROLLED MEMBERS



**Teladoc**  
HEALTH

## Feel better, **faster**

**Talk to a doctor 24/7 from anywhere.\***

We can diagnose, treat and prescribe medicine for non-emergency conditions:

- Cold and flu symptoms
- Prescription refills
- Sinus infections
- Allergies
- Stomach bug
- Pink eye
- And more

Download the app    
[Teladoc.com](https://www.teladoc.com)



[Teladoc.com](https://www.teladoc.com)

1-800-TELADOC (800-835-2362)



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# DENTAL SUMMARY -



	Basic DHMO	Bronze DPPO	Silver DPPO	Gold DPPO
Dental Benefits	In-Network Only	In Network	In Network	In Network
Annual Deductible				
Per Person	\$0	\$50	\$100	\$500
Per Family	\$0	\$150	\$300	\$1,500
Benefit Maximum (per person, per year)	None	\$1,500	\$2,000	\$5,000
Preventive Services Up to 3 per year	Per Fee Schedule	Covered 100%	Covered 100%	Covered 100%
Basic Services Fillings, Sealants, Oral Surgery		CYD + 20%	CYD + 20%	CYD + 20%
Endodontics and Periodontics		CYD + 50%	CYD + 20%	CYD + 20%
Major Services Crowns, Bridges, Implants		CYD + 50%	CYD + 50%	CYD + 50%
Orthodontia Coverage Lifetime Maximum (per person)	Not Covered	Not Covered	CYD + 25% \$2,000	CYD + 25% \$5,000
	Out of Network	Out of Network	Out of Network	Out of Network
Preventive Services	No Coverage	CYD + 20%	Covered 100%	CYD + 20%
Basic Services		CYD + 50%	CYD + 20%	CYD + 20%
Major Services		CYD + 50%	CYD + 50%	CYD + 50%

- The percentages reflected here are your cost sharing responsibility. Benefit summaries or other materials may show the carrier responsibility



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# VISION SUMMARY – EYEMED VISION



	Basic Vision	Premier Vision
Vision Benefits	In-Network	In-Network
Exam	Every 12 Months	Every 12 Months
Lenses or Contact Lenses	Every 24 Months	Every 12 Months
Frames	Every 24 Months	Every 12 Months
Exam Copay	\$10	\$0
Standard Lenses Copay Single Bifocal Trifocal Lenticular	\$20	\$20
Standard Progressive Lenses Copay	\$80	\$20
Contact Lens Allowance	\$110 + 15% discount	\$150 + 15% discount
Frame Allowance	\$110 + 20% discount	\$150 + 20% discount

## Information to know:

- Extra savings - Online retail spots, Glasses.com, Contactsdirect, LensCrafters, Target Optical and Ray-Ban



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# SUPPLEMENTAL – ACCIDENT

Accident insurance can help you pay for costs you may incur after an accidental injury. This type of injury includes things such as a car accident, a fall while skiing, or even a fall down the stairs at home. This benefit is paid regardless of any other insurance coverage you might have (including your medical coverage).

## Accident Benefit Details – This plan works on or off the job accidents

Emergency Treatment	\$250 - Emergency Room \$150 - Urgent Care or initial physicians' treatment \$100 - pain management
Ambulance	\$400 - ground ambulance \$1,500 - air ambulance
Dislocations and Fractures	Up to \$3,000   Up to \$3,750 See benefit schedule for details
Dismemberment	Up to \$7,500 See benefit schedule for details
Lacerations and Burns	Up to \$600   Up to \$10,000 See benefit schedule for details
Diagnostic Imaging (MRI, CT, CAT, EEG)	\$300
Follow-Up Treatment	\$50
Rehabilitation	\$100 per day, 31-day limit or 62 per calendar year
Therapy (occupational, physical, or speech)	\$50 per visit, max of 6
Concussion	\$200
Blood and Plasma	\$400
Prosthesis and Appliances	\$750 - prosthesis \$100 - appliances
Gunshot Wound & Line of Duty Rider (Subscriber only)	\$1,000 - Gunshot 15% - In line of duty
Surgery	Up to \$1,250 See benefit schedule for details



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# WELLNESS

JPOFFHIT cares about the health and well-being of our members and understands the importance of supporting your needs and goals in and out of the workplace. JPOFFHIT members will have access to both in-person and virtual on-demand fitness programming with the First Coast YMCA & TMAC.

- BRANCH ACCESS**  
Choose from one branch or Florida's First Coast membership with unlimited access to all branches within the association.
- EXCLUSIVE RATES**  
Save up to 50% on swim lessons, youth sports, camps and more.
- KIDZONE**  
Complimentary on-site childcare while enrolled in a household membership.
- UNLIMITED GROUP EXERCISE**  
Unlimited Group exercise – Designed all levels and interest, from aerobics and strength training to indoor cycle and yoga
- ADDITIONAL INFORMATION**  
No Joining Fee's + \$12.50 subsidy paired with a 20% Discount  
Offered to Employees and their household

- WHAT IS TMAC?**  
TMAC is a virtual fitness platform, offering HIIT, Kettlebell workouts and yoga
- EASY ACCESS**  
Free access to over 200 workouts through TMAC mobile app or website
- BEGGINER & ADVANCED OPTIONS**  
20-minute workouts with no equipment needed, available for both beginner and advanced levels



# NORTON LIFELOCK

With the ever-changing digital world and new cybercrimes constantly emerging, people should always have the right to feel safe and secure online. Employees can now feel at ease knowing they have protection in place with Norton LifeLock Benefits

Get to know the protection you're getting so you and your family can be safer in your digital lives:

- Identity Theft Protection
- Device Security
- Online Privacy
- Parental Control
- Full-service Identity Restoration
- 24/7 Live Member Support

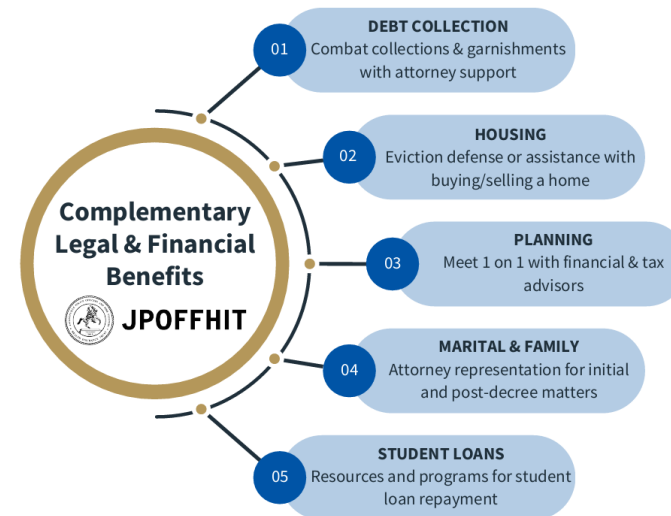


# US LEGAL SERVICES

U.S. Legal Services' Family Defender is designated to protect you and your family through a wide range of legal services. This Plan covers personal legal matters, including, but not limited to, debt collection, housing, planning, marital and family matters and student loans,

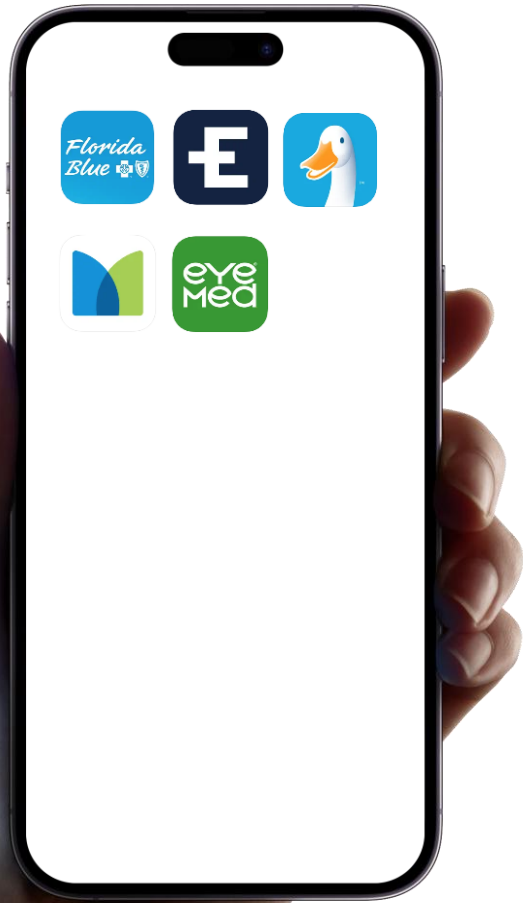
In addition to the Family Defender Plan, U.S. Legal Services' also offers a confidential and personalized online financial wellness dashboard at no additional cost when enrolled in the Family Defender plan.

- Meet with a financial advisor
- Set and track your financial score
- Review personalized content, resources and tools



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# ID CARDS AND MOBILE APPS



- You will receive ID cards for medical, prescription, dental, and vision coverage.
- There are no ID cards for Aflac supplemental plans.
- The ID cards will always show the subscriber's name and ID, regardless of family members enrolled in the plan.
- You can access all ID cards and plan information electronically after your plan effective date by creating accounts through our carrier sites and downloading the mobile app.



# PREPARING FOR RETIREMENT

- Enrollment Period
  - The Enrollment form must be returned within 30 days following your retirement date with valid benefit elections or else it will be assumed you are waiving coverage, and your coverage will be dropped.
- Retiree Rules
  - If you choose to waive medical coverage at anytime, you will lose complete eligibility to medical coverage in the future.
    - All other products can be added and removed with proper QLE or during OE.
  - You may add dependents to the plan **IF** they are currently enrolled during your active status. If they are not enrolled while you are active, you must add them with a Qualifying Life Event or during Open Enrollment.
    - Your dependents may come and go from the plans midyear if there is a QLE with supporting documentation
- What happens to my dependents if I pass away?
  - As long as your dependents are enrolled onto your plan at the time of passing, your dependents will still be covered through the JPOFFHIT plans under a Surviving Family member. Surviving Family Members must follow the retiree eligibility rules.
- Retirement Enrollment Form: [2025 Retiree Enrollment Form](#)
  - All retiree forms can be submitted to in person at the JPOFFHIT Office (1 W. Adam St. Jacksonville, FL 32202) or by emailing to [questions@jpoffhit.org](mailto:questions@jpoffhit.org).



# MEDICARE

- **When are you eligible?**
  - Medicare is for people 65 and older. You may be eligible to go onto Medicare earlier if you have a disability, End-Stage Renal Disease or ALS.
- **Part A: Hospital Insurance**
  - Helps cover inpatient care in hospitals, skilled nursing facilities, hospice care and some health care.
- **Part B: Medical Insurance**
  - Helps cover doctors' visits, outpatient care, home health care, Durable Medical Equipment (wheelchairs, walkers, hospital beds and more) and many preventative services (screenings, shots or vaccines, and yearly "wellness" visits).
- **Cost**
  - Part A is typically a \$0 premium, if enough credit hours are earned. If you do not qualify for premium-free Part A, you may be able to buy in.
  - Part B is based off your reported taxable income from two years prior. For 2025, Part B starts \$185 per month depending on your income. **This amount may change on a per year basis.**
- **What if I am enrolled in Medicare and an Employer/Retiree Group Plan?**
  - Medicare is Primary payer when enrolled on a retirement plan
  - Medicare is secondary is you are an active employee
- **Can my spouse/dependents stay on the medical plan once I go to Medicare?**
  - Yes, your spouse is still eligible for the medical plan once you are Medicare eligible. Your spouse will become a Continuing Spouse and pay premiums on an Employee Only basis.

JPOFFHIT offers a dedicated individual agent to help assist you with questions and can compare options.

Tammy Morabito

904-461-2115

TMorabito@mbaileygroup.com



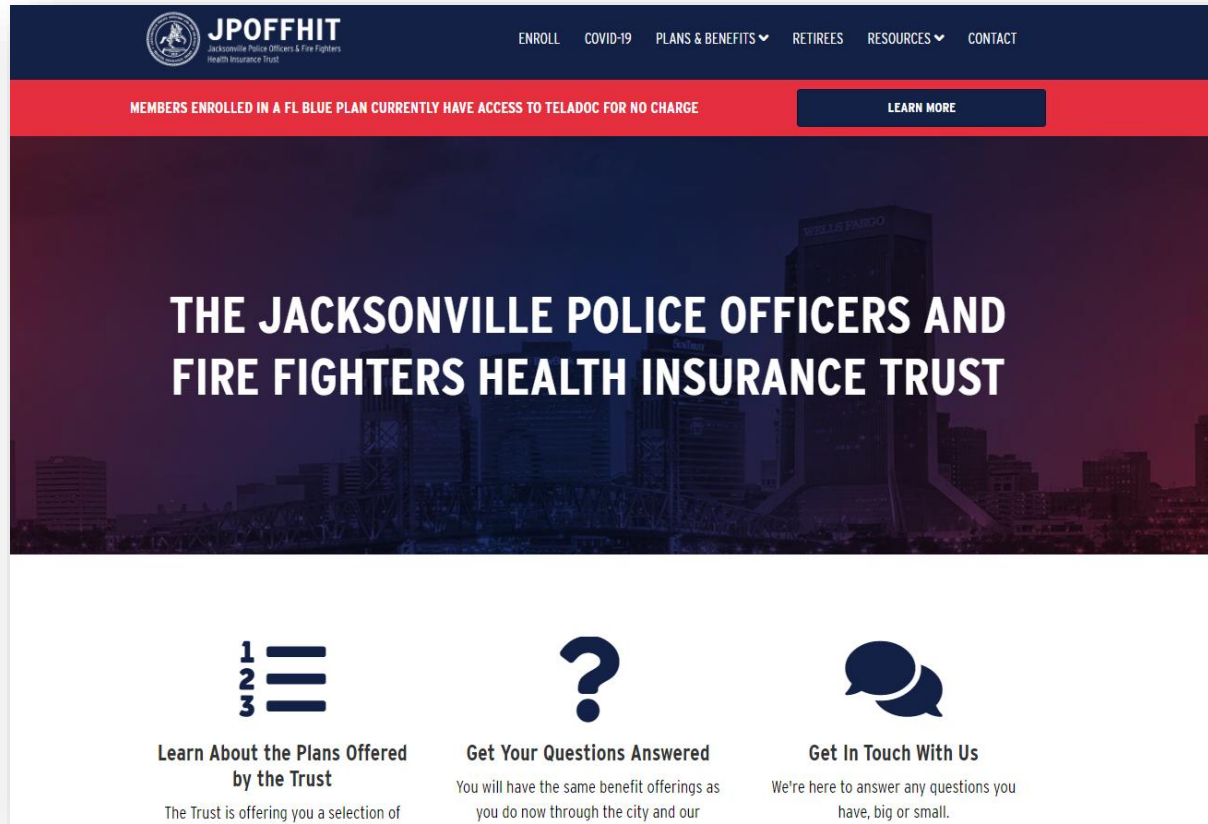
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# QUICK NOTES

- Important enrollment information will come from the sender “**Online Enrollment Notification**”.
  - This is not spam. This is the enrollment system emailing you telling you action is needed
- You are paid Bi-Weekly (26 pay periods), but benefit deductions only come out of 24 pay checks.
- Any updates on your address, name, hire date or transfer dates will need to be handled with your pension office before changing with JPOFFHIT



# BENEFIT SUPPORT RESOURCES



Contact Information:

Phone: 800-978-0632

Email: [Questions@jpoffhit.org](mailto:Questions@jpoffhit.org)

[www.jpoffhit.org](http://www.jpoffhit.org)



# JPOFFHIT PORTAL

- VERIFY BENEFITS
- PROCESS QUALIFYING LIFE EVENT
- OPEN ENROLLMENT



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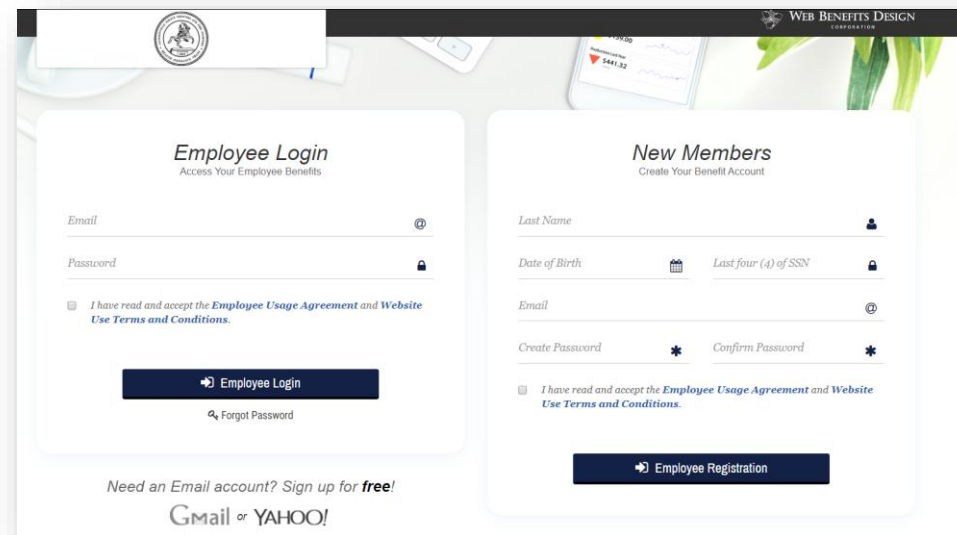
# ACCESS ONLINE PORTAL

## What You Need:

- Device with internet access

## If processing a Qualifying Life Event

- Identifying information for any spouse or child covered such as Date of Birth and SSN
- Dependent Documentation



The screenshot displays the JPOFFHIT online portal interface. It features two main sections: "Employee Login" and "New Members".

**Employee Login:** This section includes fields for "Email" and "Password". Below these fields is a checkbox for "I have read and accept the Employee Usage Agreement and Website Use Terms and Conditions." and a blue "Employee Login" button. A "Forgot Password" link is located below the button.

**New Members:** This section includes fields for "Last Name", "Date of Birth", "Last four (4) of SSN", "Email", "Create Password", and "Confirm Password". It also features a checkbox for "I have read and accept the Employee Usage Agreement and Website Use Terms and Conditions." and a blue "Employee Registration" button.

At the bottom of the page, there is a link: "Need an Email account? Sign up for free! Gmail or YAHOO!"

[www.jpoffhit.org/login/](http://www.jpoffhit.org/login/)

- Enter through "Employee Login"
- If you forgot your password, Benefit Support can reset. If a reset has been done, you must enter as a "New Member" and complete the following steps.
  - Fill out your information within the "New Members" box
  - Type your legal last name
  - Enter your DOB as MMDDYYYY (no slashes)
  - Use any email as your username
  - Password must be 6 characters



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# VERIFY YOUR INFORMATION

Employee Hotline  
(800) 978-0632  
Log Out

Home Medical & Prescription Dental & Vision Critical Illness Voluntary Accident Hospital Indemnity Benefits Support and Contacts

## WELCOME TO YOUR NEW BENEFITS SUPERSITE

The Jacksonville chapters of Fraternal Order of Police (FOP) and International Association of Firefighters (IAFF) have

Welcome Test Test  
Log Out

Premium Tot  
\$0<sup>00</sup>

Online Employee Benefits System: New Hire

My Profile

\*Indicates a required field

First Name: John

Middle Name:

Last Name: Smith

Suffix:

Gender: Male

Marital Status: Select

\*Street Address 1: 101 Test LN

Street Address 2:

Welcome to your employee benefits enrollment system.

Please review your personal information for accuracy and make changes as necessary.


Please contact JPOFFHIT Benefits Support at (800) 978-0632 or [questions@jpoффhit.org](mailto:questions@jpoффhit.org) if you need to make changes to your personal information.


- Always Verify your information is correct. If there is incorrect information, please contact your pension office to update.
- Email is our primary source of communication, so be sure to use an email address that you will check regularly
- Click Continue



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# ADD YOUR FAMILY




Welcome  
**John Smith**  
Log Out 





✓ Child: Birth certificate or legal documents showing guardianship of the child

[Confirmation of Dependent Information](#)





I solemnly affirm that my covered dependents meet the definition of eligibility. I understand that my employer may request documentation and verification of this information at any time. If any of my dependent information should change in the future, it is my responsibility to notify my employer within 30 days from the date of change. Documentation should be sent to [questions@jpoffhit.org](mailto:questions@jpoffhit.org).


 Please **ADD ALL DEPENDENTS** prior to uploading documents.

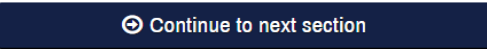
**Spouse Info:**

Spouse Name	Date of Birth	Age	SSN	Documentation	Action
test test	01/01/1974	46	XXX-XX-1234	 Not Approved  Attach file No File Selected	 Edit  Remove

**Children Info**

Child(ren) Name	Date of Birth	Age	SSN	Documentation	Action
Test Test	09/01/2019	0	XXX-XX-6745	 Not Approved  Attach file No File Selected	 Edit  Remove

 Add Child



- Click on “Add Spouse” or “Add Child” and enter your dependent’s name, date of birth, and SSN
- You can upload electronic copies of the document directly to the benefit site
- You can email documents to [questions@jpoffhit.org](mailto:questions@jpoffhit.org) for assistance

*Your benefits will show as pending until documentation is provided. Failure to provide documentation will result in non-enrollment.*



# ELECT YOUR PLANS AND REVIEW YOUR CART

Online Employee Benefits System: New Hire

Review Your Information

Congratulations! You are almost finished. Please review your benefit selections below. If any corrections need to be made, simply click the edit button in the section that you would like to change.

Once your information is correct, please scroll to the bottom of the page to confirm your selections. After confirming your selections you will have an option to print a copy of your benefits.

[Final Review](#)

Benefit	Cost
Medical	\$144 <sup>50</sup>
Group Critical Illness	\$0 <sup>75</sup>
Be Well Benefit	\$0 <sup>82</sup>

I represent that all the information supplied in this application is true and complete.

I understand that all insurance benefits certificates of coverage and Summary Plan Descriptions (SPDs) are available online within this website.

**Unum Eligibility Disclosures**

[Click here](#) to review legal and compliance documents. By agreeing to the terms and conditions, you will be confirming that you have reviewed all required legal and compliance documents.

By electing coverage, I confirm I have received and read the linked or previously provided enrollment materials, including statements regarding eligibility for coverage, possible delayed effective dates, benefit provisions, costs, exclusions, limitations, terminations and benefit reductions, offsets and any required outlines of coverage and I acknowledge and agree to them.

By electing coverage, I am confirming that I am actively at work. If electing spouse coverage I am also confirming that my spouse currently lives in the U.S.

I have read and agree to these terms

I Have Completed My Benefit Selections

Discard My Benefit Selections Made During this Session

[Continue to next section](#)

- Click through each benefit page (as represented as a symbol at the top of the page) and either make an election or waive the benefit until all symbols turn from purple to green.
- You will get to your final review page once all the circles at the top of the page are green.
- Your shopping cart will show you the total cost coming out of your check for all benefits
- Check the final review page to verify the plans and dependents you chose are showing as enrolled.
- Check the box agreeing to the terms at the bottom of the page and then hit Continue.



# BENEFIT CONFIRMATION STATEMENT

Online Employee Benefits System: New Hire

Welcome John Smith Log Out

Print / Download Summary Email Summary Close Window

Please keep a copy of this benefit confirmation statement for your records. Remember, if you have any questions, please contact JPOFFHIT Benefits Support at (800) 978-0632 or [questions@jpoффhit.org](mailto:questions@jpoффhit.org).

My Profile

Name: John Smith  
Birth Date: 01/01/2020  
Gender: M  
Marital Status: M  
Address: 101 Test LN, Jacksonville FL 11111  
Mobile Phone: 101 Test LN, Jacksonville FL 11111  
Email: 101 Test LN, Jacksonville FL 11111

Benefit Confirmation Statement

Please select which version of the **Benefits Confirmation Statement** you would like to email:

Detailed Benefits Summary  
 One-Page Benefits Summary

Your Benefits Confirmation Statement will be sent to:  
[trahilly@mbaileygroup.com](mailto:trahilly@mbaileygroup.com)

Cancel Continue

Name	John Smith	Gender	F
Birth Date	01/01/2020	D.O.B.	01/01/1974
Marital Status	M	Court Order	No
Address	101 Test LN Jacksonville FL 11111		

- You know you have completed your enrollment when you see three purple buttons at the top of the page.
- Click on “Email Summary” to send an electronic Benefit Confirmation Statement (BCS) to your email on file.
- “Detailed Benefits Summary” is the best option for records.
- You can use this Benefit Confirmation Statement as proof of enrollment if you are dropping other benefits (from the Marketplace, from a spouse’s plan, from Tricare, or from a parent’s plan).





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[JPOFFHIT.ORG](http://JPOFFHIT.ORG) | [QUESTIONS@JPOFFHIT.ORG](mailto:QUESTIONS@JPOFFHIT.ORG) | 800-978-0632