



CITY OF JACKSONVILLE

RETIREE BENEFITS GUIDE

2027





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change for good!





A LETTER from the MAYOR



Together, we will build a healthy, safe, resilient, inclusive, and innovative city that works for all of us. Every person will have a voice in City Hall and a seat at the table to reach that goal. Thank you for being part of this new chapter in Jacksonville's history as we build a bridge to the next generation and industries of the future.

Mayor Donna Deegan
www.jacksonville.gov/mayordeegan

Medicare and Your City of Jacksonville Coverage

Are you turning 65 and becoming eligible for Medicare?

This guide will provide you with general information intended to help you make an educated decision.

As variances do exist, we strongly encourage you to contact Medicare at 1-800-MEDICARE or www.medicare.gov to confirm the steps you will need to take to ensure continued coverage.



Selecting Your Plans

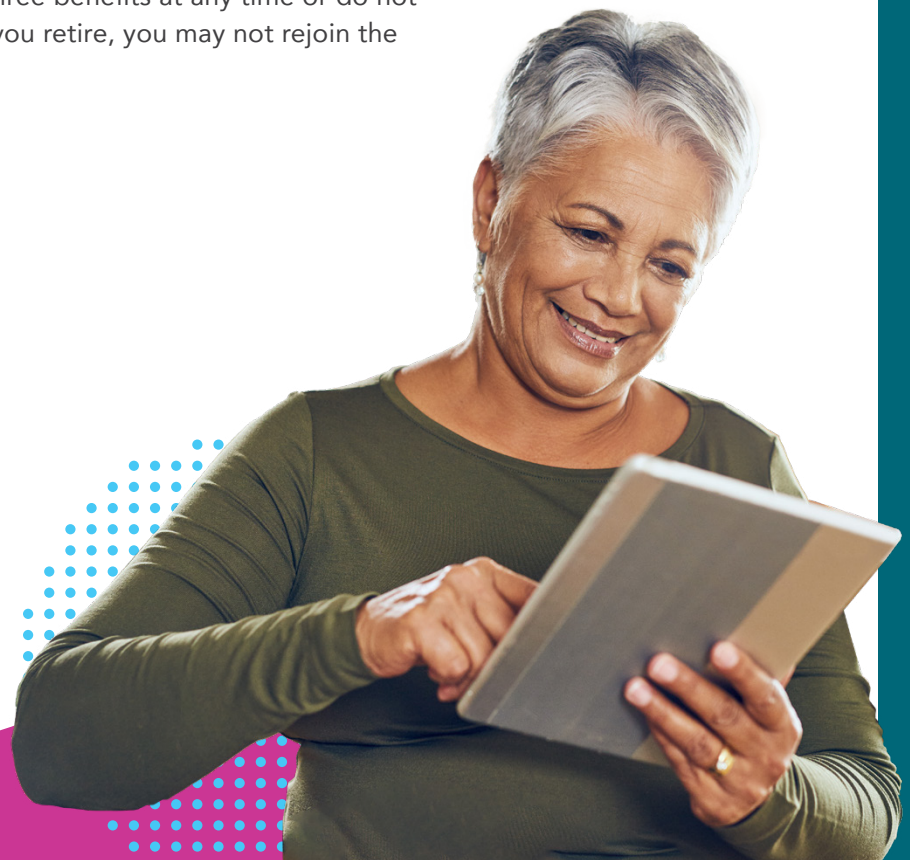
If you have a life change (qualifying life event)

Certain life events like marriage, divorce, birth or adoption of a child, or a change in employment status may allow you to change your coverage during the year. If this occurs, please contact the Benefits Division within 60 days of the event - with required documentation - to update your benefits.

During Annual Enrollment

Annual Enrollment is your opportunity once each year to evaluate your benefit options and make selections for the following year. Benefits selected at Annual Enrollment are effective January through December of the new benefits plan year.

If you should decline your retiree benefits at any time or do not enroll in the coverage when you retire, you may not rejoin the plan at a later date.



COVERING your FAMILY

MEDICAL	**X**	**X**	**Until their 26th birthday***
DENTAL	**X**	**X**	**Until the end of the year when they reach age 25**
VISION	**X**	**X**	**Until the end of the year when they reach age 25**

DISABLED DEPENDENTS: Children who became disabled before age 26 and rely on you for support are also eligible for health, dental, and vision coverage. Please contact Benefits Division if this applies to you.

***EXTENDED MEDICAL COVERAGE:** Children ages 26-30 may be eligible for extended medical coverage; please contact the Benefits Division for details.

NEWBORN MEDICAL COVERAGE: Newborn children of a covered family member other than a spouse (such as grandchildren) are eligible until they reach 18 months as long as the child's parent remains covered.

How Medicare interacts with your City of Jacksonville benefits:

Medicare D and your City of Jacksonville pharmacy coverage:

We have determined that, for 2027, your City of Jacksonville medical plan has 'creditable' prescription drug coverage, which means that your City of Jacksonville drug plan pays, on average, 'as much or more' than Medicare D requires. Once Medicare is primary for you, you will likely not need to enroll in a separate Part D plan as long as you remain enrolled in the City of Jacksonville medical plan. You will receive an annual creditable coverage certification notice from City of Jacksonville confirming the status each year.

Medicare C:

If you are enrolled in the retiree medical plan through City of Jacksonville, you are likely not eligible to enroll in a Medicare C (Medicare Advantage plan) or a MediGap plan. For more information on this limitation, please contact Medicare directly at **1-800-MEDICARE** or www.medicare.gov.

Medicare eligibility while you're actively working:

If you are enrolled in one of the EPO/HMO/PPO/QHDHP Plans when you become eligible for Medicare:

- Turning 65 and/or enrolling in Medicare would not cause you to lose eligibility for the EPO/HMO/PPO/QHDHP Plans.
- While actively working, your Medicare status should not impact how the EPO/HMO/PPO/QHDHP Plans pay your claims.



FIND THE MEDICAL PLAN THAT'S BEST FOR YOU

Compare Your Options

FLORIDA BLUE

Retiree Plan Options	Provider Choice	Referrals Required
BLUEOPTIONS BLUEMEDICARE ADVANTAGE ELITE	You may use any provider you choose However, you will receive better benefits and pay less for care if you use in-network providers.	**NO,** (certain specialists require referrals separate from insurance)
BLUEOPTIONS / UF HEALTH EPO 03768	**In-Network care only** Except in the case of a true emergency, the UF Health EPO plan only covers care through UF Health providers.	**NO,** (certain specialists require referrals separate from insurance)
BLUECARE 48 HMO	**In-Network care only** Except in the case of a true emergency, the BlueCare plan only covers care through in-network providers.	**NO,** but a primary care physician (PCP) designation is required
BLUEOPTIONS PPO 05782	**You may use any provider you choose** However, you will receive better benefits and pay less for care if you use in-network providers.	**NO,** (certain specialists require referrals separate from insurance)
BLUE CARE 128/129 HMO QHDHP	**In-Network care only** Except in the case of a true emergency, the BlueCare plan only covers care through in-network providers.	**NO,** but a primary care physician (PCP) designation is required

If you should decline your retiree benefits at any time, or do not enroll in the coverage when you retire, you may not rejoin the plan at a later date.

Denis Woods
FL Blue COJ Representative
904.255.5570

Florida Blue

www.FloridaBlue.com
800.664.5295
Group: B3267

Important Terms

Copay – a flat fee you pay whenever you use certain medical services, like a doctor visit.

Deductible – the dollar amount you pay before your medical insurance begins paying deductible-eligible claims.

Coinsurance – the percentage of covered medical expenses you continue to pay after you've met your deductible and before you reach your out-of-pocket maximum.

Out-of-pocket maximum – the most you will pay during the calendar year for covered expenses. This includes copays, deductibles, coinsurance, and prescription drugs.

Balance billing – the amount you are billed to make up the difference between what your out-of-network provider charges and what insurance reimburses. This amount is in addition to, and does not count toward your out-of-pocket maximum.

BlueMedicare Advantage Elite Preferred Provider Organization

BlueMedicare Advantage Elite is a PPO health, dental and vision plan.

To join the Medicare Advantage plan you must be:

- Retired
- Enrolled in Medicare Part A and Medicare Part B
- For BlueMedicare Group Rx plans, you must also be enrolled in Medicare Part A and Part B
- Must be currently enrolled in a City of Jacksonville health plan

Additionally:
Premiums for BlueMedicare Advantage Elite Plans are paid separately from Medicare Part B.

BlueMedicare Employer Group Waiver Plans (EGWP) are available to retiree dependent(s) that are Medicare eligible.

Retirees can enroll during their Initial Coverage Election Period (ICEP) or during the group annual open enrollment.

If you choose to enroll in the BlueMedicare Advantage Elite plan, you will use the health insurance cards provided by Florida Blue instead of the original Medicare card. When you enroll in a Florida Blue BlueMedicare Advantage Elite plan you do not lose your Medicare coverage.

Which doctors, hospitals, and pharmacies can I use?

We have a network of doctors, hospitals, pharmacies, and other providers. If you use pharmacies that are not in our network to fill your covered Part D drugs, the plan will generally not cover your drugs.



You can see our plan's provider and pharmacy directory on our website (www.floridablue.com/medicare).

Or call us and we will send you a copy of the provider and pharmacy directories.

Medical Insurance - BlueMedicare Advantage Elite



	BlueMedicare Advantage Elite
IN-NETWORK COVERAGE	
DEDUCTIBLE DED	$0
OUT-OF-POCKET MAXIMUM	$3,500
PREVENTIVE CARE	$0
PRIMARY DOCTOR VISIT	$15
SPECIALIST DOCTOR VISIT	$30
MENTAL HEALTH COUNSELING	$30 per visit
INDEPENDENT LABS	Independent Facility: $0 Outpatient Hospital: $15
X-RAYS	Independent Facility: $25 Outpatient Hospital: $100
IMAGING: MRI / CT / PET	Independent Facility: $75 Outpatient Hospital: $100
URGENT CARE CENTER	$50 (same in-network and out-of-network)
EMERGENCY ROOM	$100 (same in-network and out-of-network)
INPATIENT HOSPITAL	$250/day, days 1-7
OUTPATIENT SURGERY - AMBULATORY SURGICAL CENTER	$150
OUT-OF-NETWORK COVERAGE *(plus balance billing)*	
DEDUCTIBLE	$1,500 per person
COINSURANCE	30% after deductible
OUT-OF-POCKET MAXIMUM	$10,000 per person

Pharmacy Coverage - BlueMedicare Advantage Elite

CVS and the CVS affiliates are EXCLUDED

	PREFERRED/MAIL ORDER/LTC (31-DAY SUPPLY)	STANDARD RETAIL (90 TO 100-DAY SUPPLY)	PREFERRED/MAIL ORDER (90 TO 100-DAY SUPPLY)
TIER 1 (PREFERRED GENERIC)	$0	$0	$0
TIER 2 (GENERIC)	$0	$0	$0
TIER 3 (PREFERRED BRAND)	$30/$35 for insulin	$90/$105 for insulin	$90/$105 for insulin
TIER 4 (NON-PREFERRED DRUG)	$75/$35 for insulin	$225/$105 for insulin	$225/105 for insulin
TIER 5 (SPECIALTY)	33% of cost	33% of cost	N/A
TIER 6 (SELECT CARE DRUGS)	$0	$0	$0

Medicare Part D Prescription Drug Benefits

Deductible Stage

$200 per year for Part D prescription drugs applies to Tier 3 (Preferred Brand), Tier 4 (Non-Preferred Brand), and Tier 5 (Specialty Tier).
*There is no deductible for insulins.

Initial Coverage Stage

You begin in this stage after you meet your deductible (if applcable). During this stage, the plan pays its share of the cost of your drugs and you pay your share of the total cost. You stay in the Initial Coverage Stage until your total out-of-pocket costs reach $2,100. You then move on to the Catastrophic Coverage Stage. You may get your drugs at network retail pharmacies and mail order pharmacies.

You enter the Catastrophic Coverage Stage when your out-of-pocket costs have reached the $2,400 limit for the calendar year. During the Catastrophic Coverage Stage, you pay nothing for your covered Part D drugs. You will stay in this payment stage until the end of the calendar year.

You may get your drugs at network retail pharmacies and mail order pharmacies. Our plan gives you preferred pharmacy options. You can fill your prescription drugs at one of our preferred pharmacies to save even more on most prescriptions.Our plan gives you preferred pharmacy options. You can fill your prescription drugs at one of our preferred pharmacies to save even more on most prescriptions.



Florida Blue

www.floridablue.com/medicare
800-926-6565
Group: B3267

Dental Coverage - BlueMedicare Advantage Elite

Dental care that makes you smile

BlueMedicare Advantage Elite

BENEFITS AND COVERAGE	IN-NETWORK	OUT-OF-NETWORK
ANNUAL MAXIMUM BENEFIT	Unlimited	$750 per person
SPECIALIST VISIT	$30 copay for non-routine care	30% of the Medicare-allowed amount after $1,500 out-of-network deductible for non-routine dental
PREVENTIVE CARE	$0	Member pays up front and is reimbursed 50% of non-participating rates for covered preventive dental services.
COMPREHENSIVE SERVICES	$0	Member pays up front and is reimbursed 50% of non-participating rates for covered comprehensive dental services.



Florida Blue

www.FloridaBlue.com
800.664.5295
Group: B3267

Vision Coverage - BlueMedicare Advantage Elite

Focus on your vision

BlueMedicare Advantage Elite

	IN-NETWORK	OUT-OF-NETWORK
ROUTINE EYE EXAM	$0 (Yearly)	Member must pay 100% of the charges and submit the itemized receipt(s) for reimbursement of 50% of the in-network allowed amount for an annual routine eye examination 1 every 12 months.
SPECIALIST VISIT	$30 copay for specialist to diagnose and treat eye diseases and conditions	30% of the total cost of the Medicare-allowed amount after $1,500 out-of-network deductible for Medicare-covered specialist services to diagnose and treat diseases and conditions of the eye and diabetic retinal exams
DIABETIC RETINAL EXAM	$0 (Yearly)	
GLAUCOMA SCREENING	$0 (once per year for members at high risk of glaucoma)	30% of the total cost Medicare-allowed amount for glaucoma screening
EYEGLASSES, LENSES, AND CONTACTS	$0 copay, for one pair of eyeglasses or contact lenses after each cataract surgery Member responsible for any amount in excess of annual maximum plan benefit allowance. $250 maximum per year	30% of the total cost Medicare-allowed amount after $1,500 out-of-network deductible for eyeglasses or contact lenses after cataract surgery. Total reimbursement is subject to the annual maximum plan benefit allowance.

Florida Blue

SilverSneakers Program

A BlueMedicare Program

www.FloridaBlue.com
800.664.5295
Group: B3267

SilverSneakers® is more than a fitness program. It's an opportunity to improve your health, gain confidence and connect with your community. Plus, it's included at no additional cost in your health plan.

With SilverSneakers, you're free to move in the ways that work for you.

In participating fitness locations

- Thousands of participating locations with various amenities
- Ability to enroll at multiple locations at any time
- SilverSneakers classes designed for all levels

In your community

- Group activities and classes offered outside the gym
- Events including shared meals, holiday celebrations and class socials

At home or on the go

- SilverSneakers LIVE™ virtual classes and workshops throughout the week
- SilverSneakers On-Demand™ fitness classes available 24/7
- SilverSneakers GO™ mobile app with adjustable workout plans and more

You already have SilverSneakers through your health plan.

You just need your member ID to get started.

Get your SilverSneakers Member ID

If you're new to SilverSneakers, go to SilverSneakers.com/StartHere and follow the simple steps.

If you're already a member, log in to the Member Portal at **SilverSneakers.com** and click Profile/Member ID.



Scan to learn more about SilverSneakers or visit SilverSneakers.com/AboutUs

Traditional Medical Plans

	BlueOptions 03768 UF Health Plan EPO	BlueCare 48 HMO	BlueOptions 05782 PPO
IN-NETWORK COVERAGE			
DEDUCTIBLE DED	$400 single; $800 family	$500 per person; $1,000 family max	$1,000 per person; $2,000 family max
OUT-OF-POCKET MAXIMUM	*Combined medical and pharmacy*	*Combined medical and pharmacy*	*Combined medical and pharmacy*
MEDICAL	$3,000 single $6,000 family	$3,000 per person $6,000 family maximum	$6,500 per person $13,000 family maximum
PREVENTIVE CARE	**100% covered**	**100% covered**	**100% covered**
PRIMARY DOCTOR VISIT	$10	$25	$30
SPECIALIST DOCTOR VISIT	$30	$35	$40
INDEPENDENT LABS	100% covered	100% covered	100% covered
X-RAYS	$30	$30	$35
IMAGING: MRI / CT / PET	$100	$300	$300
URGENT CARE CENTER	$25	$30	$35
EMERGENCY ROOM	DED then 20%	$300 then 30%	$300 then 30%
INPATIENT HOSPITAL	DED then 20%	DED then 30%	DED then 30%
OUTPATIENT SURGERY	DED then 20%	DED then 30%	DED then 30%
OUT-OF-NETWORK COVERAGE *(plus balance billing)*			
DEDUCTIBLE	No coverage	No coverage	$1,000 per person; $2,000 fam. max
COINSURANCE	No coverage	No coverage	50% after deductible
OUT-OF-POCKET MAXIMUM	No coverage	No coverage	$9,000 per person; $18,000 fam. max

Pharmacy Coverage

CVS and the CVS affiliates are EXCLUDED

	RETAIL PRESCRIPTIONS (UP TO 30 DAYS)	MAIL ORDER PRESCRIPTIONS (90 DAYS)	RETAIL	MAIL ORDER	RETAIL	MAIL ORDER	RETAIL	MAIL ORDER
GENERIC	$10	$20	$10	$20	$10	$20	$10	$20
PREFERRED BRAND	$60	$120	$60	$120	$60	$120	$60	$120
NON-PREFERRED	$100	$200	$100	$200	$100	$200	$100	$200
NEW SPECIALTY COPAY	$250	Not Covered	$250	Not Covered	$250	Not Covered	$250	Not Covered

Traditional Medical Plans

Product	BlueCare 128/129 HMO QHDHP
IN-NETWORK COVERAGE	
DEDUCTIBLE	Plan 128 - $2,500; Plan 129 - $3,900 / $5,000
OUT-OF-POCKET MAXIMUM	*Combined medical and pharmacy*
MEDICAL	Plan 128 - $4,000 Single; Plan 129 - $4,000 Single $8,000 Single + Family
PREVENTIVE CARE	100% covered
PRIMARY DOCTOR VISIT	DED then 20%
SPECIALIST DOCTOR VISIT	DED then 20%
INDEPENDENT LABS	DED then 20%
X-RAYS	DED then 20%
IMAGING: MRI / CT / PET	DED then 20%
URGENT CARE CENTER	DED then 20%
EMERGENCY ROOM	DED then 20%
INPATIENT HOSPITAL	DED then 20%
OUTPATIENT HOSPITAL	DED then 20%
OUT-OF-NETWORK COVERAGE *(plus balance billing)*	
DEDUCTIBLE	Not Covered
COINSURANCE	Not Covered
OUT-OF-POCKET MAXIMUM	Not Covered



Pharmacy Coverage

CVS and the CVS affiliates are EXCLUDED

	RETAIL PRESCRIPTIONS (UP TO 30 DAYS)	MAIL ORDER PRESCRIPTIONS (UP TO 30 DAYS
GENERIC	DED then $10	DED then $20
PREFERRED BRAND	DED then $60	DED then $120
NON-PREFERRED	DED then $100	DED then $200
NEW SPECIALTY COPAY	DED then $250	Not Covered

Seeking Care When Your Regular Doctor Isn't Available



	Convenience Clinic	Urgent Care	Emergency Room
	Generally staffed by a Nurse Practitioner and located inside a drugstore (Walgreens)	Urgent care centers handle non-life threatening situations, and many are staffed with doctors and nurses who have access to x-rays and labs onsite	Emergency rooms are meant for true medical emergencies and can handle trauma, x-rays, surgical procedures and life threatening situations
OPEN HOURS	Days, evenings, weekends	Days, evenings, weekends	24 hours a day, 7 days a week
TYPICAL VISIT LENGTH	Less than 30 minutes	Less than an hour	Several hours depending on severity
YOUR COST	Primary Care copay ($10-$30)	Urgent Care copay ($25 - $35)	Deductible or copay then coinsurance
TREATMENT FOR	• Flu and cold • Coughs and sore throat • Earaches and fevers • Vomiting, diarrhea, stomach pain • Minor cuts • Rashes	• Flu and cold • Coughs and sore throat • High fevers • Vomiting, diarrhea, stomach pain • Cuts and severe scrapes • Stitches • Dehydration • Minor broken bones • Minor injuries and burns • Rashes	• Allergic reactions to food, animal or bug bites • Severe broken bones • Chest pain • Constant vomiting or continuous bleeding • Severe shortness of breath • Deep wounds • Weakness or pain in a leg or arm • Head injuries • Unconsciousness

Note: *Most Convenience Clinics do not treat children under 2 years of age.*

YOU'RE ALREADY ENROLLED!

Scripta is part of your health benefits—there's no cost to you and no election is required.

NEW FOR 2027!

Scripta Insights

AI-powered RX navigation tool

You could save hundreds or even thousands of dollars each year on your prescriptions.

Scripta is your prescription savings benefit designed to help you and your family save on medications. With Scripta, you and your enrolled dependents can easily compare prescription prices, explore your options, and view all the ways to save. If you have an opportunity to save, you'll receive a Personalized Savings Report with lower-cost options. You choose how to save—use a coupon, change pharmacies, or, with your doctor's approval, switch to a generic or proven alternative medication.



LOOK FOR THE SCRIPTA **PURPLE DOT**

Saving with Scripta is Easy as 1-2-3:

1. Download our app or visit members.scriptainsights.com to see your full report & save
2. Get your in-app exclusive savings! Or discuss a switch with your doctor or pharmacist
3. Fill at your suggested pharmacy

Download the Scripta app to access exclusive offers and find savings anytime, anywhere—even at your doctor's office. Reports also arrive via mail & web portal.

GET IT ON Google Play

Download on the App Store

QUESTIONS?
Contact Member Support: 866.572.7478
scriptainsights.com

Advocate + Pharmacy Match

Finding the best-matched pharmacy to fill your specialty drugs

Living with a rare, complex or long-term condition can be hard and full of roadblocks. And getting and taking the specialty drugs you need can be stressful. We're here to help.

Advocate+ is a program built to make your health care journey easier. You'll get support from care specialists who'll help you get started, make sure you understand your drugs, answer your questions and connect you with financial help.

Advocate+ also has a newly expanded specialty pharmacy network. We'll match your prescription to a pharmacy that helps you save time and money while giving you the best care.



How Advocate+ helps you

Care specialists

Our care specialists make sure you get the care you need. They can help you understand complex medical systems, insurance and costs. They'll also connect you with people who can resolve issues for you.

Help getting started

A care specialist will tell you which pharmacy will be filling your specialty drugs. They'll also share how to contact that pharmacy. They're here to keep you informed, supported and able to manage your treatment in the best way for you.

Financial assistance programs

Our care specialists connect you with programs that can help you pay for your drugs, using a database of 7,000+ programs. And we use fast, automated processes to help you save up to 60% of your time per application.

Support along the way

Our care specialists help you have a smoother specialty pharmacy experience. They offer one-on-one support, streamlined communication and other resources along the way. And they'll keep an eye on your prescription status to make sure you get great service from your pharmacy.

QUESTIONS?

CALL 1-833-950-3858

Florida Blue

www.FloridaBlue.com
800.664.5295
Group: B3267

Home Delivery from Amazon Pharmacy

A new way to save on medications

Amazon Pharmacy offers a home delivery service that lets you easily order and quickly get your non-specialty prescription medication delivered at home.

And as a Florida Blue member, you get access to MedsYourWay™ prescription drug discount card pricing. The prescription discount card gives you up to 80% savings on medications and is seamlessly built into the Amazon Pharmacy experience. You can get the lowest cost available while saving time and money. Using the MedsYourWay discount card is not insurance; however, using it for covered medications will also count toward your out-of-pocket maximum.

To learn more about Amazon Pharmacy's home delivery services, call the number on the back of your member ID card and say, "Pharmacy."

Or log on to your Florida Blue Member Account and see the Pharmacy section under My Plan.



Easy to use

Amazon Pharmacy makes ordering your medications easier because it's like shopping on Amazon:

- Easy sign up, which includes the option to have your account auto-populated with your prescription history.
- Option for 90+ day supply.
- Pharmacists on call 24/7.
- Ability to manage your medication and order history.

Built-in drug discount card

Some drugs may be available at lower prices with a discount card. MedsYourWay discount pricing is built right into the Amazon Pharmacy experience.

- At check out, you'll see the lowest cost available for your medication. That's the price you'll pay.
- MedsYourWay discount card pricing is not insurance; however, all prescribed and covered purchases, whether paying a copay or using the discount card pricing, automatically count toward your annual out-of-pocket maximum.

Convenient home delivery

Skip the pharmacy line with home delivery.

- Fast delivery: Amazon Prime members get 2-day no-cost shipping on most orders; standard no-cost shipping for non-Amazon Prime members is 5-day but can be expedited to 2-day delivery for an additional fee.
- Real-time package tracking from order to delivery.

MetLife

www.metlife.com/mybenefits
Dental (PPO): 800.942.0854
Dental (DHMO): 800.880.1800
Group: 261599

NEW CARRIER
Dental Coverage

Dental care that makes you smile

	Silver PPO		Gold PPO	Platinum PPO	
DENTIST CHOICE	**You may use any provider you choose.** However, you will receive better benefits and pay less for care if you use providers in the MetLife Dental network.				
MAXIMUM BENEFIT	**$1,500 per person per year**		**$2,000 per person per year**	**$5,000 per person per year**	
DEDUCTIBLE DED	$50 per person; $150 family max		$100 per person; $300 family max	$500 per person; $1,500 family max	
METLIFE PPO COVERAGE	**IN-NETWORK**	**OUT-OF-NETWORK**	**IN- AND OUT-OF NETWORK**	**IN-NETWORK**	**OUT-OF-NETWORK**
PREVENTIVE CARE	**100% covered** (no deductible)	**80% covered** (no deductible)	**100% covered** (no deductible)	**100% covered** (no deductible)	**80% covered** (no deductible)
BASIC SERVICES	DED **then 20%**	DED **then 50%**	DED **then 20%**	DED **then 20%**	
MAJOR SERVICES	DED **then 50%**		DED **then 50%**	DED **then 50%**	
ORTHODONTIA	Not Covered		50%; $2,000 lifetime maximum	50%; $5,000 lifetime maximum	

DHMO Plan

In-Network care only
DHMO plan includes over 100 additional dental procedures. It also extends the pediatric age limit, allowing members to access pediatric dentists until the age of 18.

Unlimited

None

IN-NETWORK ONLY (EXAMPLES OF CHARGES)	
ROUTINE OFFICE VISIT (9430)	No charge
TEETH CLEANING (1110)	No charge
FULL MOUTH X -RAYS (0330)	No charge
FILLINGS (2140)	$5
EXTRACTIONS (7140)	No charge
ENDODONTICS (3330)	$250
PERIODONTAL SCALING (4341)	$55
FULL / PARTIAL DENTURES (5110)	$375
CROWNS (2752)	$270

CHILD: $1,900 | ADULT: $1,900

Vision Coverage

Focus on your vision

vsp VISION

www.vsp.com
800.877.7195
Group: 30099995

		BASE PLAN **In-Network** ***(Advantage Network)***	PREMIUM PLAN **In-Network** ***(Advantage Network)***
COPAYS	**EYE EXAMINATION**	$10 copay (12 months)	$10 copay (12 months)
	MATERIALS	$20 copay (lenses & frames)	$20 copay (lenses & frames)
GLASSES	**LENSES - SINGLE**	Covered after copay (24 months)	Covered after copay (12 months)
	LENSES - BIFOCAL	Covered after copay (24 months)	Covered after copay (12 months)
	LENSES - TRIFOCAL	Covered after copay (24 months)	Covered after copay (12 months)
	FRAMES	$110 allowance; 20% off balance (24 months) $60 allowance at Walmart/Sam's Club/Costco	$130 allowance; 20% off balance (24 months) $70 allowance at Walmart/Sam's Club/Costco
CONTACTS	**ELECTIVE**	$110 allowance (24 months)	$130 allowance (12 months)
	MEDICALLY NECESSARY	Covered in full	Covered in full
EXTRA SAVINGS	Glasses and Sunglasses Extra $50 to spend on featured frame brands. Go to vsp.com/framebrands for details. 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision exam.		
	Routine Retinal Screening No more than a $39 copay on routine retinal screening as an enhancement to a WellVision Exam		
	Laser Vision Correction Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities		

Cost of Coverage (Per pay deductions)

BLUEMEDICARE ADVANTAGE ELITE PPO PLAN
(Includes Medical, Dental, Hearing and Vision)

Coverage Level	Per Month	Per Pay Period
Retiree	$358.38	$179.19
Continuing Spouse of Retiree Only	$358.38	$179.19
Surviving Spouse of Retiree Only	$358.39	$179.19
Retiree + Spouse Only	$716.76	$358.38

Only retirees in BU's 9999, 8888, 6666, 4444, 1212, and 1111 that have continued the health benefits with the City of Jacksonville; and are on Medicare A & B are eligible to enroll in the City of Jacksonville's Florida Blue Medicare Advantage Elite PPO Plan.

VSP VISION

Coverage Level	Base	Coverage Level	Premium
Retiree	$1.97	Retiree	$3.82
Retiree + Spouse	$3.75	Retiree + Spouse	$6.22
Retiree + Child(ren)	$3.51	Retiree + Child(ren)	$5.74
Retiree + Family	$6.00	Retiree + Family	$9.77
Spouse Only ***	$1.97	Spouse Only ***	$3.82
Child Only (per Child) ***	$1.97	Child Only (per Child) ***	$3.82
Spouse and Child(ren)***	$3.51	Spouse and Child(ren)***	$5.74

TRADITIONAL MEDICAL INSURANCE
(Includes Medical Only)

Coverage Level	BlueOptions 03768 UF Health Plan EPO	BlueCare 48 HMO	BlueOptions 05782 PPO	BlueCare 128/129 HMO QHDHP
Retiree	$279.54	$296.33	$339.63	$296.34
Retiree + Spouse	$575.01	$609.92	$698.46	$609.42
Retiree + Child(ren)	$535.59	$568.16	$650.57	$568.16
Retiree + Family	$855.39	$906.81	$1,038.46	$906.80
Spouse Only ***	$279.54	$296.33	$339.63	$296.34
Child Only (per Child) ***	$279.54	$296.33	$339.63	$296.34
Spouse and Child(ren)***	$535.59	$568.16	$650.57	$568.16

Rates are per pay period (24 periods)

*** APPLIES ONLY WHEN RETIREE IS DECEASED OR GOING ON MEDICARE

METLIFE DENTAL

Coverage Level	DHMO	Silver PPO	Gold DPPO	Platinum DPPO
Retiree	$5.73	$10.10	$15.53	$19.94
Retiree + Spouse	$10.04	$20.21	$31.07	$39.86
Retiree + Child(ren)	$12.04	$25.64	$39.46	$50.57
Retiree + Family	$16.91	$34.50	$53.04	$68.07
Spouse Only***	$5.73	$10.10	$15.53	$19.94
Child Only***	$5.73	$10.10	$15.53	$19.94
Spouse & Child(ren)***	$12.04	$25.64	$39.46	$50.57

Rates are per pay period (24 periods)

Life Insurance

MetLife

www.Metlife.com
866.492.6983
Group: 261599

Group Voluntary Retiree Life Insurance is available on the following schedule, **if eligible**

Coverage Amounts

- $5,000
- $10,000
- $15,000

Upon Retirement, if you are less than 70 years old and in BU70, you are eligible to enroll in $10,000 or $15,000 life insurance options. Those age 70 and over are only eligible for $5,000. You must list a beneficiary for your life insurance plans. Your beneficiary can be a person or a trust. If listing a child, the child must be over the age of 18 to receive the benefits. If listing a Trust, must provide a copy of the trust document. Please note that you can only enroll at the time of retirement and you may cancel at any time.

PLEASE KEEP YOUR BENEFICIARY INFORMATION CURRENT.

Forms are available on the Employee Benefits website.
www.jacksonville.gov/benefits



Coverage Level	Cost Per Pay Period
$5,000	$5.80
$10,000	$11.60
$15,000	$17.40

Retirement Benefits

Planning for the future

City of Jacksonville Retirement System

The Retirement System Administrative Office administers the General Employees Pension Plan (GEPP) and the Corrections Officers Pension Plan (COPP). The office processes members' requests and retirement information, as well as services for all existing retirees.

The General Employees' Pension Office is dedicated to a high level of customer satisfaction and understanding of retirement benefits. Please visit **www.jacksonville.gov/departments/finance/retirement-system.aspx** for more information about your pension benefits.

City of Jacksonville Retirement System Administrative Office
City Hall, St. James Building
117 West Duval Street, Suite 330
Jacksonville, Florida 32202

Phone: 904.255.7280
Fax: 904.588.0524
citypension@coj.net

Jacksonville Police and Fire Pension Fund

The Jacksonville Police and Fire Pension Fund (the 'Fund') is a single-employer contributing defined benefit pension plan covering all full-time police officers and firefighters of the Consolidated City of Jacksonville.

The Fund was created in 1937 and is structured as an independent agency of the City of Jacksonville. The Fund is administered solely by a five member board of trustees.

Jacksonville Police and Fire Pension Fund Administrative Office
1 West Adams Street
Jacksonville, FL 32202

Phone: 904.255.7373
Fax: 904.353.8837
General information: Jaxpfpf@coj.net



EMPOWER

Retirement Benefits (continued)

www.cojdcp.com
904.255.5569

Empower deferred compensation and defined contribution plans

Who is Empower Retirement?

Empower Retirement was selected by the City of Jacksonville to provide administrative, education and communication services for the City of Jacksonville Deferred Compensation and Defined Contribution Retirement Plans. In conjunction with the City of Jacksonville, Empower is committed to helping you understand and evaluate your financial situation by providing you with the information you need to make sound financial decisions for many years to come.

Empower Retirement believes that the journey to retirement should be as amazing as the destination. That's why everything we do is based on helping you enjoy today while you work toward your retirement. And while our name is new, our history is rich - we've been serving retirement plans for 40 years under the names of J.P. Morgan Retirement Plan Services, Putnam Investments and Great-West. We are now one, bringing the best of each to help you become better prepared for tomorrow.

A summary of your options

City of Jacksonville Deferred Compensation and Defined Contribution Retirement Plans

The City of Jacksonville Deferred Compensation and Defined Contribution plans are powerful tools to help you reach your retirement dreams. As a supplement to other retirement benefits or savings that you may have, these plans allow you to save and invest extra money for retirement.

You have the opportunity to save consistently and automatically, select from a variety of investment options, and learn more about saving and investing for your financial future.

401(a) Defined Contribution Plan

As a full-time employee, the City of Jacksonville 401(a) Defined Contribution plan is a powerful tool to help you reach your retirement goals. This Plan allows you to enjoy a benefit from contributions that you and your employer make toward your retirement-tax deferred.

OBRA Plan

As a part-time, seasonal or temporary employee of the City of Jacksonville, you are automatically enrolled in the City of Jacksonville OBRA plan. The OBRA plan is an alternative to social security as permitted by the federal omnibus Budget Reconciliation Act of 1990 (OBRA).

457(b) Deferred Compensation Plan

With the City of Jacksonville, you also have the opportunity to enroll in the 457(b) Deferred Compensation Plan as a full-time or part-time employee working over 20 hours per week. The 457(b) Plan gives you the opportunity to save and invest additional money for retirement, and potentially reduce the amount of your current federal income tax you pay each year. With the 457(b) Plan, you have the opportunity to save even more as you near retirement with additional savings options through the Age 50+ Catch-Up or the Special Catch-Up. Please note, you cannot use both the Age 50+ Catch-Up and the Special Catch-Up in the same calendar year.

In addition, you have the option to contribute to the 457(b) plan on an after-tax Roth basis or a traditional before tax basis. The Roth option locks in today's tax rates on all contributions and any earnings are tax-free if you take a qualified distribution.

Investment Options

A wide array of core investment options is available. Each option is explained in further detail in your Plan's fund data sheets and prospectuses, which are located on the website at **www.COJDCP.com**. You may also access investment information by calling the voice response system toll free at (855) COJ.4570 (265.4570). The website and the voice response system are available to you 24 hours a day, seven days a week.

Benefits of Enrolling

Starting early and making a small change in the amount you contribute could make more of a difference at retirement. You choose the amount you want to save, and contributions are automatically deducted from your paycheck, which makes it easier to plan, save, and budget. You can change, stop, or restart your contributions at any time.

Contributing to your City of Jacksonville plan is a great way to take advantage of tax deferred investing. Contributions to your Plan and any potential earnings on those contributions are tax-deferred until money is withdrawn. Your money can start working for you right away, and through compounding, your earnings may be even greater.

Retirement Plan Advisors

As a participant in the City of Jacksonville Retirement plans, you have the opportunity to meet with local, dedicated retirement plan advisors who are ready to help you plan for your future by providing individual meetings and group presentations at your workplace.

To schedule a free one-on-one meeting, or for more information about enrolling in the City of Jacksonville Retirement Plans, contact your local retirement plan advisors:

David Saliger
Cell: 904.815.1787
Office: 904.255.5589
David.Saliger@empower.com

Michael Dean
Cell: 904.504.4463
Office: 904.255.5572
Michael.Dean@Empower.com

Empower COJ Office
904.255.5569

Customer Service
(855) COJ.4570 (265.4570)
www.COJDCP.com

Contacts

Service	Provider	Website	Phone Number
Medical Coverage	Florida Blue Group: B3267	www.FloridaBlue.com	800.664.5295 Denis Woods, COJ Representative, 904.255.5570
Amazon Pharmacy Home Delivery	Florida Blue	www.FloridaBlue.com	800.664.5295
Dental Coverage	MetlLife Group: 261599	www.metlife.com/mybenefits	Dental (PPO): 1-800-942-0854 Dental (DHMO): 1-800-880-1800
Vision Coverage	VSP Vision Group: 30099995	www.vsp.com	800.877.7195
Life Insurance	MetLife Group: 261599	www.metlife.com	866.492.6983
Retirement Benefits	City of Jacksonville Defined Benefit Pension Plans	www.jacksonville.gov/departments/finance/retirement-system.aspx citypension@coj.net	City of Jacksonville General Employees and Correction Officers 904.255.7280 FAX: 904.588.0524 Jacksonville Police and Fire Pension Fund 904.255.7373 FAX: 904.353.8837
	Empower	www.cojdcp.com	Empower COJ Office 904.255.5569 Customer Service (855) COJ.4570 (265.4570)

Annual Notices

This section contains important information about your benefits and rights. Please read the following pages carefully and contact the Benefits Division with any questions you have.

HIPAA Special Enrollment Rights – A federal law called HIPAA requires that we notify you about an important provision in the plan - your right to enroll in the plan under its "special enrollment provision" if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program). If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 60 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Loss of Coverage for Medicaid or a State Children's Health Insurance Program. If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

New Dependent by Marriage, Birth, Adoption, or Placement for Adoption. If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 60 days after the marriage, birth, adoption, or placement for adoption.

Eligibility for Medicaid or a State Children's Health Insurance Program. If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact the Benefits Division 904.255.5555.

Important Warning
If you decline enrollment for yourself or for an eligible dependent, you must complete a "Form for Employee to Decline Coverage." On the form, you are required to state that coverage under another group health plan or other health insurance coverage (including Medicaid or a state children's health insurance program) is the reason for declining enrollment, and you are asked to identify that coverage. If you do not complete the form, you and your dependents will not be entitled to special enrollment rights upon a loss of other coverage as described above, but you will still have special enrollment rights when you have a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, as described previously. If you do not gain special enrollment rights upon a loss of other coverage, you cannot enroll yourself or your dependents in the plan at any time other than the plan's annual open enrollment period, unless special enrollment rights apply because of a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan.

Availability of Summary Health Information – As an employee, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury.

Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC), which summarizes important information about your health plan option(s). This summary is in a standard format, as regulated by the Patient Protection and Affordable Care Act, to help you compare options. The standard format enables readers to conduct an apples-to-apples comparison.

We are pleased to provide you with the Summary of Benefits and Coverage (SBC) for your plan(s) along with the Health and Human Services uniform glossary that is to be paired with the SBC when distributed to employees.

The SBC(s) are available here: **www.jacksonville.gov/benefits**.

The glossary can be found here: **www.cms.gov/cciio/resources/forms-reports-and-other-resources/downloads/uniform-glossary-01-2020.pdf**.

A complimentary paper copy is available upon request by calling 904.255.5555. Participants and beneficiaries may request an electronic SBC from the Benefits Division.

Women's Health and Cancer Rights Act – If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 ("WHCRA"). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the plan.

Annual Notices

This section contains important information about your benefits and rights. Please read the following pages carefully and contact the Benefits Division with any questions you have.

Newborns' and Mothers' Health Act – Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Patient Protection – The disclosure is applicable to the following plan(s): Florida Blue -BlueCare HMO; Blue Options 05782; UF Health EPO plan; Elite PPO with DHV; BlueCare HMO 128/129 QHDHP.

Designation of Primary Care Providers: Florida Blue generally requires the designation of a primary care provider and UF Health allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our networks and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact Florida Blue at www.floridablue.com for UF Health providers and Florida Blue Primary Care providers.

Designation of Pediatricians as Primary Care Providers: For children, you may designate a pediatrician as the primary care provider.

Access to OBGYN without Referrals: You do not need prior authorization from Florida Blue 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 Florida Blue at www.floridablue.com for UF Health providers and Florida Blue providers.

Wellness Program – Florida Blue's Better You Strides (BYS) is a voluntary wellness program available to all full-time employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening, which will include a blood test for Cholesterol and Glucose testing. You are not required to complete the HRA or to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program will receive an incentive of activity based points for completing various items. Although you are not required to complete the HRA or participate in the biometric screening, only employees who do so will receive points for these items.

Additional incentives of up to unlimited points per year may be available for employees who participate in certain health-related activities including step challenges, vision exams, dental exams, fitness activities, mammograms, colonoscopies, and many more, or achieve certain health outcomes including lowered cholesterol, lower risk of heart disease, diabetes, quitting smoking, losing weight, increased happiness, improved mental wellbeing, improved financial wellbeing and others.

If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Chief of the Benefits Division. 904.255.5555.

The information from your HRA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as recommended custom wellness activities. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information: We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and BYS may use aggregate information it collects to design a program based on identified health risks in the workplace, BYS will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive.

Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is BYS in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Additional Protections are maintained by BYS.

Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, Florida Blue will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

Annual Notices

This section contains important information about your benefits and rights. Please read the following pages carefully and contact the Benefits Division with any questions you have.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Chief of the Benefits Division at 904.255.5555.

Michelle's Law – Requires group health plans to provide continued coverage for a dependent child covered under the plan if the child loses eligibility under City of Jacksonville's Group Health Medical Plan because of the loss of student status resulting from a medically necessary leave of absence from a post-secondary educational institution. If your child is covered under City of Jacksonville's Group Health Medical Plan, but will lose eligibility because of a loss of student status caused by a medically necessary leave of absence, your child may be able to continue coverage under our plan for up to one year during the medically necessary leave of absence. This coverage continuation may be available if on the day before the medically necessary leave of absence begins your child is covered under City of Jacksonville's Group Health Medical Plan and was enrolled as a student at a post-secondary educational institution.

A "medically necessary leave of absence" means a leave of absence from a post-secondary educational institution (or change in enrollment status in that institution) that: (1) begins while the child is suffering from a serious illness or injury, (2) is medically necessary, and (3) causes the child to lose student status as defined under our plan.

The coverage continuation is available for up to one year after the first day of the medically necessary leave of absence and is the same coverage your child would have had if your child had continued to be a covered student and not needed to take a medical leave of absence.

Coverage continuation may end before the end of one year if your child would otherwise lose eligibility under the plan – for example, by reaching age 30.

If your child is eligible for this coverage continuation and loses coverage under the plan at the end of the continuation period, COBRA continuation may be available at the end of the Michelle's Law coverage continuation period.

If you have any questions concerning this notice or your child's right to continued coverage under Michelle's law, please contact Chief of the Benefits Division at 904.255.5555.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a state listed in this article, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are not currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 877.KIDS.NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 866.444.EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2026. Contact your state for more information on eligibility.

ALABAMA – Medicaid

myalhipp.com
855.692.5447

ALASKA – Medicaid

The AK Health Insurance Premium Payment Program
myakhipp.com | 866.251.4861
CustomerService@MyAKHIPP.com
Medicaid Eligibility: health.alaska.gov/dpa/Pages/default.aspx

ARKANSAS – Medicaid

myarhipp.com
855.692.7447

CALIFORNIA – Medicaid

Health Insurance Premium Payment (HIPP) Program
dhcs.ca.gov/services/health-insurance-premium-payment-program-cost-avoidance/
916.445.8322 | Fax: 916.440.5676 | Email: hipp@dhcs.ca.gov

Annual Notices

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP) – (continued)

COLORADO – Medicaid and CHIP

Health First Colorado
www.healthfirstcolorado.com
Member Contact Center: 800.221.3943 | State Relay 711
Child Health Plan Plus (CHP+)
hcpf.colorado.gov/child-health-plan-plus
Customer Service: 800.359.1991 | State Relay 711
Health Insurance Buy-In Program (HIBI): mycohibi.com
HIBI Customer Service: 855.692.6442

FLORIDA – Medicaid

flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp
877.357.3268

GEORGIA – Medicaid

GA HIPP Website: medicaid.georgia.gov/health-insurance-premium-payment-program-hipp
678.564.1162, Press 1
GA CHIPRA Website: medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra
678.564.1162, Press 2

ILLINOIS – Medicaid

Illinois Medicaid Premium Assistance Information
Medicaid application website: https://abe.illinois.gov
HIPP Hotline Number: 217-524-8268
HIPP Email: mhfs.boc.hipp@illinois.gov

INDIANA – Medicaid

Health Insurance Premium Payment Program
All other Medicaid: in.gov/medicaid | 877.403.0864
Family and Social Services Administration: in.gov/fssa/dfr | 800.457.4584

IOWA – Medicaid and CHIP (Hawki)

Medicaid Website: Iowa Medicaid | Health & Human Services
Medicaid Phone: 800.338.8366
Hawki Website: Hawki - Healthy and Well Kids in Iowa | Health & Human Services
Hawki Phone: 800.257.8563
HIPP Website: Health Insurance Premium Payment (HIPP) | Health & Human Services (iowa.gov)
HIPP Phone: 888.346.9562

KANSAS – Medicaid

kancare.ks.gov
800.792.4884 | HIPP Phone: 800.967.4660

KENTUCKY – Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP):
chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx
855.459.6328 | KIHIPP.PROGRAM@ky.gov
KCHIP: kynect.ky.gov | 877.524.4718
Medicaid: chfs.ky.gov/agencies/dms

LOUISIANA – Medicaid

Louisiana Medicaid Website: www.ldh.la.gov/healthy-louisiana
Medicaid Customer Service Line: 888.342.6207
Louisiana Medicaid email: healthy@la.gov
Louisiana Health Insurance Premium Program (LaHIPP) Website: www.ldh.la.gov/lahipp
LaHIPP phone: 877.697.6703
LaHIPP email: La.HIPP@la.gov
LaHIPP fax: 888.716.9787
LaHIPP mailing address: 100 Crescent Centre Parkway, Suite 1000 Tucker, GA 30084

MAINE – Medicaid

Enrollment: mymaineconnection.gov/benefits/s/?language=en_US
800.442.6003 | TTY: Maine relay 711
Private Health Insurance Premium: maine.gov/dhhs/ofi/applications-forms
800.977.6740 | TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

www.mass.gov/masshealth/pa
800.862.4840 | TTY: 711 | Email: masspremassistance@accenture.com

MINNESOTA – Medicaid

mn.gov/dhs/health-care-coverage
800.657.3672

MISSOURI – Medicaid

dss.mo.gov/mhd/participants/pages/hipp
573.751.2005

Annual Notices

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP) – (continued)

MONTANA – Medicaid

dphhs.mt.gov/MontanaHealthcarePrograms/HIPP
800.694.3084 | Email: HHSHIPPProgram@mt.gov

NEBRASKA – Medicaid

accessnebraska.ne.gov
Phone: 855.632.7633 | Lincoln: 402.473.7000 | Omaha: 402.595.1178

NEVADA – Medicaid

dhcfp.nv.gov
800.992.0900

NEW HAMPSHIRE – Medicaid

dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program
603.271.5218 | Toll free number for the HIPP program: 800.852.3345, ext. 15218
Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov

NEW JERSEY – Medicaid and CHIP

Medicaid: nj.gov/humanservices/dmahs/individuals-families/familycare/
800.356.1561
CHIP Premium Assistance Phone: 609.631.2392
CHIP Website: njfamilycare.org
CHIP Phone: 800.701.0710 (TTY: 711)

NEW YORK – Medicaid

health.ny.gov/health_care/medicaid/
800.541.2831

NORTH CAROLINA – Medicaid

medicaid.ncdhhs.gov
919.855.4100

NORTH DAKOTA – Medicaid

hhs.nd.gov/healthcare
844.854.4825

OKLAHOMA – Medicaid and CHIP

insureoklahoma.org
888.365.3742

OREGON – Medicaid

healthcare.oregon.gov/Pages/index.aspx
800.699.9075

PENNSYLVANIA – Medicaid and CHIP

pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program- hipp
800.692.7462
CHIP Website: hdhs.pa.gov/CHIP/Pages/CHIP.aspx
CHIP Phone: 800.986.KIDS (5437)

RHODE ISLAND – Medicaid and CHIP

eohhs.ri.gov
855.697.4347 or 401.462.0311 (Direct RIte Share Line)

SOUTH CAROLINA – Medicaid

scdhhs.gov
888.549.0820

SOUTH DAKOTA – Medicaid

dss.sd.gov
888.828.0059

TEXAS – Medicaid

hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program
800.440.0493

UTAH – Medicaid and CHIP

Utah's Premium Partnership for Health Insurance (UPP): medicaid.utah.gov/upp
Email: upp@utah.gov
Phone: 888.222.2542
Adult Expansion Website: medicaid.utah.gov/expansion/
Utah Medicaid Buyout Program Website: medicaid.utah.gov/buyout-program/
CHIP Website: chip.utah.gov

VERMONT – Medicaid

dvha.vermont.gov/members/medicaid/hipp-program
800.250.8427

Annual Notices

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP) – (continued)

VIRGINIA – Medicaid

Website: coverva.dmas.virginia.gov/learn/premium-assistance/famis-select
coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs
Medicaid/CHIP Phone: 800.432.5924

WASHINGTON – Medicaid

Website: hca.wa.gov
Phone: 800.562.3022

WEST VIRGINIA – Medicaid and CHIP

Website: bms.wv.gov/
mywvhipp.com/
Medicaid Phone: 304.558.1700
CHIP Toll-free phone: 855.MyWVHIPP (855.699.8447)

WISCONSIN – Medicaid and CHIP

www.dhs.wisconsin.gov/badgercareplus/p-10095
800.362.3002

WYOMING – Medicaid

health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility
800.251.1269

To see if any other states have added a premium assistance program since July 31, 2026, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Benefits Division Security Administration
www.dol.gov/agencies/ebsa
866.444.EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
877.267.2323
Menu Option 4, Ext. 61565

OMB Control Number 1210-0137 (expires 5/31/2029)

Medicare D Notice

Important notice from the City of Jacksonville 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 The City of Jacksonville 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 a minimum standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. The City of Jacksonville has determined that the prescription drug coverage administered by Florida Blue is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is 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.

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 October 15th through December 7th.

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?

If you decide to join a Medicare drug plan, your current City of Jacksonville coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current City of Jacksonville coverage, be aware that you and your dependents may not be able to get this coverage back.

Annual Notices

Medicare D Notice (continued)

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 The City of Jacksonville 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 have 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 have 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:

Contact the Benefits Division for further information. NOTE: You'll get this notice each year. You will receive it before the next period you can join a Medicare drug plan and if this coverage through The City of Jacksonville changes. You also may request a copy of this notice at any time.

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 will receive a copy of the handbook in the mail from Medicare every year. You may also be contacted directly by Medicare drug plans.

For More Information About Medicare Prescription Drug Coverage:

- Visit **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 **www.socialsecurity.gov**, or call them at 800.772.1213 (TTY 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).

Date:	October 1, 2026
Name of Entity / Sender:	The City of Jacksonville
Contact / Title:	Benefits Division
Address:	117 West Duval Street, Suite 150 Jacksonville, FL 32202
Phone Number:	904.255.5555

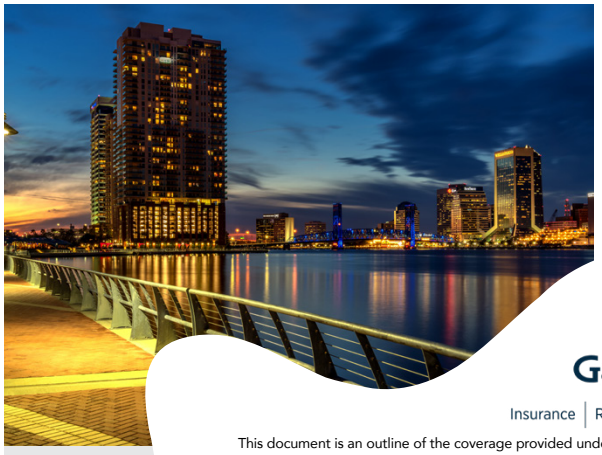
Notice of Privacy Practices

We take your privacy seriously. You may obtain a copy of our Notice of Privacy Practices by either:

- Calling the Benefits Division at 904.255.5555 or
- Logging onto **www.jacksonville.gov/benefits**

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Gallagher

Insurance | Risk Management | Consulting

This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Benefits Division.

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