



**CITY OF  
JACKSONVILLE  
EMPLOYEE  
BENEFIT  
GUIDE  
2025**



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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](http://www.jacksonville.gov/mayordeegan)



# Carefully Designed with YOU In Mind

We're committed to making sure you get the benefits package that's right for you and your family. Our package combines the peace of mind that comes with excellent medical care.

Enrollment is your chance to ensure that your benefits package is right for you. Medical coverage, dental and vision care, retirement benefits, and life insurance options are built around you and created to keep you in great shape, physically and financially.

Please take the time to read through this booklet and understand all the options available to you. As a whole, we think we've created a benefit package that gives you outstanding support, whether you're at work, at home or even on vacation.



# Selecting Your Plans

## When you're first hired

Your benefit eligibility date, when your coverage begins, is the first day of the month following your employment date if you work 20 hours or more per week. If your employment date is the first day of the month, your benefits will be effective on your employment date. You must complete your enrollment prior to your eligibility date and all required documentation must be provided prior to your benefits eligibility date. The benefit deductions from your first paycheck of the month is for benefit coverage from the 1st – 15th, the benefit deductions from your second paycheck of the month is for benefit coverage from the 16th – the end of the month. If there is a third paycheck in a month then no benefit deductions will occur. Any corrections must be made within the first 31 days of enrollment.

## If you have a life change (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 Employee Benefits 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.



# COVERING your FAMILY



MEDICAL

X

X

Until their 26th birthday, unless they have access to group benefits through their own employer

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

LIFE  
INSURANCE

X

X

Child(ren) are eligible 0-26 years of age.

**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 Employee Benefits if this applies to you.

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



# FIND THE MEDICAL PLAN THAT'S BEST FOR YOU

## Compare Your Options

	General Employees Only	Provider Choice	Referrals Required
FLORIDA BLUE	<b>BLUEOPTIONS/UF HEALTH EPO 03768</b>	<b>In-Network care only</b> Except in the case of a true emergency, the UF Health EPO plan only covers care through in-network providers.	<b>NO,</b> (certain specialists require referrals separate from insurance)
	<b>BLUECARE 48 HMO</b>	<b>In-Network care only</b> Except in the case of a true emergency, the BlueCare plan only covers care through in-network providers.	<b>NO,</b> but a primary care physician (PCP) designation is required
	<b>BLUECARE 65 HMO HDHP</b>	<b>In-Network care only</b> Except in the case of a true emergency, the BlueCare plan only covers care through in-network providers.	<b>NO,</b> but a primary care physician (PCP) designation is required
	<b>BLUEOPTIONS PPO 05782</b>	<b>You may use any provider you choose</b> However, you will receive better benefits and pay less for care if you use in-network providers	<b>NO,</b> (certain specialists require referrals separate from insurance)



**Denis Woods**  
904.255.5570

### 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.

# Medical Insurance

General Employees Only	BlueOptions 03768 UF Health Plan EPO	BlueCare 48 HMO	BlueCare 65 HMO HDHP	BlueOptions 05782 PPO
<b>IN-NETWORK COVERAGE</b>				
<b>DEDUCTIBLE</b> DED	\$400 single; \$800 family	\$500 single; \$1,000 family	\$2,000 single; \$4,000 family	\$1,000 single; \$2,000 family
<b>OUT-OF-POCKET MAXIMUM</b>	<i>Combined medical and pharmacy</i>	<i>Combined medical and pharmacy</i>	<i>Combined medical and pharmacy</i>	<i>Combined medical and pharmacy</i>
<b>MEDICAL</b>	\$3,000 single \$6,000 family	\$3,000 single \$6,000 family	\$6,500 single \$13,000 family	\$6,500 single \$13,000 family
<b>PREVENTIVE CARE</b>	<b>100% covered</b>	<b>100% covered</b>	<b>100% covered</b>	<b>100% covered</b>
<b>PRIMARY DOCTOR VISIT</b>	\$10	\$25	\$25	\$30
<b>SPECIALIST DOCTOR VISIT</b>	\$30	\$35	DED then 30%	\$40
<b>INDEPENDENT LABS</b>	100% covered	100% covered	100% covered	100% covered
<b>X-RAYS</b>	\$30	\$30	DED then 30%	\$35
<b>IMAGING: MRI / CT / PET</b>	\$100	\$300	DED then 30%	\$300
<b>URGENT CARE CENTER</b>	\$25	\$30	\$25	\$35
<b>EMERGENCY ROOM</b>	DED then 20%	\$300 then 30%	DED then 30%	\$300 Copay then 30%
<b>INPATIENT HOSPITAL</b>	DED then 20%	DED then 30%	DED then 30%	DED then 30%
<b>OUTPATIENT SURGERY</b>	DED then 20%	DED then 30%	DED then 30%	DED then 30%
<b>OUT-OF-NETWORK COVERAGE (plus balance billing)</b>				
<b>DEDUCTIBLE</b>	Not Covered	Not Covered	Not Covered	\$1,000 single; \$2,000 family
<b>COINSURANCE</b>	Not Covered	Not Covered	Not Covered	50% after deductible
<b>OUT-OF-POCKET MAXIMUM</b>	Not Covered	Not Covered	Not Covered	\$9,000 single; \$18,000 family

## Pharmacy Coverage Effective 1/1/2025, 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
<b>GENERIC</b>	\$10	\$20	\$10	\$20	\$10	\$20	\$10	\$20
<b>PREFERRED BRAND</b>	\$60	\$120	\$60	\$120	\$60	\$120	\$60	\$120
<b>NON-PREFERRED</b>	\$100	\$200	\$100	\$200	\$100	\$200	\$100	\$200
<b>NEW SPECIALTY COPAY</b>	\$250	\$250	\$250	\$250	\$250	\$250	\$250	\$250



# Seeking Care When Your Regular Doctor Isn't Available

## 24-hour Nurse Line

Get free 24/7 advice and support from a nurse advocate or care consultant.  
Call 1.877.352.5830



### General Employees Only

### Convenience Clinic

### Urgent Care

### Emergency Room

Generally staffed by a Nurse Practitioner and located inside a drugstore (Walgreens or CVS)

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.



# 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.



# Telemedicine Options

## TELADOC (Medical, Dermatology, Mental Health)

# BetterYou


## STRIDES

<b>OPEN HOURS</b>	Teladoc gives you access 24 hours, 7 days a week to a U.S. board-certified doctor through the convenience of phone, video or mobile app visits.		
<b>TYPICAL VISIT LENGTH</b>	Less than 30 minutes	<b>YOUR COST</b>	\$10 for the BlueOptions 03768 plan \$15 for the BlueCare 48 & 65 plans \$20 for the BlueOptions 5782 plan
<b>WEBSITE</b>	Teladoc.com	<b>CALL</b>	1.800.Teladoc (835.2362)

**For full time employees only:**  
It's simple to get started or engage with Better You Strides!

**REGISTER NOW** by logging into your member account at [www.floridablue.com](http://www.floridablue.com), click Health & Wellness, then Better You Strides.

### GET REWARDED FOR YOUR HEALTHY BEHAVIORS




### 1


**Online:**  
Go to [Teladoc.com](http://Teladoc.com) and click "set up account".

**Mobile app:**  
Download the app and click "Activate account"  
Visit [teladoc.com/mobile](http://teladoc.com/mobile) to download the app

**Call Teladoc:**  
Teladoc can help you register your account over the phone.




**SETUP YOUR ACCOUNT**  
Set up your account by web or mobile app.




### EARN POINTS

- Earn points each time you complete a verified activity or achieve a wellness goal.
- Earning points helps you work toward a higher Status Level.



### EARN BUCKS


Healthy activities accrue points and earn you a \$75 incentive gift card for each Status Level up to Platinum.



### GET REWARDED


Choose gift cards from a variety of 38 retailers/vendors.

### 2







**PROVIDE MEDICAL HISTORY**  
Your medical history provides Teladoc doctors with the information they need to make an accurate diagnosis.


### 3



**REQUEST A CONSULT**  
Once your account is set up, request a consult anytime you need care. Talk to a doctor by phone, web or mobile app.

### HERE'S HOW MANY POINTS YOU NEED TO MOVE UP IN STATUS LEVELS:

 <b>BRONZE</b> 1,500 POINTS \$75 GIFT CARD	 <b>SILVER</b> 3,000 POINTS \$75 GIFT CARD	 <b>GOLD</b> 4,500 POINTS \$75 GIFT CARD	 <b>PLATINUM</b> 6,000 POINTS \$75 GIFT CARD
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 **Denis Woods**  
904.255.5570

**Website:** [www.FloridaBlue.com](http://www.FloridaBlue.com)  
**Phone:** 800.352.2583



# Map Your Personal Path to Health

## Map Your Personal Path to Health



### A Personal Plan for You

Better You Strides creates a personal health Journey for you—a custom-made plan with recommended actions to reach your health goals. Activities cover healthy eating, tips to move more and ways to feel happier. Discover the fun of building healthy habits through activities, videos and quizzes. As you progress, your Journey evolves, offering challenges and activities to help you stay motivated.



### Your Mobile Fitness Partner

Tap into your personal health Journey from your smartphone, tablet or computer to track your progress or get support any time, anywhere. Better You Strides can integrate with more than 100 health and wellness wearable devices and mobile app trackers. That makes tracking your progress even easier.

### Allowable Activities

- Online Health Assessment
- Biometric Screening (Full-time employees, one per year)
- **Introducing Dermascan & Bone Density screening**
- Healthy Cholesterol ratio (5.0 or lower)
- Healthy Blood Pressure (119/79 or lower)
- Healthy BMI (BMI range between 18.50-24.99)
- Tobacco Free (1 year)
- Download or Access AlwaysOn App
- Self-Guided Digital Programs
- Wellness Device Usage
- Corporate Challenges
- Better You OnDemand Videos
- Better You Next Steps Health Coaching
- Better You Healthy Addition (Florida Blue subscribers only)
- Listen to a Podcast
- Read an Article
- Preventative Screenings
- Donate Blood
- CPR/First Aid Certification
- Athletic Events





# Healthy Addition Prenatal Program and Next Steps Health Coaching

## No extra cost for moms-to-be

Every expectant mother wants the best for her baby. Early prenatal care and education may reduce the chances of pregnancy complications.

## What can Healthy Addition do for you?

Florida Blue has found some great ways to help give you and your baby the best care available, even before they are born. When you enroll in our Healthy Addition Prenatal Program, you'll receive the following to help you be as healthy as possible:

- Quick access to a Registered Nurse
- Coaching on maintaining a healthy lifestyle
- Free educational material
- Information on obtaining a breast pump

## Did you know?

Be aware of preterm labor warning signs! Tell your doctor immediately if you have:

- Uterine contractions
- Menstrual-like cramps
- Low, dull backaches
- Pelvic pressure
- Unusual vaginal discharge or bleeding

Many moms-to-be have enrolled in Healthy Addition. Join them! Here are two easy ways to enroll:

Email: [healthyaddition@floridablue.com](mailto:healthyaddition@floridablue.com)  
 Call: 800.955.7635, Option 6  
 Monday–Friday, 8 a.m.–5:30 p.m. EST

## HEALTH COACHING PROGRAM

Individual health coaching can support your journey toward optimal health through education and motivation. It's available to you at no extra cost.

### Areas of wellness focus

- One-on-one support from a Registered Nurse Certified Health Coach to help you:
  - Adopt healthy eating habits
  - Lose weight
  - Find ways to add more activity into your day
  - Learn ways to manage stress
  - Manage high cholesterol, blood pressure and blood sugar
- Quit using nicotine
- Programs to help you learn about and manage blood pressure, diabetes and cholesterol, with additional programs done on request—all available at no extra cost.

Email: [nextsteps@floridablue.com](mailto:nextsteps@floridablue.com)  
 Call: 800.477.3736 ext. 54837  
 TTY: 800.955.8771, or 711  
 Monday–Friday, 8 a.m.–5 p.m. EST



# TRICARE Supplement Insurance Policy Overview

**Deductibles:**

- \$100 per person
- \$200 per family

memberservices@selmanco.com  
 Mail: Attn: TRICARE Supplement Insurance Plan, SelmanCo  
 One Integrity Parkway  
 Cleveland, OH 44143-1500  
 833.731.2125; Option #1,  
 9:00am - 7:00pm ET, Monday-Friday  
 FAX: 301.926.2621  
 Policy Numbers: AGP-5944, AGP-594401,  
 AGP-594402, AGP-594408

<b>Benefit</b>	<b>Benefit Payment</b>	<b>Insured Pays</b>
<b>TRICARE WITH SUPPLEMENT</b>		
<b>TRICARE DEDUCTIBLE</b>	50% of TRICARE Deductible (applied to Supplement Plan Deductible)	50% of TRICARE Deductible and 100% of TRICARE Supplement Deductibles
<b>INPATIENT AND OUTPATIENT BENEFITS, INCLUDING OUTPATIENT SURGERY SERVICES</b>	100% of Co-pays and Cost Share remaining after TRICARE pays, after Supplement Plan Deductible is met, until TRICARE Catastrophic Cap is reached	\$0
<b>EXCESS BENEFIT</b>	100% of Covered Expenses in excess of TRICARE allowed amount, not to exceed the Legal Limit	\$0
<b>PHARMACY REIMBURSEMENT BENEFIT</b>	100% of Co-pays and Cost Share remaining, not to exceed any TRICARE allowed or negotiated amount after Supplement Plan Deductible is met until TRICARE Catastrophic Cap is reached	\$0
<b>TRICARE PRIME WITH SUPPLEMENT</b>		
<b>TRICARE DEDUCTIBLE</b>	25% of TRICARE Prime POS Deductible (eligible charges used to satisfy TRICARE Deductible applied to Supplement Plan Deductible)	75% of TRICARE Prime POS and 100% of TRICARE Supplement Deductibles
<b>INPATIENT AND OUTPATIENT BENEFITS, INCLUDING OUTPATIENT SURGERY SERVICES</b>	100% of Co-pays and Cost Share remaining after TRICARE pays, after Supplement Plan Deductible is met, until TRICARE Catastrophic Cap is reached	\$0
<b>EXCESS BENEFIT</b>	100% of Covered Expenses in excess of TRICARE allowed amount, not to exceed the Legal Limit	\$0
<b>PHARMACY REIMBURSEMENT BENEFIT</b>	100% of Co-pays and Cost Share remaining, not to exceed any TRICARE allowed or negotiated amount after Supplement Plan Deductible is met until TRICARE Catastrophic Cap is reached	\$0



# TRICARE Supplement Insurance Policy Overview

## Deductibles:

- \$100 per person
- \$200 per family

memberservices@selmanco.com  
 Mail: Attn: TRICARE Supplement Insurance Plan, SelmanCo  
 One Integrity Parkway  
 Cleveland, OH 44143-1500  
 833.731.2125; Option #1,  
 9:00am - 7:00pm ET, Monday-Friday  
 FAX: 301.926.2621  
 Policy Numbers: AGP-5944, AGP-594401,  
 AGP-594402, AGP-594408

Benefit	Benefit Payment	Insured Pays
<b>TRICARE RETIRED RESERVES WITH SUPPLEMENT</b>		
<b>TRICARE DEDUCTIBLE</b>	50% of TRICARE Deductible (applied to Supplement Plan Deductible)	50% of TRICARE Deductible and 100% of TRICARE Supplement Deductibles
<b>INPATIENT AND OUTPATIENT BENEFITS, INCLUDING OUTPATIENT SURGERY SERVICES</b>	100% of Co-pays and Cost Share remaining after TRICARE pays, after Supplement Plan Deductible is met, until TRICARE Catastrophic Cap is reached	\$0
<b>EXCESS BENEFIT</b>	100% of Covered Expenses in excess of TRICARE allowed amount, not to exceed the Legal Limit	\$0
<b>PHARMACY REIMBURSEMENT BENEFIT</b>	100% of Co-pays and Cost Share remaining, not to exceed any TRICARE allowed or negotiated amount after Supplement Plan Deductible is met until TRICARE Catastrophic Cap is reached	\$0

**Note: After you have met both your TRICARE and TRICARE Supplement Insurance Plan deductibles, the supplemental insurance plan pays 100% of your approved expenses not paid by TRICARE. Note: Benefits are payable for covered cost share amounts up to the TRICARE Catastrophic Cap. The Catastrophic Cap is the maximum out-of-pocket amount you will pay each calendar year (January 1 – December 31) for TRICARE-covered services.**

This is not Medicare Supplement Insurance.





# Dental Insurance

## Dental care that makes you smile

**General Employees Only**

**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 Humana Dental network.

<b>MAXIMUM BENEFIT</b>	\$1,500 per person per year		\$2,000 per person per year		\$5,000 per person per year	
<b>DEDUCTIBLE</b> <small>DED</small>	\$50 per person; \$150 family max		\$100 per person; \$300 family max		\$500 per person; \$1,500 family max	
<b>HUMANA PPO COVERAGE</b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>	<b>IN- AND OUT-OF NETWORK</b>		<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
<b>PREVENTIVE CARE</b>	100% covered (no deductible)	80% covered (no deductible)	100% covered (no deductible)		100% covered (no deductible)	80% covered (no deductible)
<b>BASIC SERVICES</b>	<small>DED</small> then 20%	<small>DED</small> then 50%	<small>DED</small> then 20%		<small>DED</small> then 20%	
<b>MAJOR SERVICES</b>	<small>DED</small> then 50%		<small>DED</small> then 50%		<small>DED</small> then 50%	
<b>ORTHODONTIA</b>	Not Covered		50%; \$2,000 lifetime maximum		50%; \$5,000 lifetime maximum	



# Dental Insurance

**New 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. Additionally, the plan now includes JetDental and Byte, offering members access to these additional dental services.

General Employees Only

## NEW DHMO Plan

### DENTIST CHOICE

**In-Network care only**

The DHMO plan requires you to choose a Humana dentist as your primary care dentist.

### MAXIMUM BENEFIT

Not applicable

### DEDUCTIBLE DED

Not applicable

### IN-NETWORK ONLY (EXAMPLES OF CHARGES)

PREVENTIVE CARE	ROUTINE OFFICE VISIT (9430)	No charge
	TEETH CLEANING (1110)	No charge
	FULL MOUTH X-RAYS (0330)	No charge
BASIC SERVICES	FILLINGS (2140)	\$5
	EXTRACTIONS (7140)	No charge
	ENDODONTICS (3330)	\$250
MAJOR SERVICES	PERIODONTAL SCALING (4341)	\$55
	FULL / PARTIAL DENTURES (5110)	\$375
	CROWNS (2752)	\$270
ORTHODONTIA	CHILD: \$1,900   ADULT: \$1,900	



# Vision Coverage

## Focus on your vision

General Employees Only		BASIC PLAN	PREMIER PLAN
		In-Network (Advantage Network)	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		



# Flexible Spending Accounts

Tax free funds for life's expenses

## Health And Dependent Care

Pay for qualifying health care and dependent care expenses with tax-free money using a Flexible Spending Account (FSA), administered by Ameriflex.

### Health Care FSA

Pay for qualifying medical, pharmacy, dental, and vision expenses using pretax funds with a Health Care FSA

<b>CONTRIBUTION MAXIMUM</b>	\$3,300 (\$137.50 per paycheck)
<b>TIME PERIOD FOR CLAIMS</b>	January 2025 through March 15, 2026
<b>TIME PERIOD TO SUBMIT CLAIMS</b>	through March 31, 2026

### Dependent Care FSA

Pay for qualifying dependent care on behalf of an eligible individual with pretax funds. Eligible individuals are typically defined as a dependent child under the age of 13 or a spouse who is physically or mentally incapable of self-care

<b>CONTRIBUTION MAXIMUM</b>	\$5,000 (\$208.33 per paycheck) \$2,500 if married filing separately
<b>TIME PERIOD FOR CLAIMS</b>	January 2025 through March 15, 2026
<b>TIME PERIOD TO SUBMIT CLAIMS</b>	through March 31, 2026

**GOOD TO KNOW:**

- To be reimbursable, eligible expenses must be necessary for you and your spouse (if applicable) to work, attend school, or look for work.
- Only the amount you've contributed year to date is available at any one time.

## Parking And Transit

Pay for qualifying commuter, transit, vanpooling, and parking expenses with tax free money using a Commuter Benefit account administered by Ameriflex.

### Transit Benefits

Save money for public transportation taken to and from work.

### Parking Benefits

Parking passes may be purchased with your Ameriflex debit card, or out-of-pocket and be reimbursed via direct deposit or check from Ameriflex.

### Vanpooling Benefits

Share a commute with a group of people through an official vanpooling or rideshare system (six or more adults, excluding the driver) and use your Ameriflex debit card to pay.

**WILL THIS PLAN HELP YOU?**

See the Commuter expenses information on [www.jacksonville.gov/benefits](http://www.jacksonville.gov/benefits) for more information on this benefit.



# Care For Yourself And Your Family

## Employee Assistance Program

The City offers all full-time employees and their families a confidential Employee Assistance Program (EAP) through Health Advocate. You are automatically enrolled and have free, unlimited, confidential access to licensed counselors 24 hours a day, 7 days a week for assessment, short-term problem resolution, and community resource referrals.

In addition, each employee and family member can receive up to six face-to-face visits with a counselor for each issue each calendar year.

### Available EAP services include:

#### CORE SERVICES

General counseling for stress, depression, family issues, substance abuse, child care, work life services, educational resources, marriage counseling and elder care resources.

#### FINANCIAL PLANNING

Resources for investment plans, estate planning, debt reduction, retirement planning, bankruptcy, tax support, college funding, and budget management.

#### LEGAL SERVICES

Referrals and discounts for services such as creating or modifying a will, consumer issues, criminal matters, traffic citations, living wills, power of attorney, separation and divorce.

#### MEDIATION REFERRALS

Referrals for divorce, child custody, estate settlement, family disputes, real estate matters, financial collections, and contractual disputes.

## Parental Leave Program

Parents employed by the City are offered six weeks of paid leave following the birth or adoption of a child based on the FMLA eligibility requirements.

Statistics support that paid leave can have a positive impact on the health of children and families. In addition to health benefits, there are also long-term economic benefits for both families and employers who offer paid leave. The benefit is available to both the father and mother of the child if both are City employees.



**Nettie Gibson**

904.255.5580

NettieC@coj.net



# Health Advocate

Emotional support when you need it.

City of Jacksonville has partnered with Health Advocate to offer you personalized support to find balance and gain control during life's challenges, all at no cost to you!

Health Advocate is completely confidential. In a crisis, help is available 24/7.

## Emotional Support

Your Employee Assistance Program (EAP) offers confidential support from Licensed Counselors who can help you work through issues impacting your life and well-being.

Our Counselors can help address:

- Anger, grief, loss, anxiety, depression
- Job stress, burnout, work conflicts
- Marital relationships, family issues
- Addiction, eating disorders, mental illness

## Work and Life Balance

Through EAP, you also have access to a team of Work/Life Specialists to help find resources to better balance work and life and feel more productive.

Our Work/Life Specialists can help with:

- Time management
- Locating childcare and eldercare resources and concerns
- Personal/family/elder law, identity theft
- Financial resources for debt management, budgeting, credit issues
- Plus, we can connect you to financial and legal consultants



Simply call us. We offer compassionate support over the phone and can review other options for counseling. If needed, we'll help you connect with the appropriate professionals for long-term support.

# Help for Stress is Here

Our lives today are ever more complex, fast-moving and changing, increasing our stress load in any number of ways. It can feel like there is no way out of it. But feeling overwhelmed and fatigued doesn't have to be a way of life.

These tips will help you gain control of your stress to feel more balanced so you can function at your best.

**We're here to help. Health Advocates can get you to the right support and resources to help you improve your health and wellbeing.**

## IDENTIFY THE KEY SOURCE

Is it too many deadlines or personal obligations? Getting to specifics can help lead you to the solutions.

## MAKE AN ACTION PLAN

Some examples: Ask your supervisor about adjusting a deadline or delegating responsibilities; stock up on audiobooks to ease your commute.

## SIMPLIFY EXPECTATIONS AND LET GO OF PERFECTIONISM

Instead of staying up late to bake the perfect cake for an event, opt to buy cupcakes instead, for example.

## PRIORITIZE YOUR TO-DO LIST

Time management is a major stress reducer! Figure out what tasks are most important and finish those first.

## JUST BREATHE

Breathing in deeply through your nose, fully expanding your abdomen, and exhaling slowly through your mouth can quickly calm your nervous system and short-circuit the stress response.

## BLOW OFF SOME STEAM

Find an activity or hobby that gives you a lift, whether it's reading, yoga, crafts, listening to music, or just laying with the dog.

## WORK IT OUT

Even brief physical activity helps release the "feel-good" brain chemicals that can boost a sense of well-being.

## TALK ABOUT IT

Talking through stressful moments can help to release pent-up tension.

# Life Insurance

## Paid for by the City

As a full time employee working a min. of 20 hours per week for the City of Jacksonville, you are provided with life insurance and accidental death and dismemberment (AD&D) coverage at no cost to you through MetLife.

## Coverage Amounts

Please refer to the Certificate of Coverage for your Bargaining Unit to identify the level of coverage for you, your spouse, and your dependent child(ren).

Make sure you designate a beneficiary who will receive your life insurance benefit if you pass away while covered under this policy. Forms are available on the Employee Benefits website.

[www.jacksonville.gov/benefits](http://www.jacksonville.gov/benefits)



## Accidental Death and Dismemberment Insurance (AD&D)

AD&D, or Accidental Death & Dismemberment insurance, is attached to the life insurance you receive through the City of Jacksonville. Your AD&D coverage is for the same amount as your life insurance, and can pay a benefit in one of two ways, death or dismemberment.

- 1. Death:** If your death is caused due to a covered accident, the AD&D benefit pays in addition to your life insurance. This is sometimes called a “double indemnity” because your beneficiary receives both the life insurance amount and the AD&D amount.
- 2. Dismemberment:** If, as the result of a covered accident, you either lose a covered body part (such as a limb) or lose the function of a covered body part, you may receive a percentage of the total AD&D benefit depending on the functions that have been lost.



## Portability: If You Leave The City

If you lose eligibility for life insurance through the City due to ending your employment or retiring, you may choose to continue your life insurance coverage. Contact MetLife within 31 days of the date you lose eligibility for details and to begin the process.



# Coverage for the unexpected

## ADDITIONAL family COVERAGE

**FOR YOU:** Please refer to the Certificate of Coverage for your Bargaining Unit to identify your additional life insurance coverage options through MetLife.

**FOR YOUR DEPENDENTS:** If you are a full-time employee, you have two life insurance options for your eligible dependents. Dependent child(ren) 0-26 years of age are eligible.



	SPOUSE	CHILD(REN)
<b>OPTION ONE</b>	\$10,000	\$5,000
<b>OPTION TWO</b>	\$20,000	\$10,000

# 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](http://www.jacksonville.gov/departments/finance/retirement-system.aspx) for more information about your pension benefits.

#### 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](mailto: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.



1 West Adams Street  
Jacksonville, FL  
32202

Phone: 904.255.7373

Fax: 904.353.8837

General information: [Jaxpfpf@coj.net](mailto:Jaxpfpf@coj.net)

**If you are approaching retirement and wish to access the retiree benefit guide, please click the link [here](#).**

#### Per ord code 2017-258-E

All new full-time employees will contribute to a defined contribution plan. For additional information, please contact Empower Retirement.

City Hall, St. James Building  
117 West Duval Street, Suite 150  
Jacksonville, Florida 32202

Phone: 904.255.5569

Fax: 904.255.5565



## 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](http://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:

#### Jessica Lang

Cell: 904.426.7230 | Office: 904. 255.5572  
[Jessica.Lang@empower.com](mailto:Jessica.Lang@empower.com)

#### Christina Jamieson

Cell: 904.252.4714 | Office: 904.255.5568  
[Christina.Jamieson@empower.com](mailto:Christina.Jamieson@empower.com)

#### David Saliger

Cell: 904.815.1787 | Office: 904.255.5589  
[David.Saliger@empower.com](mailto:David.Saliger@empower.com)

**Empower COJ Office**  
904.255.5569

**Customer Service**  
(855) COJ.4570 (265.4570)  
[www.COJDCP.com](http://www.COJDCP.com)

# Contacts

Service	Provider	Website	Phone Number
Medical Coverage	Florida Blue Group: B3267	<a href="http://www.FloridaBlue.com">www.FloridaBlue.com</a>	800.664.5295
Telehealth	Teladoc	<a href="http://www.teladoc.com">www.teladoc.com</a>	1.800.teladoc (835.2362)
Health and Wellness Better You Strides	Florida Blue	<a href="http://www.FloridaBlue.com">www.FloridaBlue.com</a>	800.352.2583
Amazon Pharmacy Home Delivery	Florida Blue	<a href="http://www.FloridaBlue.com">www.FloridaBlue.com</a>	800.664.5295
Healthy Addition Prenatal Program	Florida Blue	<a href="http://www.FloridaBlue.com">www.FloridaBlue.com</a> <a href="mailto:healthyaddition@floridablue.com">healthyaddition@floridablue.com</a>	800-955-7635, Option 6
Dental Coverage	Humana Group: 773983	<a href="http://www.humana.com">www.humana.com</a>	800.233.4013
Vision Coverage	VSP Vision Group: 30099995	<a href="http://www.vsp.com">www.vsp.com</a>	800.877.7195
Flexible Spending Accounts	Ameriflex	<a href="http://www.myameriflex.com">www.myameriflex.com</a>	888.868.3539
EAP	HealthAdvocate	<a href="http://www.healthadvocate.com">www.healthadvocate.com</a>	877.240.6863
Life Insurance	MetLife Group: 1643314	<a href="http://www.metlife.com">www.metlife.com</a>	866.492.6983
Retirement Benefits	City of Jacksonville	<a href="http://www.jacksonville.gov/departments/finance/retirement-system.aspx">www.jacksonville.gov/departments/finance/retirement-system.aspx</a> <a href="mailto:citypension@coj.net">citypension@coj.net</a>	City of Jacksonville 904.255.7280 FAX: 904.588.0524 Jacksonville Police and Fire Pension Fund 904.255.7373 FAX: 904.353.8837
	Empower	<a href="http://www.cojdcp.com">www.cojdcp.com</a>	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 Employee Benefits 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 Employee 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](http://www.jacksonville.gov/benefits).

The glossary can be found here: [www.cms.gov/ccio/resources/forms-reports-and-other-resources/downloads/uniform-glossary-01-2020.pdf](http://www.cms.gov/ccio/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 Employee Benefits Division.

**Women’s Health and Cancer Rights Act of 1998** – 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 this plan. If you would like more information on WHCRA benefits, call your plan administrator at the number listed on your medical plan ID card.

**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



# Annual Notices (continued)

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hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the 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 48, Florida Blue - Bluecare 65; UF Health EPO plan.

**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](http://www.floridablue.com) for UF Health 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](http://www.floridablue.com) for UF Health 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 Employee Benefits Division at 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.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Chief of Employee 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

# Annual Notices (continued)

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

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 Employee 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](http://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](http://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](http://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 January 31, 2025. Contact

### ALABAMA – Medicaid

[myalhipp.com](http://myalhipp.com)  
855.692.5447

### ALASKA – Medicaid

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

### ARKANSAS – Medicaid

[myarhipp.com](http://myarhipp.com)  
855.692.7447

### CALIFORNIA – Medicaid

Health Insurance Premium Payment (HIPP) Program  
[dhcs.ca.gov/hipp](http://dhcs.ca.gov/hipp)  
916.445.8322 | Fax: 916.440.5676 | Email: [hipp@dhcs.ca.gov](mailto:hipp@dhcs.ca.gov)





# 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+)  
www.colorado.gov/pacific/hcpf/child-health-plan-plus  
Customer Service: 800.359.1991 | State Relay 711  
Health Insurance Buy-In Program (HIBI)  
www.mycohibi.com  
HIBI Customer Service: 855.692.6442

## FLORIDA – Medicaid

www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp  
877.357.3268

## GEORGIA – Medicaid

GA HIPP Website: [medicaid.georgia.gov/health-insurance-premium-payment-program-hipp](https://www.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](https://www.medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra)  
678.564.1162, Press 2

## INDIANA – Medicaid

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

## IOWA – Medicaid and CHIP (Hawki)

Medicaid: [hhs.iowa.gov/programs/welcome-iowa-medicaid](https://www.hhs.iowa.gov/programs/welcome-iowa-medicaid) | 800.338.8366  
Hawki: [hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki](https://www.hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki) | 800.257.8563  
HIPP: [hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp](https://www.hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp) | 888.346.9562

## KANSAS – Medicaid

<https://www.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](https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx)  
855.459.6328 | [KIHIPPPROGRAM@ky.gov](mailto:KIHIPPPROGRAM@ky.gov)  
KCHIP: [kynect.ky.gov](https://kynect.ky.gov) | 877.524.4718  
Medicaid: [chfs.ky.gov/agencies/dms](https://chfs.ky.gov/agencies/dms)

## LOUISIANA – Medicaid

[www.medicaid.la.gov](https://www.medicaid.la.gov) or [www.ldh.la.gov/lahipp](https://www.ldh.la.gov/lahipp)  
888.342.6207 (Medicaid hotline) or 855.618.5488 (LaHIPP)

## MAINE – Medicaid

Enrollment: [www.mymaineconnection.gov/benefits/s/?language=en\\_US](https://www.mymaineconnection.gov/benefits/s/?language=en_US)  
800.442.6003 | TTY: Maine relay 711  
Private Health Insurance Premium: [www.maine.gov/dhhs/ofi/applications-forms](https://www.maine.gov/dhhs/ofi/applications-forms)  
800.977.6740 | TTY: Maine relay 711

## MASSACHUSETTS – Medicaid and CHIP

[www.mass.gov/masshealth/pa](https://www.mass.gov/masshealth/pa)  
800.862.4840 | TTY: 711 | Email: [masspremassistance@accenture.com](mailto:masspremassistance@accenture.com)

## MINNESOTA – Medicaid

[mn.gov/dhs/health-care-coverage](https://mn.gov/dhs/health-care-coverage)  
800.657.3672

## MISSOURI – Medicaid

[www.dss.mo.gov/mhd/participants/pages/hipp](https://www.dss.mo.gov/mhd/participants/pages/hipp)  
573.751.2005

## MONTANA – Medicaid

[dphhs.mt.gov/MontanaHealthcarePrograms/HIPP](https://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP)  
800.694.3084 | Email: [HSHIPPProgram@mt.gov](mailto:HSHIPPProgram@mt.gov)

## NEBRASKA – Medicaid

[www.ACCESSNebraska.ne.gov](https://www.ACCESSNebraska.ne.gov)  
Phone: 855.632.7633 | Lincoln: 402.473.7000 | Omaha: 402.595.1178



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

## NEVADA – Medicaid

[dhcfp.nv.gov](http://dhcfp.nv.gov)  
800.992.0900

## NEW HAMPSHIRE – Medicaid

[www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program](http://www.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](mailto:DHHS.ThirdPartyLiabi@dhhs.nh.gov)

## NEW JERSEY – Medicaid and CHIP

Medicaid: [www.state.nj.us/humanservices/dmahs/clients/medicaid](http://www.state.nj.us/humanservices/dmahs/clients/medicaid)  
609.631.2392  
CHIP: [www.njfamilycare.org](http://www.njfamilycare.org)  
800.701.0710 (TTY: 711)

## NEW YORK – Medicaid

[www.health.ny.gov/health\\_care/medicaid/](http://www.health.ny.gov/health_care/medicaid/)  
800.541.2831

## NORTH CAROLINA – Medicaid

[medicaid.ncdhhs.gov](http://medicaid.ncdhhs.gov)  
919.855.4100

## NORTH DAKOTA – Medicaid

[www.hhs.nd.gov/healthcare](http://www.hhs.nd.gov/healthcare)  
844.854.4825

## OKLAHOMA – Medicaid and CHIP

[www.insureoklahoma.org](http://www.insureoklahoma.org)  
888.365.3742

## OREGON – Medicaid

[healthcare.oregon.gov/Pages/index.aspx](http://healthcare.oregon.gov/Pages/index.aspx)  
800.699.9075

## PENNSYLVANIA – Medicaid and CHIP

[www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp](http://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp)  
800.692.7462  
CHIP Website: [www.pa.gov/en/agencies/dhs/resources/chip](http://www.pa.gov/en/agencies/dhs/resources/chip)  
CHIP Phone: 800.986.KIDS (5437)

## RHODE ISLAND – Medicaid and CHIP

<http://www.eohhs.ri.gov>  
855.697.4347 or 401.462.0311 (Direct RIte Share Line)

## SOUTH CAROLINA – Medicaid

<http://www.scdhhs.gov>  
888.549.0820

## SOUTH DAKOTA – Medicaid

<http://dss.sd.gov>  
888.828.0059

## TEXAS – Medicaid

[www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program](http://www.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](http://medicaid.utah.gov/upp)  
Email: [upp@utah.gov](mailto:upp@utah.gov)  
Phone: 1-888-222-2542  
Adult Expansion Website: [medicaid.utah.gov/expansion/](http://medicaid.utah.gov/expansion/)  
Utah Medicaid Buyout Program Website: [medicaid.utah.gov/buyout-program/](http://medicaid.utah.gov/buyout-program/)  
CHIP Website: [chip.utah.gov](http://chip.utah.gov)

## VERMONT – Medicaid

[dvha.vermont.gov/members/medicaid/hipp-program](http://dvha.vermont.gov/members/medicaid/hipp-program)  
800.250.8427

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

## VIRGINIA – Medicaid and CHIP

[coverva.dmas.virginia.gov/learn/premium-assistance/famis-select](http://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select)  
[coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs](http://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs)  
Medicaid and CHIP: 800.432.5924

## WASHINGTON – Medicaid

[www.hca.wa.gov](http://www.hca.wa.gov)  
800.562.3022

## WEST VIRGINIA – Medicaid

[dhhr.wv.gov/bms](http://dhhr.wv.gov/bms) or [mywvhipp.com](http://mywvhipp.com)  
Medicaid: 304.558.1700  
CHIP Toll-free: 855.MyWVHIPP (855.699.8447)

## WISCONSIN – Medicaid and CHIP

[www.dhs.wisconsin.gov/badgercareplus/p-10095](http://www.dhs.wisconsin.gov/badgercareplus/p-10095)  
800.362.3002

## WYOMING – Medicaid

[health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility](http://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility)  
800.251.1269

**To see if any other states have added a premium assistance program since January 31, 2025, or for more information on special enrollment rights, contact either:**

### U.S. Department of Labor

Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
866.444.EBSA (3272)

OMB Control Number 1210-0137 (expires 1/31/2026)

### U.S. Department of Health and Human Services

Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
877.267.2323  
Menu Option 4, Ext. 61565

# Medicare Part 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.

# Medicare Part D Notice (continued)

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.

## 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 Employee Benefits 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](http://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](http://www.socialsecurity.gov), or call them at 1.800.772.1213 (TTY 1.800.325.0778).

**Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).**

**Date:** January 1, 2025

**Name of Entity / Sender:** The City of Jacksonville

**Contact / Title:** Employee Benefits

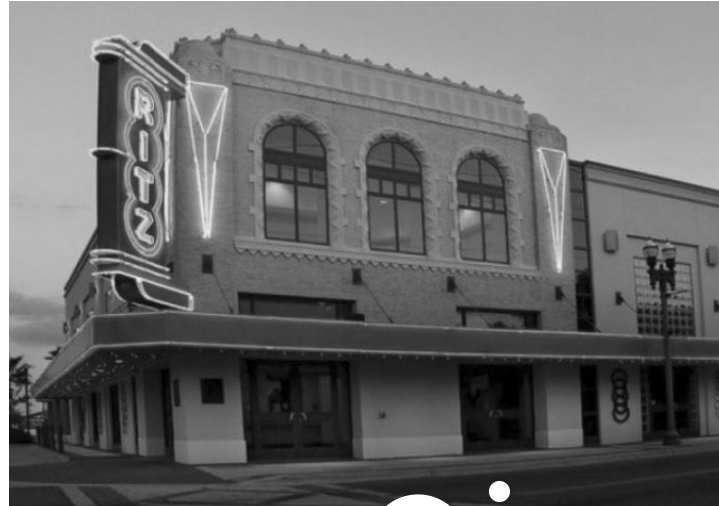
**Address:** 117 West Duval Street, Suite 150  
Jacksonville, FL 32202

**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 Employee Benefits at **904.255.5555**, or
- Logging onto [www.jacksonville.gov/benefits](http://www.jacksonville.gov/benefits)



# 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

Employee Benefits Division 05693\_COJ\_BG



**Summary of Benefits and Coverage: What this Plan Covers & What You Pay For Covered Services**      **Coverage for:** Individual and/or Family | **Plan Type:** HMO

 **The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, [www.\[insert\].com](http://www.[insert].com). For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at [www.\[insert\].com](http://www.[insert].com) or call 1-800-664-5295 to request a copy.

Important Questions	Answers	Why This Matters:
<b>What is the overall deductible?</b>	In-Network: <b>\$500</b> Per Person/ <b>\$1,000</b> Family. Out-of-Network: <b>Not Applicable.</b>	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .
<b>Are there services covered before you meet your deductible?</b>	Yes. <u>Preventive care.</u>	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at <a href="http://www.healthcare.gov/coverage/preventive-care-benefits/">www.healthcare.gov/coverage/preventive-care-benefits/</a> .
<b>Are there other deductibles for specific services?</b>	No.	You don't have to meet <u>deductibles</u> for specific services.
<b>What is the out-of-pocket limit for this plan?</b>	In-Network: <b>\$3,000</b> Per Person/ <b>\$6,000</b> Family. Out-Of-Network: <b>Not Applicable.</b>	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
<b>What is not included in the out-of-pocket limit?</b>	<u>Premium</u> , <u>balance-billed</u> charges, and health care this <u>plan</u> doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
<b>Will you pay less if you use a network provider?</b>	Yes. See <a href="https://providersearch.floridablue.com/providersearch/pub/index.htm">https://providersearch.floridablue.com/providersearch/pub/index.htm</a> or call 1-800-664-5295 for a list of <u>network providers</u> .	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's charge</u> and what your <u>plan</u> pays ( <u>balance billing</u> ). Be aware your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
<b>Do you need a referral to see a specialist?</b>	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .



All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
<b>If you visit a health care provider's office or clinic</b>	Primary care visit to treat an injury or illness	Value Choice Provider: \$25 <u>Copay</u> per Visit / Primary Care Visits: \$25 <u>Copay</u> per Visit/ Virtual Visits: \$25 <u>Copay</u> per Visit	Not Covered	Physician administered drugs may have higher cost share. Virtual Visit services are <u>only</u> covered for In-Network providers.
	<u>Specialist</u> visit	Value Choice Specialist: \$35 <u>Copay</u> per Visit/ Specialist: \$35 <u>Copay</u> per Visit/ Virtual Visits: \$35 <u>Copay</u> per Visit	Not Covered	Physician administered drugs may have higher cost share. Virtual Visit services are <u>only</u> covered for In-Network providers.
	<u>Preventive care/screening/immunization</u>	No Charge, <u>Deductible</u> does not apply	Not Covered	Physician administered drugs may have higher cost share. You may have to pay for services that aren't <u>preventive</u> . Ask your <u>provider</u> if the services needed are <u>preventive</u> . Then check what your <u>plan</u> will pay for.
<b>If you have a test</b>	<u>Diagnostic test</u> (x-ray, blood work)	Value Choice Specialist: \$35 <u>Copay</u> per Visit/ Independent Clinical Lab: No Charge, <u>Deductible</u> does not apply/ Independent Diagnostic Testing Center: \$30 <u>Copay</u> per Visit	Not Covered	Tests performed in hospitals may have higher cost share. Prior Authorization may be required. Your benefits/services may be denied.
	Imaging (CT/PET scans, MRIs)	\$300 <u>Copay</u> per Visit	Not Covered	Prior Authorization may be required. Your benefits/services may be denied.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		<u>Network Provider</u> (You will pay the least)	<u>Out-of-Network Provider</u> (You will pay the most)	
<b>If you need drugs to treat your illness or condition</b> More information about <b>prescription drug coverage</b> is available at <a href="https://www.floridablue.com/members/tools-resources/pharmacy/medication-guide">https://www.floridablue.com/members/tools-resources/pharmacy/medication-guide</a>	Generic drugs	\$10 <u>Copay</u> per Prescription at retail, \$20 <u>Copay</u> per Prescription by mail	Not Covered	Up to 30 day supply for retail, 90 day supply for mail order. Responsible Rx programs such as Prior Authorization may apply. See Medication guide for more information.
	Preferred brand drugs	\$60 <u>Copay</u> per Prescription at retail, \$120 <u>Copay</u> per Prescription by mail	Not Covered	Up to 30 day supply for retail, 90 day supply for mail order.
	Non-preferred brand drugs	\$100 <u>Copay</u> per Prescription at retail, \$200 <u>Copay</u> per Prescription by mail	Not Covered	Up to 30 day supply for retail, 90 day supply for mail order.
	<u>Specialty drugs</u>	\$250 <u>Copay</u> per Prescription at retail.	Not Covered	Up to 30 day supply for retail. Not covered through Mail Order.
<b>If you have outpatient surgery</b>	Facility fee (e.g., ambulatory surgery center)	<u>Deductible</u> + 30% <u>Coinsurance</u>	Not Covered	Prior Authorization may be required. Your benefits/services may be denied.
	Physician/surgeon fees	Ambulatory Surgical Center: \$35 <u>Copay</u> per Visit/ Hospital: <u>Deductible</u> + 30% <u>Coinsurance</u>	Not Covered	—————none—————
<b>If you need immediate medical attention</b>	<u>Emergency room care</u>	Physician Services: 30% <u>Coinsurance</u> / Facility: \$300 <u>Copay</u> per Visit	Physician Services: 30% <u>Coinsurance</u> / Facility: \$300 <u>Copay</u> per Visit	—————none—————
	<u>Emergency medical transportation</u>	\$200 <u>Copay</u> per Visit	\$200 <u>Copay</u> per Visit	<u>Out-of-Network</u> only covered for emergencies.
	<u>Urgent care</u>	Value Choice Provider: \$30 <u>Copay</u> per Visit - Visits 1-2; \$30 <u>Copay</u> per remaining Visit/ Urgent Care Visits: \$30 <u>Copay</u> per Visit	Not Covered	<u>Out-of-Network</u> only covered out-of-state.
<b>If you have a hospital stay</b>	Facility fee (e.g., hospital room)	<u>Deductible</u> + 30% <u>Coinsurance</u>	Not Covered	Inpatient Rehab Services limited to 30 days. Prior Authorization may be required. Your benefits/services may be denied.

For more information about limitations and exceptions, see the plan or policy document at [www.\[insert\].com](http://www.[insert].com).

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	Physician/surgeon fees	<u>Deductible</u> + 30% <u>Coinsurance</u>	Not Covered	—————none—————
<b>If you need mental health, behavioral health, or substance abuse services</b>	Outpatient services	Specialist Virtual Visits: \$35 <u>Copay</u> per Visit / Physician Office: \$35 <u>Copay</u> per Visit / Hospital: \$25 <u>Copay</u> per Visit	Not Covered	Prior Authorization may be required. Your benefits/services may be denied. Virtual Visit services are <u>only</u> covered for In-Network providers.
	Inpatient services	Physician Services: 30% <u>Coinsurance</u> / Hospital: <u>Deductible</u> + 30% <u>Coinsurance</u>	Not Covered	Prior Authorization may be required. Your benefits/services may be denied.
<b>If you are pregnant</b>	Office visits	\$35 <u>Copay</u> on initial Visit	Not Covered	Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound.)
	Childbirth/delivery professional services	<u>Deductible</u> + 30% <u>Coinsurance</u>	Not Covered	—————none—————
	Childbirth/delivery facility services	<u>Deductible</u> + 30% <u>Coinsurance</u>	Not Covered	—————none—————
<b>If you need help recovering or have other special health needs</b>	<u>Home health care</u>	\$20 <u>Copay</u> per Visit	Not Covered	Coverage limited to 35 visits.
	<u>Rehabilitation services</u>	\$35 <u>Copay</u> per Visit	Not Covered	Coverage limited to 60 visits, including 20 manipulations. Services performed in hospital may have higher cost share. Prior Authorization may be required. Your benefits/services may be denied.
	<u>Habilitation services</u>	Not Covered	Not Covered	Not Covered
	<u>Skilled nursing care</u>	<u>Deductible</u> + 30% <u>Coinsurance</u>	Not Covered	Coverage limited to 60 days. Prior Authorization may be required. Your benefits/services may be denied.
	<u>Durable medical equipment</u>	Motorized Wheelchairs: \$500 <u>Copay</u> / All Other: \$30 <u>Copay</u> per Visit	Not Covered	Excludes vehicle modifications, home modifications, exercise, bathroom equipment and replacement of <u>DME</u> due to use/age. Prior Authorization may be required. Your benefits/services may be denied.
	<u>Hospice services</u>	\$20 <u>Copay</u> per Visit	Not Covered	Prior Authorization may be required. Your benefits/services may be denied.

For more information about limitations and exceptions, see the [plan](#) or policy document at [www.\[insert\].com](#).



Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If your child needs dental or eye care	Children's eye exam	Covered	Not Covered	Coverage limited to 1 eye exam every 24 months for adults: 1 exam every 12 months for children ages 0-17. Includes refraction
	Children's glasses	Not Covered	Not Covered	Not Covered
	Children's dental check-up	Not Covered	Not Covered	Not Covered

**Excluded Services & Other Covered Services:**

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)		
<ul style="list-style-type: none"> <li>• Acupuncture</li> <li>• Cosmetic surgery</li> <li>• Dental care (Adult)</li> <li>• <u>Habilitation services</u></li> <li>• Hearing aids</li> </ul>	<ul style="list-style-type: none"> <li>• Long-term care</li> <li>• Non-emergency care when traveling outside the U.S.</li> <li>• Pediatric dental check-up</li> </ul>	<ul style="list-style-type: none"> <li>• Pediatric glasses</li> <li>• Private-duty nursing</li> <li>• Routine foot care unless for treatment of diabetes</li> <li>• Weight loss programs</li> </ul>
Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)		
<ul style="list-style-type: none"> <li>• Bariatric surgery</li> <li>• Chiropractic care</li> <li>• Infertility treatment</li> </ul>	<ul style="list-style-type: none"> <li>• Most coverage provided outside the United States. See <a href="http://www.floridablue.com">www.floridablue.com</a>.</li> </ul>	<ul style="list-style-type: none"> <li>• Pediatric eye exam</li> <li>• Routine eye care (Adult)</li> </ul>

**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: State Department of Insurance at 1-877-693-5236, the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa) or the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or [www.cciio.cms.gov](http://www.cciio.cms.gov). Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596.

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact the insurer at 1-800-664-5295. You may also contact your State Department of Insurance at 1-877-693-5236 or the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). For group health coverage subject to ERISA contact your employee services department. For non-federal governmental group health plans and church plans that are group health plans contact your employee services department. You may also contact the state insurance department at 1-877-693-5236. Additionally, a consumer assistance program can help you file your appeal. Contact U.S. Department of Labor Employee Benefits Security Administration at 1-866-4-USA-DOL (866-487-2365) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform).

For more information about limitations and exceptions, see the plan or policy document at [www.\[insert\].com](http://www.[insert].com).

**Does this plan provide Minimum Essential Coverage? **Yes****

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

**Does this plan meet the Minimum Value Standards? [ **Yes / No** ]**

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

—————*To see examples of how this plan might cover costs for a sample medical situation, see the next section.*—————

For more information about limitations and exceptions, see the plan or policy document at [www.\[insert\].com](http://www.[insert].com).

About these Coverage Examples:



**This is not a cost estimator.** Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

**Peg is Having a Baby**  
(9 months of in-network pre-natal care and a hospital delivery)

- **The plan's overall deductible** \$500
- **Specialist Copayment** \$35
- **Hospital (facility) Coinsurance** 30%
- **Other No Charge** \$0

This EXAMPLE event includes services like:

- Specialist office visits (*prenatal care*)
- Childbirth/Delivery Professional Services
- Childbirth/Delivery Facility Services
- Diagnostic tests (*ultrasounds and blood work*)
- Specialist visit (*anesthesia*)

<b>Total Example Cost</b>	<b>\$12,700</b>
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In this example, Peg would pay:

<u>Cost Sharing</u>	
<u>Deductibles</u>	\$500
<u>Copayments</u>	\$40
<u>Coinsurance</u>	\$2,200
<i>What isn't covered</i>	
Limits or exclusions	\$60
<b>The total Peg would pay is</b>	<b>\$2,800</b>

**Managing Joe's type 2 Diabetes**  
(a year of routine in-network care of a well-controlled condition)

- **The plan's overall deductible** \$500
- **Specialist Copayment** \$35
- **Hospital (facility) Coinsurance** 30%
- **Other Copayment** \$30

This EXAMPLE event includes services like:

- Primary care physician office visits (*including disease education*)
- Diagnostic tests (*blood work*)
- Prescription drugs
- Durable medical equipment (*glucose meter*)

<b>Total Example Cost</b>	<b>\$5,600</b>
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In this example, Joe would pay:

<u>Cost Sharing</u>	
<u>Deductibles</u>	\$0
<u>Copayments</u>	\$1,500
<u>Coinsurance</u>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
<b>The total Joe would pay is</b>	<b>\$1,500</b>

**Mia's Simple Fracture**  
(in-network emergency room visit and follow up care)

- **The plan's overall deductible** \$500
- **Specialist Copayment** \$35
- **Hospital (facility) Coinsurance** 30%
- **Other Copayment** \$300

This EXAMPLE event includes services like:

- Emergency room care (*including medical supplies*)
- Diagnostic test (*x-ray*)
- Durable medical equipment (*crutches*)
- Rehabilitation services (*physical therapy*)

<b>Total Example Cost</b>	<b>\$2,800</b>
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In this example, Mia would pay:

<u>Cost Sharing</u>	
<u>Deductibles</u>	\$500
<u>Copayments</u>	\$700
<u>Coinsurance</u>	\$90
<i>What isn't covered</i>	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$1,290</b>

Note: These numbers assume the patient does not participate in the plan's wellness program. If you participate in the plan's wellness program, you may be able to reduce your costs. For more information about the wellness program, please contact: [www.floridablue.com](http://www.floridablue.com).

### **Section 1557 Notification: Discrimination is Against the Law**

We comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. We do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

We provide:

- Free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact:

- Health and vision coverage: 1-800-352-2583
- Dental, life, and disability coverage: 1-888-223-4892
- Federal Employee Program: 1-800-333-2227

If you believe that we have failed to provide these services or discriminate on the basis of race, color, national origin, disability, age, sex, gender identity or sexual orientation, you can file a grievance with:

**Health and vision coverage (including FEP members):**

Section 1557 Coordinator  
4800 Deerwood Campus Parkway, DCC 1-7  
Jacksonville, FL 32246  
1-800-477-3736 x29070  
1-800-955-8770 (TTY)  
Fax: 1-904-301-1580  
section1557coordinator@floridablue.com

**Dental, life, and disability coverage:**

Civil Rights Coordinator  
17500 Chenal Parkway  
Little Rock, AR 72223  
1-800-260-0331  
1-800-955-8770 (TTY)  
civilrightscordinator@fclife.com

Health insurance is offered by Florida Blue. HMO coverage is offered by Florida Blue HMO, an affiliate of Florida Blue. Dental insurance is offered by Florida Combined Life Insurance Company, Inc., an affiliate of Blue Cross and Blue Shield of Florida, Inc. These companies are Independent Licensees of the Blue Cross and Blue Shield Association.

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Section 1557 Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, by mail or phone at:

**U.S. Department of Health and Human Services**

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

1-800-368-1019

1-800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

**ATENCIÓN:** Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-352-2583 (TTY: 1-877-955-8773). FEP: Llame al 1-800-333-2227

**ATANSYON:** Si w pale Kreyòl ayisyen, ou ka resevwa yon èd gratis nan lang pa w. Rele 1-800-352-2583 (pou moun ki pa tande byen: 1-800-955-8770). FEP: Rele 1-800-333-2227

**CHÚ Ý:** Nếu bạn nói Tiếng Việt, có dịch vụ trợ giúp ngôn ngữ miễn phí dành cho bạn. Hãy gọi số 1-800-352-2583 (TTY: 1-800-955-8770). FEP: Gọi số 1-800-333-2227

**ATENÇÃO:** Se você fala português, utilize os serviços linguísticos gratuitos disponíveis. Ligue para 1-800-352-2583 (TTY: 1-800-955-8770). FEP: Ligue para 1-800-333-2227

**注意:** 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-800-352-2583 (TTY: 1-800-955-8770)。FEP：請致電1-800-333-2227

**ATTENTION:** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-352-2583 (ATS : 1-800-955-8770). FEP : Appelez le 1-800-333-2227

Health insurance is offered by Florida Blue. HMO coverage is offered by Florida Blue HMO, an affiliate of Florida Blue. Dental insurance is offered by Florida Combined Life Insurance Company, Inc., an affiliate of Blue Cross and Blue Shield of Florida, Inc. These companies are Independent Licensees of the Blue Cross and Blue Shield Association.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-352-2583 (TTY: 1-800-955-8770). FEP: Tumawag sa 1-800-333-2227

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-352-2583 (телетайп: 1-800-955-8770). FEP: Звоните 1-800-333-2227

ملحوظة: إذا كنت تتحدث انكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-352-2583 (رقم هاتف الصم والبكم: 1-800-955-8770). اتصل برقم 1-800-333-2227.

ATTENZIONE: Qualora fosse l'italiano la lingua parlata, sono disponibili dei servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-352-2583 (TTY: 1-800-955-8770). FEP: chiamare il numero 1-800-333-2227

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: +1-800-352-2583 (TTY: +1-800-955-8770). FEP: Rufnummer +1-800-333-2227

주의: 한국어 사용을 원하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-352-2583 (TTY: 1-800-955-8770) 로 전화하십시오. FEP: 1-800-333-2227 로 연락하십시오.

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-352-2583 (TTY: 1-800-955-8770). FEP: Zadzwoń pod numer 1-800-333-2227.

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવા તમારા માટે ઉપલબ્ધ છે.  
ફોન કરો 1-800-352-2583 (TTY: 1-800-955-8770). FEP: ફોન કરો 1-800-333-2227

ประกาศ: ถ้าคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โดยติดต่อหมายเลขโทรศัพท์ 1-800-352-2583 (TTY: 1-800-955-8770) หรือ FEP โทร 1-800-333-2227

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-800-352-2583 (TTY: 1-800-955-8770) まで、お電話にてご連絡ください。FEP: 1-800-333-2227

توجه: اگر به زبان فارسی صحبت می کنید، تسهیلات زبانی رایگان در دسترس شما خواهد بود.  
با شماره 1-800-352-2583 (TTY: 1-800-955-8770) تماس بگیرید. FEP: با شماره 1-800-333-2227 تماس بگیرید.

Baa ákonínzin: Diné bizaad bee yáníti'go, saad bee áká anáwo', t'áá jíik'eh, ná hóló. Koji' hodiílnih 1-800-352-2583 (TTY: 1-800-955-8770). FEP ígíí éí koji' hodiílnih 1-800-333-2227.

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**Summary of Benefits and Coverage: What this Plan Covers & What You Pay For Covered Services**      **Coverage for:** Individual and/or Family | **Plan Type:** HMO



**The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, [www.\[insert\].com](http://www.[insert].com). For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at [www.\[insert\].com](http://www.[insert].com) or call 1-800-664-5295 to request a copy.

Important Questions	Answers	Why This Matters:
<b>What is the overall deductible?</b>	In-Network: <b>\$2,000</b> Per Person/ <b>\$4,000</b> Family. Out-of-Network: <b>Not Applicable.</b>	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .
<b>Are there services covered before you meet your deductible?</b>	Yes. <u>Preventive care.</u>	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at <a href="http://www.healthcare.gov/coverage/preventive-care-benefits/">www.healthcare.gov/coverage/preventive-care-benefits/</a> .
<b>Are there other deductibles for specific services?</b>	No.	You don't have to meet <u>deductibles</u> for specific services.
<b>What is the out-of-pocket limit for this plan?</b>	In-Network: <b>\$6,500</b> Per Person/ <b>\$13,000</b> Family. Out-Of-Network: <b>Not Applicable.</b>	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
<b>What is not included in the out-of-pocket limit?</b>	<u>Premium</u> , <u>balance-billed</u> charges, and health care this <u>plan</u> doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
<b>Will you pay less if you use a network provider?</b>	Yes. See <a href="https://providersearch.floridablue.com/providersearch/pub/index.htm">https://providersearch.floridablue.com/providersearch/pub/index.htm</a> or call 1-800-664-5295 for a list of <u>network providers</u> .	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's charge</u> and what your <u>plan</u> pays ( <u>balance billing</u> ). Be aware your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
<b>Do you need a referral to see a specialist?</b>	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .



All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
<b>If you visit a health care <u>provider's</u> office or clinic</b>	Primary care visit to treat an injury or illness	Value Choice Provider: \$25 <u>Copay</u> per Visit / Primary Care Visits: \$25 <u>Copay</u> per Visit/ Virtual Visits: \$25 <u>Copay</u> per Visit	Not Covered	Physician administered drugs may have higher cost share. Virtual Visit services are <u>only</u> covered for In-Network providers.
	<u>Specialist</u> visit	Value Choice Specialist: <u>Deductible</u> + 30% <u>Coinsurance</u> / / Specialist: <u>Deductible</u> + 30% <u>Coinsurance</u> / Virtual Visits: <u>Deductible</u> +30% <u>Coinsurance</u>	Not Covered	Physician administered drugs may have higher cost share. Virtual Visit services are <u>only</u> covered for In-Network providers.
	<u>Preventive care/screening/immunization</u>	No Charge, <u>Deductible</u> does not apply	Not Covered	Physician administered drugs may have higher cost share. You may have to pay for services that aren't <u>preventive</u> . Ask your <u>provider</u> if the services needed are <u>preventive</u> . Then check what your <u>plan</u> will pay for.
<b>If you have a test</b>	<u>Diagnostic test</u> (x-ray, blood work)	Value Choice Specialist: <u>Deductible</u> + 30% <u>Coinsurance</u> / Independent Clinical Lab: No Charge, <u>Deductible</u> does not apply/ Independent Diagnostic Testing Center: <u>Deductible</u> + 30% <u>Coinsurance</u>	Not Covered	Tests performed in hospitals may have higher cost share. Prior Authorization may be required. Your benefits/services may be denied.
	Imaging (CT/PET scans, MRIs)	<u>Deductible</u> + 30% <u>Coinsurance</u>	Not Covered	Prior Authorization may be required. Your benefits/services may be denied.



Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
<b>If you need drugs to treat your illness or condition</b> More information about <b>prescription drug coverage</b> is available at <a href="https://www.floridablue.com/members/tools-resources/pharmacy/medication-guide">https://www.floridablue.com/members/tools-resources/pharmacy/medication-guide</a>	Generic drugs	\$10 <u>Copay</u> per Prescription at retail, \$20 <u>Copay</u> per Prescription by mail	Not Covered	Up to 30 day supply for retail, 90 day supply for mail order. Responsible Rx programs such as Prior Authorization may apply. See Medication guide for more information.
	Preferred brand drugs	\$60 <u>Copay</u> per Prescription at retail, \$120 <u>Copay</u> per Prescription by mail	Not Covered	Up to 30 day supply for retail, 90 day supply for mail order.
	Non-preferred brand drugs	\$100 <u>Copay</u> per Prescription at retail, \$200 <u>Copay</u> per Prescription by mail	Not Covered	Up to 30 day supply for retail, 90 day supply for mail order.
	<u>Specialty drugs</u>	\$250 <u>Copay</u> per Prescription at retail,	Not Covered	Up to 30 day supply for retail. Not covered through Mail Order.
<b>If you have outpatient surgery</b>	Facility fee (e.g., ambulatory surgery center)	<u>Deductible</u> + 30% <u>Coinsurance</u>	Not Covered	Prior Authorization may be required. Your benefits/services may be denied.
	Physician/surgeon fees	<u>Deductible</u> + 30% <u>Coinsurance</u>	Not Covered	—————none—————
<b>If you need immediate medical attention</b>	<u>Emergency room care</u>	<u>Deductible</u> + 30% <u>Coinsurance</u>	<u>In-Network Deductible</u> + 30% <u>Coinsurance</u>	—————none—————
	<u>Emergency medical transportation</u>	<u>Deductible</u> + 30% <u>Coinsurance</u>	<u>In-Network Deductible</u> + 30% <u>Coinsurance</u>	<u>Out-of-Network</u> only covered for emergencies.
	<u>Urgent care</u>	Value Choice Provider: \$25 <u>Copay</u> per Visit - Visits 1-2; \$25 <u>Copay</u> per Visit per remaining Visit/ Urgent Care Visits: \$25 <u>Copay</u> per Visit	Not Covered	<u>Out-of-Network</u> only covered out-of-state.
<b>If you have a hospital stay</b>	Facility fee (e.g., hospital room)	<u>Deductible</u> + 30% <u>Coinsurance</u>	Not Covered	Inpatient Rehab Services limited to 30 days. Prior Authorization may be required. Your benefits/services may be denied.
	Physician/surgeon fees	<u>Deductible</u> + 30% <u>Coinsurance</u>	Not Covered	—————none—————

For more information about limitations and exceptions, see the plan or policy document at [www.\[insert\].com](http://www.[insert].com).

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
<b>If you need mental health, behavioral health, or substance abuse services</b>	Outpatient services	Specialist Virtual Visits: <u>Deductible</u> + 30% <u>Coinsurance</u> / <u>Deductible</u> + 30% <u>Coinsurance</u>	Not Covered	Prior Authorization may be required. Your benefits/services may be denied. Virtual Visit services are <u>only</u> covered for In-Network providers.
	Inpatient services	<u>Deductible</u> + 30% <u>Coinsurance</u>	Not Covered	Prior Authorization may be required. Your benefits/services may be denied.
<b>If you are pregnant</b>	Office visits	<u>Deductible</u> + 30% <u>Coinsurance</u>	Not Covered	Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound.)
	Childbirth/delivery professional services	<u>Deductible</u> + 30% <u>Coinsurance</u>	Not Covered	—————none—————
	Childbirth/delivery facility services	<u>Deductible</u> + 30% <u>Coinsurance</u>	Not Covered	—————none—————
<b>If you need help recovering or have other special health needs</b>	<u>Home health care</u>	<u>Deductible</u> + 30% <u>Coinsurance</u>	Not Covered	—————none—————
	<u>Rehabilitation services</u>	<u>Deductible</u> + 30% <u>Coinsurance</u>	Not Covered	Coverage limited to 60 visits, including 20 manipulations. Services performed in hospital may have higher cost share. Prior Authorization may be required. Your benefits/services may be denied.
	<u>Habilitation services</u>	Not Covered	Not Covered	Not Covered
	<u>Skilled nursing care</u>	<u>Deductible</u> + 30% <u>Coinsurance</u>	Not Covered	Prior Authorization may be required. Your benefits/services may be denied.
	<u>Durable medical equipment</u>	Motorized Wheelchairs: \$500 <u>Copay</u> per Visit / All Other: <u>Deductible</u> + 30% <u>Coinsurance</u>	Not Covered	Excludes vehicle modifications, home modifications, exercise, bathroom equipment and replacement of <u>DME</u> due to use/age. Prior Authorization may be required. Your benefits/services may be denied.
	<u>Hospice services</u>	<u>Deductible</u> + 30% <u>Coinsurance</u>	Not Covered	Prior Authorization may be required. Your benefits/services may be denied.
<b>If your child needs dental or eye care</b>	Children's eye exam	Covered	Not Covered	Coverage limited to 1 eye exam every 24 months for adults: 1 exam every 12 months for children ages 0-17. Includes refraction
	Children's glasses	Not Covered	Not Covered	Not Covered

For more information about limitations and exceptions, see the [plan](#) or policy document at [www.\[insert\].com](#).

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	Children's dental check-up	Not Covered	Not Covered	Not Covered

**Excluded Services & Other Covered Services:**

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)		
<ul style="list-style-type: none"> <li>• Acupuncture</li> <li>• Cosmetic surgery</li> <li>• Dental care (Adult)</li> <li>• <u>Habilitation services</u></li> <li>• Hearing aids</li> </ul>	<ul style="list-style-type: none"> <li>• Long-term care</li> <li>• Non-emergency care when traveling outside the U.S.</li> <li>• Pediatric dental check-up</li> </ul>	<ul style="list-style-type: none"> <li>• Pediatric glasses</li> <li>• Private-duty nursing</li> <li>• Routine foot care unless for treatment of diabetes</li> <li>• Weight loss programs</li> </ul>
Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)		
<ul style="list-style-type: none"> <li>• Bariatric surgery</li> <li>• Chiropractic care</li> <li>• Infertility treatment</li> </ul>	<ul style="list-style-type: none"> <li>• Most coverage provided outside the United States. See <a href="http://www.floridablue.com">www.floridablue.com</a>.</li> </ul>	<ul style="list-style-type: none"> <li>• Pediatric eye exam</li> <li>• Routine eye care (Adult)</li> </ul>

**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: State Department of Insurance at 1-877-693-5236, the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa) or the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or [www.cciio.cms.gov](http://www.cciio.cms.gov). Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596.

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact the insurer at 1-800-664-5295. You may also contact your State Department of Insurance at 1-877-693-5236 or the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). For group health coverage subject to ERISA contact your employee services department. For non-federal governmental group health plans and church plans that are group health plans contact your employee services department. You may also contact the state insurance department at 1-877-693-5236. Additionally, a consumer assistance program can help you file your appeal. Contact U.S. Department of Labor Employee Benefits Security Administration at 1-866-4-USA-DOL (866-487-2365) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform).

**Does this plan provide Minimum Essential Coverage? Yes**

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

For more information about limitations and exceptions, see the plan or policy document at [www.\[insert\].com](http://www.[insert].com).

**Does this plan meet the Minimum Value Standards? [ Yes / No ]**

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

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*To see examples of how this plan might cover costs for a sample medical situation, see the next section.*

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For more information about limitations and exceptions, see the plan or policy document at [www.\[insert\].com](http://www.[insert].com).

About these Coverage Examples:



**This is not a cost estimator.** Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

**Peg is Having a Baby**  
(9 months of in-network pre-natal care and a hospital delivery)

- **The plan's overall deductible** \$2,000
- **Specialist Coinsurance** 30%
- **Hospital (facility) Coinsurance** 30%
- **Other No Charge** \$0

**This EXAMPLE event includes services like:**

- Specialist office visits (*prenatal care*)
- Childbirth/Delivery Professional Services
- Childbirth/Delivery Facility Services
- Diagnostic tests (*ultrasounds and blood work*)
- Specialist visit (*anesthesia*)

<b>Total Example Cost</b>	<b>\$12,700</b>
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In this example, Peg would pay:

<u>Cost Sharing</u>	
<u>Deductibles</u>	\$2,000
<u>Copayments</u>	\$10
<u>Coinsurance</u>	\$3,000
<i>What isn't covered</i>	
Limits or exclusions	\$60
<b>The total Peg would pay is</b>	<b>\$5,070</b>

**Managing Joe's type 2 Diabetes**  
(a year of routine in-network care of a well-controlled condition)

- **The plan's overall deductible** \$2,000
- **Specialist Coinsurance** 30%
- **Hospital (facility) Coinsurance** 30%
- **Other Coinsurance** 30%

**This EXAMPLE event includes services like:**

- Primary care physician office visits (*including disease education*)
- Diagnostic tests (*blood work*)
- Prescription drugs
- Durable medical equipment (*glucose meter*)

<b>Total Example Cost</b>	<b>\$5,600</b>
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In this example, Joe would pay:

<u>Cost Sharing</u>	
<u>Deductibles</u>	\$500
<u>Copayments</u>	\$1,300
<u>Coinsurance</u>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
<b>The total Joe would pay is</b>	<b>\$1,800</b>

**Mia's Simple Fracture**  
(in-network emergency room visit and follow up care)

- **The plan's overall deductible** \$2,000
- **Specialist Coinsurance** 30%
- **Hospital (facility) Coinsurance** 30%
- **Other Coinsurance** 30%

**This EXAMPLE event includes services like:**

- Emergency room care (*including medical supplies*)
- Diagnostic test (*x-ray*)
- Durable medical equipment (*crutches*)
- Rehabilitation services (*physical therapy*)

<b>Total Example Cost</b>	<b>\$2,800</b>
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In this example, Mia would pay:

<u>Cost Sharing</u>	
<u>Deductibles</u>	\$2,000
<u>Copayments</u>	\$10
<u>Coinsurance</u>	\$200
<i>What isn't covered</i>	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$2,210</b>

Note: These numbers assume the patient does not participate in the plan's wellness program. If you participate in the plan's wellness program, you may be able to reduce your costs. For more information about the wellness program, please contact: [www.floridablue.com](http://www.floridablue.com).

### **Section 1557 Notification: Discrimination is Against the Law**

We comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. We do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

We provide:

- Free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact:

- Health and vision coverage: 1-800-352-2583
- Dental, life, and disability coverage: 1-888-223-4892
- Federal Employee Program: 1-800-333-2227

If you believe that we have failed to provide these services or discriminate on the basis of race, color, national origin, disability, age, sex, gender identity or sexual orientation, you can file a grievance with:

**Health and vision coverage (including FEP members):**

Section 1557 Coordinator  
4800 Deerwood Campus Parkway, DCC 1-7  
Jacksonville, FL 32246  
1-800-477-3736 x29070  
1-800-955-8770 (TTY)  
Fax: 1-904-301-1580  
section1557coordinator@floridablue.com

**Dental, life, and disability coverage:**

Civil Rights Coordinator  
17500 Chenal Parkway  
Little Rock, AR 72223  
1-800-260-0331  
1-800-955-8770 (TTY)  
civilrightscordinator@fclife.com

Health insurance is offered by Florida Blue. HMO coverage is offered by Florida Blue HMO, an affiliate of Florida Blue. Dental insurance is offered by Florida Combined Life Insurance Company, Inc., an affiliate of Blue Cross and Blue Shield of Florida, Inc. These companies are Independent Licensees of the Blue Cross and Blue Shield Association.

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Section 1557 Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, by mail or phone at:

**U.S. Department of Health and Human Services**

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

1-800-368-1019

1-800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

**ATENCIÓN:** Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-352-2583 (TTY: 1-877-955-8773). FEP: Llame al 1-800-333-2227

**ATANSYON:** Si w pale Kreyòl ayisyen, ou ka resevwa yon èd gratis nan lang pa w. Rele 1-800-352-2583 (pou moun ki pa tande byen: 1-800-955-8770). FEP: Rele 1-800-333-2227

**CHÚ Ý:** Nếu bạn nói Tiếng Việt, có dịch vụ trợ giúp ngôn ngữ miễn phí dành cho bạn. Hãy gọi số 1-800-352-2583 (TTY: 1-800-955-8770). FEP: Gọi số 1-800-333-2227

**ATENÇÃO:** Se você fala português, utilize os serviços linguísticos gratuitos disponíveis. Ligue para 1-800-352-2583 (TTY: 1-800-955-8770). FEP: Ligue para 1-800-333-2227

**注意:** 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-800-352-2583 (TTY: 1-800-955-8770)。FEP：請致電1-800-333-2227

**ATTENTION:** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-352-2583 (ATS : 1-800-955-8770). FEP : Appelez le 1-800-333-2227

Health insurance is offered by Florida Blue. HMO coverage is offered by Florida Blue HMO, an affiliate of Florida Blue. Dental insurance is offered by Florida Combined Life Insurance Company, Inc., an affiliate of Blue Cross and Blue Shield of Florida, Inc. These companies are Independent Licensees of the Blue Cross and Blue Shield Association.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-352-2583 (TTY: 1-800-955-8770). FEP: Tumawag sa 1-800-333-2227

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-352-2583 (телетайп: 1-800-955-8770). FEP: Звоните 1-800-333-2227

ملحوظة: إذا كنت تتحدث انكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-352-2583 (رقم هاتف الصم والبكم: 1-800-955-8770). اتصل برقم 1-800-333-2227.

ATTENZIONE: Qualora fosse l'italiano la lingua parlata, sono disponibili dei servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-352-2583 (TTY: 1-800-955-8770). FEP: chiamare il numero 1-800-333-2227

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: +1-800-352-2583 (TTY: +1-800-955-8770). FEP: Rufnummer +1-800-333-2227

주의: 한국어 사용을 원하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-352-2583 (TTY: 1-800-955-8770) 로 전화하십시오. FEP: 1-800-333-2227 로 연락하십시오.

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-352-2583 (TTY: 1-800-955-8770). FEP: Zadzwoń pod numer 1-800-333-2227.

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવા તમારા માટે ઉપલબ્ધ છે.  
ફોન કરો 1-800-352-2583 (TTY: 1-800-955-8770). FEP: ફોન કરો 1-800-333-2227

ประกาศ: ถ้าคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โดยติดต่อหมายเลขโทรศัพท์ 1-800-352-2583 (TTY: 1-800-955-8770) หรือ FEP โทร 1-800-333-2227

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-800-352-2583 (TTY: 1-800-955-8770) まで、お電話にてご連絡ください。FEP: 1-800-333-2227

توجه: اگر به زبان فارسی صحبت می کنید، تسهیلات زبانی رایگان در دسترس شما خواهد بود.  
با شماره 1-800-352-2583 (TTY: 1-800-955-8770) تماس بگیرید. FEP: با شماره 1-800-333-2227 تماس بگیرید.


Baa ákonínzin: Diné bizaad bee yáńítí'go, saad bee áká anáwo', t'áá jíík'eh, ná hóló. Kojí' hodiílnih 1-800-352-2583 (TTY: 1-800-955-8770). FEP ígíí éí kojí' hodiílnih 1-800-333-2227.

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**Summary of Benefits and Coverage: What this Plan Covers & What You Pay For Covered Services**

**Coverage for:** Individual and/or Family | **Plan Type:** PPO

 **The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, [www.\[insert\].com](http://www.[insert].com). For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at [www.\[insert\].com](http://www.[insert].com) or call 1-800-664-5295 to request a copy.

Important Questions	Answers	Why This Matters:
<b>What is the overall <u>deductible</u>?</b>	In-Network: <b>\$1,000</b> Per Person/ <b>\$2,000</b> Family. Out-of-Network: <b>\$1,000</b> Per Person/ <b>\$2,000</b> Family.	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .
<b>Are there services covered before you meet your <u>deductible</u>?</b>	Yes. <u>Preventive care</u> .	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at <a href="http://www.healthcare.gov/coverage/preventive-care-benefits/">www.healthcare.gov/coverage/preventive-care-benefits/</a> .
<b>Are there other <u>deductibles</u> for specific services?</b>	No.	You don't have to meet <u>deductibles</u> for specific services.
<b>What is the <u>out-of-pocket limit</u> for this <u>plan</u>?</b>	In-Network: <b>\$6,500</b> Per Person/ <b>\$13,000</b> Family. Out-Of-Network: <b>\$9,000</b> Per Person/ <b>\$18,000</b> Family.	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
<b>What is not included in the <u>out-of-pocket limit</u>?</b>	<u>Premium</u> , <u>balance-billed</u> charges, and health care this <u>plan</u> doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
<b>Will you pay less if you use a <u>network provider</u>?</b>	Yes. See <a href="https://providersearch.floridablue.com/providersearch/pub/index.htm">https://providersearch.floridablue.com/providersearch/pub/index.htm</a> or call 1-800-664-5295 for a list of <u>network providers</u> .	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's charge</u> and what your <u>plan</u> pays ( <u>balance billing</u> ). Be aware your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
<b>Do you need a <u>referral</u> to see a <u>specialist</u>?</b>	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .



All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
<b>If you visit a health care provider's office or clinic</b>	Primary care visit to treat an injury or illness	Value Choice Provider: \$30 <u>Copay</u> per Visit / Primary Care Visits: \$30 <u>Copay</u> per Visit/ Virtual Visits: \$30 <u>Copay</u> per Visit	<u>Deductible</u> + 50% <u>Coinsurance</u> / Virtual Visits: Not Covered	Physician administered drugs may have higher cost share. Virtual Visit services are <u>only</u> covered for In-Network providers.
	<u>Specialist</u> visit	Value Choice Specialist: \$40 <u>Copay</u> per Visit/ Specialist: \$40 <u>Copay</u> per Visit/ Virtual Visits: \$40 <u>Copay</u> per Visit	<u>Deductible</u> + 50% <u>Coinsurance</u> / Virtual Visits: Not Covered	Physician administered drugs may have higher cost share. Virtual Visit services are <u>only</u> covered for In-Network providers.
	<u>Preventive care/screening/immunization</u>	No Charge, <u>Deductible</u> does not apply	50% <u>Coinsurance</u>	Physician administered drugs may have higher cost share. You may have to pay for services that aren't <u>preventive</u> . Ask your <u>provider</u> if the services needed are <u>preventive</u> . Then check what your <u>plan</u> will pay for.
<b>If you have a test</b>	<u>Diagnostic test</u> (x-ray, blood work)	Value Choice Specialist: \$40 <u>Copay</u> per Visit/ Independent Clinical Lab: No Charge, <u>Deductible</u> does not apply/ Independent Diagnostic Testing Center: \$35 <u>Copay</u> per Visit	<u>Deductible</u> + 50% <u>Coinsurance</u>	Tests performed in hospitals may have higher cost share.
	Imaging (CT/PET scans, MRIs)	\$300 <u>Copay</u> per Visit	<u>Deductible</u> + 50% <u>Coinsurance</u>	Prior Authorization may be required. Your benefits/services may be denied.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		<u>Network Provider</u> (You will pay the least)	<u>Out-of-Network Provider</u> (You will pay the most)	
<b>If you need drugs to treat your illness or condition</b> More information about <b>prescription drug coverage</b> is available at <a href="https://www.floridablue.com/members/tools-resources/pharmacy/medication-guide">https://www.floridablue.com/members/tools-resources/pharmacy/medication-guide</a>	Generic drugs	\$10 <u>Copay</u> per Prescription at retail, \$20 <u>Copay</u> per Prescription by mail	50% <u>Coinsurance</u> ; Not Covered by mail	Up to 30 day supply for retail, 90 day supply for mail order. Responsible Rx programs such as Prior Authorization may apply. See Medication guide for more information.
	Preferred brand drugs	\$60 <u>Copay</u> per Prescription at retail, \$120 <u>Copay</u> per Prescription by mail	50% <u>Coinsurance</u> ; Not Covered by mail	Up to 30 day supply for retail, 90 day supply for mail order.
	Non-preferred brand drugs	\$100 <u>Copay</u> per Prescription at retail, \$200 <u>Copay</u> per Prescription by mail	50% <u>Coinsurance</u> ; Not Covered by mail	Up to 30 day supply for retail, 90 day supply for mail order.
	<u>Specialty drugs</u>	\$250 <u>Copay</u> per Prescription at retail.	50% <u>Coinsurance</u> ; Not Covered by mail	Up to 30 day supply for retail. Not covered through Mail Order.
<b>If you have outpatient surgery</b>	Facility fee (e.g., ambulatory surgery center)	<u>Deductible</u> + 30% <u>Coinsurance</u>	<u>Deductible</u> + 50% <u>Coinsurance</u>	—————none—————
	Physician/surgeon fees	Ambulatory Surgical Center: \$30 <u>Copay</u> per Visit/ Hospital: <u>Deductible</u> + 30% <u>Coinsurance</u>	Ambulatory Surgical Center: <u>Deductible</u> + 50% <u>Coinsurance</u> / Hospital: <u>In-Network Deductible</u> + 30% <u>Coinsurance</u>	—————none—————
<b>If you need immediate medical attention</b>	<u>Emergency room care</u>	Physician Services: 30% <u>Coinsurance</u> / Facility: \$300 <u>Copay</u> per Visit	Physician Services: 30% <u>Coinsurance</u> / Facility: \$300 <u>Copay</u> per Visit	—————none—————
	<u>Emergency medical transportation</u>	\$200 <u>Copay</u> per Visit	\$200 <u>Copay</u> per Visit	—————none—————
	<u>Urgent care</u>	Value Choice Provider: \$35 <u>Copay</u> per Visit - Visits 1-2; \$35 <u>Copay</u> per remaining Visit/ Urgent Care Visits: \$35 <u>Copay</u> per Visit	<u>Deductible</u> + \$35 <u>Copay</u> per Visit	—————none—————
<b>If you have a hospital stay</b>	Facility fee (e.g., hospital room)	<u>Deductible</u> + 30% <u>Coinsurance</u>	<u>Deductible</u> + 50% <u>Coinsurance</u>	Inpatient Rehab Services limited to 30 days.

For more information about limitations and exceptions, see the plan or policy document at [www.\[insert\].com](http://www.[insert].com).

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	Physician/surgeon fees	<u>Deductible</u> + 30% <u>Coinsurance</u>	<u>In-Network Deductible</u> + 30% <u>Coinsurance</u>	—————none—————
<b>If you need mental health, behavioral health, or substance abuse services</b>	Outpatient services	Specialist Virtual Visits: \$40 <u>Copay</u> per Visit / Physician Office: \$40 <u>Copay</u> per Visit / Hospital: \$30 <u>Copay</u> per Visit	<u>Deductible</u> + 50% <u>Coinsurance</u> / Specialist Virtual Visits: Not Covered	Virtual Visit services are <u>only</u> covered for In-Network providers.
	Inpatient services	Physician Services: 30% <u>Coinsurance</u> / Hospital: <u>Deductible</u> + 30% <u>Coinsurance</u>	Physician Services: 30% <u>Coinsurance</u> / Hospital: <u>Deductible</u> + 50% <u>Coinsurance</u>	Prior Authorization may be required. Your benefits/services may be denied.
<b>If you are pregnant</b>	Office visits	\$40 <u>Copay</u> on initial Visit	<u>Deductible</u> + 50% <u>Coinsurance</u>	Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound.)
	Childbirth/delivery professional services	<u>Deductible</u> + 30% <u>Coinsurance</u>	<u>In-Network Deductible</u> + 30% <u>Coinsurance</u>	—————none—————
	Childbirth/delivery facility services	<u>Deductible</u> + 30% <u>Coinsurance</u>	<u>Deductible</u> + 50% <u>Coinsurance</u>	—————none—————
<b>If you need help recovering or have other special health needs</b>	<u>Home health care</u>	\$20 <u>Copay</u> per Visit	<u>Deductible</u> + 50% <u>Coinsurance</u>	—————none—————
	<u>Rehabilitation services</u>	\$40 <u>Copay</u> per Visit	<u>Deductible</u> + 50% <u>Coinsurance</u>	Coverage limited to 60 visits, including 20 manipulations. Services performed in hospital may have higher cost share. Prior Authorization may be required. Your benefits/services may be denied.
	<u>Habilitation services</u>	Not Covered	Not Covered	Not Covered
	<u>Skilled nursing care</u>	<u>Deductible</u> + 30% <u>Coinsurance</u>	<u>Deductible</u> + 50% <u>Coinsurance</u>	—————none—————
	<u>Durable medical equipment</u>	Motorized Wheelchairs: \$500 <u>Copay</u> / All Other: \$45 <u>Copay</u> per Visit	<u>Deductible</u> + 50% <u>Coinsurance</u>	Excludes vehicle modifications, home modifications, exercise, bathroom equipment and replacement of <u>DME</u> due to use/age.
	<u>Hospice services</u>	\$20 <u>Copay</u> per Visit	<u>Deductible</u> + 50% <u>Coinsurance</u>	—————none—————

For more information about limitations and exceptions, see the [plan](#) or policy document at [www.\[insert\].com](#).

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If your child needs dental or eye care	Children's eye exam	Covered	Not Covered	Coverage limited to 1 exam per 24 months for adults: 1 exam every 12 months for children ages 0-17. Includes refraction.
	Children's glasses	Not Covered	Not Covered	Not Covered
	Children's dental check-up	Not Covered	Not Covered	Not Covered

**Excluded Services & Other Covered Services:**

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)		
<ul style="list-style-type: none"> <li>Acupuncture</li> <li>Cosmetic surgery</li> <li>Dental care (Adult)</li> <li>Habilitation services</li> </ul>	<ul style="list-style-type: none"> <li>Hearing aids</li> <li>Long-term care</li> <li>Pediatric dental check-up</li> </ul>	<ul style="list-style-type: none"> <li>Pediatric glasses</li> <li>Private-duty nursing</li> <li>Routine foot care unless for treatment of diabetes</li> <li>Weight loss programs</li> </ul>
Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)		
<ul style="list-style-type: none"> <li>Bariatric surgery</li> <li>Chiropractic care</li> <li>Infertility treatment</li> </ul>	<ul style="list-style-type: none"> <li>Most coverage provided outside the United States. See <a href="http://www.floridablue.com">www.floridablue.com</a>.</li> <li>Non-emergency care when traveling outside the U.S.</li> </ul>	<ul style="list-style-type: none"> <li>Pediatric eye exam</li> <li>Routine eye care (Adult)</li> </ul>

**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: State Department of Insurance at 1-877-693-5236, the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa) or the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or [www.cciio.cms.gov](http://www.cciio.cms.gov). Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596.

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact the insurer at 1-800-664-5295. You may also contact your State Department of Insurance at 1-877-693-5236 or the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). For group health coverage subject to ERISA contact your employee services department. For non-federal governmental group health plans and church plans that are group health plans contact your employee services department. You may also contact the state insurance department at 1-877-693-5236. Additionally, a consumer assistance program can help you file your appeal. Contact U.S. Department of Labor Employee Benefits Security Administration at 1-866-4-USA-DOL (866-487-2365) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform).

For more information about limitations and exceptions, see the plan or policy document at [www.\[insert\].com](http://www.[insert].com).

**Does this plan provide Minimum Essential Coverage? **Yes****

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

**Does this plan meet the Minimum Value Standards? [ **Yes / No** ]**

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

—————*To see examples of how this plan might cover costs for a sample medical situation, see the next section.*—————

For more information about limitations and exceptions, see the plan or policy document at [www.\[insert\].com](http://www.[insert].com).

About these Coverage Examples:



**This is not a cost estimator.** Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

**Peg is Having a Baby**

(9 months of in-network pre-natal care and a hospital delivery)

- **The plan's overall deductible** \$1,000
- **Specialist Copayment** \$40
- **Hospital (facility) Coinsurance** 30%
- **Other No Charge** \$0

**This EXAMPLE event includes services like:**

- Specialist office visits (*prenatal care*)
- Childbirth/Delivery Professional Services
- Childbirth/Delivery Facility Services
- Diagnostic tests (*ultrasounds and blood work*)
- Specialist visit (*anesthesia*)

<b>Total Example Cost</b>	<b>\$12,700</b>
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In this example, Peg would pay:

<u>Cost Sharing</u>	
<u>Deductibles</u>	\$1,000
<u>Copayments</u>	\$50
<u>Coinsurance</u>	\$2,300
<i>What isn't covered</i>	
Limits or exclusions	\$60
<b>The total Peg would pay is</b>	<b>\$3,410</b>

**Managing Joe's type 2 Diabetes**

(a year of routine in-network care of a well-controlled condition)

- **The plan's overall deductible** \$1,000
- **Specialist Copayment** \$40
- **Hospital (facility) Coinsurance** 30%
- **Other Copayment** \$45

**This EXAMPLE event includes services like:**

- Primary care physician office visits (*including disease education*)
- Diagnostic tests (*blood work*)
- Prescription drugs
- Durable medical equipment (*glucose meter*)

<b>Total Example Cost</b>	<b>\$5,600</b>
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In this example, Joe would pay:

<u>Cost Sharing</u>	
<u>Deductibles</u>	\$0
<u>Copayments</u>	\$1,500
<u>Coinsurance</u>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$20
<b>The total Joe would pay is</b>	<b>\$1,520</b>

**Mia's Simple Fracture**

(in-network emergency room visit and follow up care)

- **The plan's overall deductible** \$1,000
- **Specialist Copayment** \$40
- **Hospital (facility) Coinsurance** 30%
- **Other Copayment** \$300

**This EXAMPLE event includes services like:**

- Emergency room care (*including medical supplies*)
- Diagnostic test (*x-ray*)
- Durable medical equipment (*crutches*)
- Rehabilitation services (*physical therapy*)

<b>Total Example Cost</b>	<b>\$2,800</b>
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In this example, Mia would pay:

<u>Cost Sharing</u>	
<u>Deductibles</u>	\$1,000
<u>Copayments</u>	\$700
<u>Coinsurance</u>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$1,650</b>

Note: These numbers assume the patient does not participate in the plan's wellness program. If you participate in the plan's wellness program, you may be able to reduce your costs. For more information about the wellness program, please contact: [www.floridablue.com](http://www.floridablue.com).

### **Section 1557 Notification: Discrimination is Against the Law**

We comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. We do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

We provide:

- Free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact:

- Health and vision coverage: 1-800-352-2583
- Dental, life, and disability coverage: 1-888-223-4892
- Federal Employee Program: 1-800-333-2227

If you believe that we have failed to provide these services or discriminate on the basis of race, color, national origin, disability, age, sex, gender identity or sexual orientation, you can file a grievance with:

**Health and vision coverage (including FEP members):**

Section 1557 Coordinator  
4800 Deerwood Campus Parkway, DCC 1-7  
Jacksonville, FL 32246  
1-800-477-3736 x29070  
1-800-955-8770 (TTY)  
Fax: 1-904-301-1580  
section1557coordinator@floridablue.com

**Dental, life, and disability coverage:**

Civil Rights Coordinator  
17500 Chenal Parkway  
Little Rock, AR 72223  
1-800-260-0331  
1-800-955-8770 (TTY)  
civilrightscordinator@fclife.com

Health insurance is offered by Florida Blue. HMO coverage is offered by Florida Blue HMO, an affiliate of Florida Blue. Dental insurance is offered by Florida Combined Life Insurance Company, Inc., an affiliate of Blue Cross and Blue Shield of Florida, Inc. These companies are Independent Licensees of the Blue Cross and Blue Shield Association.



You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Section 1557 Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, by mail or phone at:

**U.S. Department of Health and Human Services**

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

1-800-368-1019

1-800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

**ATENCIÓN:** Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-352-2583 (TTY: 1-877-955-8773). FEP: Llame al 1-800-333-2227

**ATANSYON:** Si w pale Kreyòl ayisyen, ou ka resevwa yon èd gratis nan lang pa w. Rele 1-800-352-2583 (pou moun ki pa tande byen: 1-800-955-8770). FEP: Rele 1-800-333-2227

**CHÚ Ý:** Nếu bạn nói Tiếng Việt, có dịch vụ trợ giúp ngôn ngữ miễn phí dành cho bạn. Hãy gọi số 1-800-352-2583 (TTY: 1-800-955-8770). FEP: Gọi số 1-800-333-2227

**ATENÇÃO:** Se você fala português, utilize os serviços linguísticos gratuitos disponíveis. Ligue para 1-800-352-2583 (TTY: 1-800-955-8770). FEP: Ligue para 1-800-333-2227

**注意:** 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-800-352-2583 (TTY: 1-800-955-8770)。FEP：請致電1-800-333-2227

**ATTENTION:** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-352-2583 (ATS : 1-800-955-8770). FEP : Appelez le 1-800-333-2227

Health insurance is offered by Florida Blue. HMO coverage is offered by Florida Blue HMO, an affiliate of Florida Blue. Dental insurance is offered by Florida Combined Life Insurance Company, Inc., an affiliate of Blue Cross and Blue Shield of Florida, Inc. These companies are Independent Licensees of the Blue Cross and Blue Shield Association.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-352-2583 (TTY: 1-800-955-8770). FEP: Tumawag sa 1-800-333-2227

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-352-2583 (телетайп: 1-800-955-8770). FEP: Звоните 1-800-333-2227

ملحوظة: إذا كنت تتحدث انكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-352-2583 (رقم هاتف الصم والبكم: 1-800-955-8770). اتصل برقم 1-800-333-2227.

ATTENZIONE: Qualora fosse l'italiano la lingua parlata, sono disponibili dei servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-352-2583 (TTY: 1-800-955-8770). FEP: chiamare il numero 1-800-333-2227

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: +1-800-352-2583 (TTY: +1-800-955-8770). FEP: Rufnummer +1-800-333-2227

주의: 한국어 사용을 원하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-352-2583 (TTY: 1-800-955-8770) 로 전화하십시오. FEP: 1-800-333-2227 로 연락하십시오.

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-352-2583 (TTY: 1-800-955-8770). FEP: Zadzwoń pod numer 1-800-333-2227.

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવા તમારા માટે ઉપલબ્ધ છે.  
ફોન કરો 1-800-352-2583 (TTY: 1-800-955-8770). FEP: ફોન કરો 1-800-333-2227

ประกาศ: ถ้าคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โดยติดต่อหมายเลขโทรศัพท์ 1-800-352-2583 (TTY: 1-800-955-8770) หรือ FEP โทร 1-800-333-2227

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-800-352-2583 (TTY: 1-800-955-8770) まで、お電話にてご連絡ください。FEP: 1-800-333-2227

توجه: اگر به زبان فارسی صحبت می کنید، تسهیلات زبانی رایگان در دسترس شما خواهد بود.  
با شماره 1-800-352-2583 (TTY: 1-800-955-8770) تماس بگیرید. FEP: با شماره 1-800-333-2227 تماس بگیرید.

Baa ákonínzin: Diné bizaad bee yáníiti' go, saad bee áká anáwo', t'áá jíik'eh, ná hóló. Koji' hodiílnih 1-800-352-2583 (TTY: 1-800-955-8770). FEP ígíí éí koji' hodiílnih 1-800-333-2227.

Health insurance is offered by Florida Blue. HMO coverage is offered by Florida Blue HMO, an affiliate of Florida Blue. Dental insurance is offered by Florida Combined Life Insurance Company, Inc., an affiliate of Blue Cross and Blue Shield of Florida, Inc. These companies are Independent Licensees of the Blue Cross and Blue Shield Association.

**Summary of Benefits and Coverage: What this Plan Covers & What You Pay For Covered Services**

**Coverage for:** Individual and/or Family | **Plan Type:** PPO



**The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately.**

**This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, [www.\[insert\].com](http://www.[insert].com). For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at [www.\[insert\].com](http://www.[insert].com) or call 1-800-664-5295 to request a copy.

Important Questions	Answers	Why This Matters:
<b>What is the overall deductible?</b>	In-Network: <b>\$400</b> Per Person/ <b>\$800</b> Family. Out-of-Network: <b>Not Applicable.</b>	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .
<b>Are there services covered before you meet your deductible?</b>	Yes. <u>Preventive care.</u>	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at <a href="http://www.healthcare.gov/coverage/preventive-care-benefits/">www.healthcare.gov/coverage/preventive-care-benefits/</a> .
<b>Are there other deductibles for specific services?</b>	No.	You don't have to meet <u>deductibles</u> for specific services.
<b>What is the out-of-pocket limit for this plan?</b>	In-Network: <b>\$3,000</b> Per Person/ <b>\$6,000</b> Family. Out-Of-Network: <b>Not Applicable.</b>	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
<b>What is not included in the out-of-pocket limit?</b>	<u>Premium</u> , <u>balance-billed</u> charges, and health care this <u>plan</u> doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
<b>Will you pay less if you use a network provider?</b>	Yes. See <a href="https://providersearch.floridablue.com/providersearch/pub/index.htm">https://providersearch.floridablue.com/providersearch/pub/index.htm</a> or call 1-800-664-5295 for a list of <u>network providers</u> .	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's charge</u> and what your <u>plan</u> pays ( <u>balance billing</u> ). Be aware your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
<b>Do you need a referral to see a specialist?</b>	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .



All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
<b>If you visit a health care provider's office or clinic</b>	Primary care visit to treat an injury or illness	Primary Care Visits: \$10 <u>Copay</u> per Visit/ Virtual Visits: \$10 <u>Copay</u> per Visit	Not Covered	Physician administered drugs may have higher cost share.
	<u>Specialist</u> visit	Specialist: \$30 <u>Copay</u> per Visit/ Virtual Visits: \$30 <u>Copay</u> per Visit	Not Covered	Physician administered drugs may have higher cost share.
	<u>Preventive care/screening/immunization</u>	No Charge, <u>Deductible</u> does not apply	Not Covered	Physician administered drugs may have higher cost share. You may have to pay for services that aren't <u>preventive</u> . Ask your <u>provider</u> if the services needed are <u>preventive</u> . Then check what your <u>plan</u> will pay for.
<b>If you have a test</b>	<u>Diagnostic test</u> (x-ray, blood work)	Independent Clinical Lab: No Charge, <u>Deductible</u> does not apply/ Independent Diagnostic Testing Center: \$30 <u>Copay</u> per Visit	Not Covered	Tests performed in hospitals may have higher cost share.
	Imaging (CT/PET scans, MRIs)	Physician Office: \$30 <u>Copay</u> per Visit/ Independent Diagnostic Testing Center: \$100 <u>Copay</u> per Visit	Not Covered	Prior Authorization may be required. Your benefits/services may be denied.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
<b>If you need drugs to treat your illness or condition</b> More information about <b>prescription drug coverage</b> is available at <a href="https://www.floridablue.com/members/tools-resources/pharmacy/medication-guide">https://www.floridablue.com/members/tools-resources/pharmacy/medication-guide</a>	Generic drugs	\$10 <u>Copay</u> per Prescription at retail, \$20 <u>Copay</u> per Prescription by mail	50% <u>Coinsurance</u> ; Not Covered by Mail	Up to 30 day supply for retail, 90 day supply for mail order. Responsible Rx programs such as Prior Authorization may apply. See Medication guide for more information.
	Preferred brand drugs	\$60 <u>Copay</u> per Prescription at retail, \$120 <u>Copay</u> per Prescription by mail	50% <u>Coinsurance</u> ; Not Covered by Mail	Up to 30 day supply for retail, 90 day supply for mail order.
	Non-preferred brand drugs	\$100 <u>Copay</u> per Prescription at retail, \$200 <u>Copay</u> per Prescription by mail	50% <u>Coinsurance</u> ; Not Covered by Mail	Up to 30 day supply for retail, 90 day supply for mail order.
	<u>Specialty drugs</u>	\$250 <u>Copay</u> per Prescription at retail,	50% <u>Coinsurance</u> ; Not Covered by Mail	Up to 30 day supply for retail. Not covered through Mail Order.
<b>If you have outpatient surgery</b>	Facility fee (e.g., ambulatory surgery center)	<u>Deductible</u> + 20% <u>Coinsurance</u>	Not Covered	—————none—————
	Physician/surgeon fees	<u>Deductible</u> + 20% <u>Coinsurance</u>	Not Covered	—————none—————
<b>If you need immediate medical attention</b>	<u>Emergency room care</u>	<u>Deductible</u> + 20% <u>Coinsurance</u>	<u>Deductible</u> + 20% <u>Coinsurance</u>	—————none—————
	<u>Emergency medical transportation</u>	<u>Deductible</u> + 20% <u>Coinsurance</u>	<u>Deductible</u> + 20% <u>Coinsurance</u>	—————none—————
	<u>Urgent care</u>	Value Choice Provider: \$25 <u>Copay</u> per Visit - Visits 1-2; \$25 <u>Copay</u> per remaining Visit/ Urgent Care Visits: \$25 <u>Copay</u> per Visit	\$25 <u>Copay</u> per Visit	—————none—————
<b>If you have a hospital stay</b>	Facility fee (e.g., hospital room)	<u>Deductible</u> + 20% <u>Coinsurance</u>	Not Covered	Inpatient Rehab Services limited to 30 days.
	Physician/surgeon fees	<u>Deductible</u> + 20% <u>Coinsurance</u>	Not Covered	—————none—————

For more information about limitations and exceptions, see the plan or policy document at [www.\[insert\].com](http://www.[insert].com).

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		<u>Network Provider</u> (You will pay the least)	<u>Out-of-Network Provider</u> (You will pay the most)	
<b>If you need mental health, behavioral health, or substance abuse services</b>	Outpatient services	Specialist Virtual Visits: \$10 <u>Copay</u> per Visit / Physician Office: \$10 <u>Copay</u> per Visit / Hospital: <u>Deductible</u> + 20% <u>Coinsurance</u>	Not Covered	Virtual Visit services are <u>only</u> covered for In-Network providers.
	Inpatient services	<u>Deductible</u> + 20% <u>Coinsurance</u>	Not Covered	Prior Authorization may be required. Your benefits/services may be denied.
<b>If you are pregnant</b>	Office visits	\$30 <u>Copay</u> on initial Visit	Not Covered	Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound.)
	Childbirth/delivery professional services	<u>Deductible</u> + 20% <u>Coinsurance</u>	Not Covered	—————none—————
	Childbirth/delivery facility services	<u>Deductible</u> + 20% <u>Coinsurance</u>	Not Covered	—————none—————
<b>If you need help recovering or have other special health needs</b>	<u>Home health care</u>	<u>Deductible</u> + 20% <u>Coinsurance</u>	Not Covered	Coverage limited to 100 visits.
	<u>Rehabilitation services</u>	Physician Office: \$35 <u>Copay</u> per Visit/ Outpatient Rehab Center: <u>Deductible</u> + 20% <u>Coinsurance</u>	Not Covered	Coverage limited to 60 visits, including 20 manipulations. Services performed in hospital may have higher cost share. Prior Authorization may be required. Your benefits/services may be denied.
	<u>Habilitation services</u>	Not Covered	Not Covered	Not Covered
	<u>Skilled nursing care</u>	<u>Deductible</u> + 20% <u>Coinsurance</u>	Not Covered	Coverage limited to 100 days.
	<u>Durable medical equipment</u>	<u>Deductible</u> + 20% <u>Coinsurance</u>	Not Covered	Excludes vehicle modifications, home modifications, exercise, bathroom equipment and replacement of <u>DME</u> due to use/age.
	<u>Hospice services</u>	<u>Deductible</u> + 20% <u>Coinsurance</u>	Not Covered	—————none—————
<b>If your child needs dental or eye care</b>	Children's eye exam	Covered	Not Covered	Coverage limited to 1 eye exam every 24 months for adults: 1 exam every 12 months for children ages 0-17. Includes refraction
	Children's glasses	Not Covered	Not Covered	Not Covered
	Children's dental check-up	Not Covered	Not Covered	Not Covered

For more information about limitations and exceptions, see the plan or policy document at [www.\[insert\].com](http://www.[insert].com).

## Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)		
<ul style="list-style-type: none"><li>• Acupuncture</li><li>• Cosmetic surgery</li><li>• Dental care (Adult)</li><li>• Habilitation services</li></ul>	<ul style="list-style-type: none"><li>• Hearing aids</li><li>• Long-term care</li><li>• Pediatric dental check-up</li><li>•</li></ul>	<ul style="list-style-type: none"><li>• Pediatric glasses</li><li>• Private-duty nursing</li><li>• Routine foot care unless for treatment of diabetes</li><li>• Weight loss programs</li></ul>
Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)		
<ul style="list-style-type: none"><li>• Bariatric surgery</li><li>• Chiropractic care</li><li>• Infertility treatment</li></ul>	<ul style="list-style-type: none"><li>• Most coverage provided outside the United States. See <a href="http://www.floridablue.com">www.floridablue.com</a>.</li><li>• Non-emergency care when traveling outside the U.S.</li></ul>	<ul style="list-style-type: none"><li>• Pediatric eye exam</li><li>• Routine eye care (Adult)</li></ul>

**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: State Department of Insurance at 1-877-693-5236, the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa) or the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or [www.cciio.cms.gov](http://www.cciio.cms.gov). Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596.

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact the insurer at 1-800-664-5295. You may also contact your State Department of Insurance at 1-877-693-5236 or the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). For group health coverage subject to ERISA contact your employee services department. For non-federal governmental group health plans and church plans that are group health plans contact your employee services department. You may also contact the state insurance department at 1-877-693-5236. Additionally, a consumer assistance program can help you file your appeal. Contact U.S. Department of Labor Employee Benefits Security Administration at 1-866-4-USA-DOL (866-487-2365) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform).

### Does this plan provide Minimum Essential Coverage? **Yes**

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

### Does this plan meet the Minimum Value Standards? [ **Yes / No** ]

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

—————To see examples of how this plan might cover costs for a sample medical situation, see the next section.—————

For more information about limitations and exceptions, see the plan or policy document at [www.\[insert\].com](http://www.[insert].com).

For more information about limitations and exceptions, see the plan or policy document at [www.\[insert\].com](http://www.[insert].com).



About these Coverage Examples:



**This is not a cost estimator.** Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

**Peg is Having a Baby**  
(9 months of in-network pre-natal care and a hospital delivery)

- **The plan's overall deductible** \$400
- **Specialist Copayment** \$30
- **Hospital (facility) Coinsurance** 20%
- **Other No Charge** \$0

This EXAMPLE event includes services like:

- Specialist office visits (*prenatal care*)
- Childbirth/Delivery Professional Services
- Childbirth/Delivery Facility Services
- Diagnostic tests (*ultrasounds and blood work*)
- Specialist visit (*anesthesia*)

<b>Total Example Cost</b>	<b>\$12,700</b>
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In this example, Peg would pay:

<u>Cost Sharing</u>	
<u>Deductibles</u>	\$400
<u>Copayments</u>	\$30
<u>Coinsurance</u>	\$1,200
<i>What isn't covered</i>	
Limits or exclusions	\$60
<b>The total Peg would pay is</b>	<b>\$1,690</b>

**Managing Joe's type 2 Diabetes**  
(a year of routine in-network care of a well-controlled condition)

- **The plan's overall deductible** \$400
- **Specialist Copayment** \$30
- **Hospital (facility) Coinsurance** 20%
- **Other Coinsurance** 20%

This EXAMPLE event includes services like:

- Primary care physician office visits (*including disease education*)
- Diagnostic tests (*blood work*)
- Prescription drugs
- Durable medical equipment (*glucose meter*)

<b>Total Example Cost</b>	<b>\$5,600</b>
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In this example, Joe would pay:

<u>Cost Sharing</u>	
<u>Deductibles</u>	\$0
<u>Copayments</u>	\$1,400
<u>Coinsurance</u>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
<b>The total Joe would pay is</b>	<b>\$1,400</b>

**Mia's Simple Fracture**  
(in-network emergency room visit and follow up care)

- **The plan's overall deductible** \$400
- **Specialist Copayment** \$30
- **Hospital (facility) Coinsurance** 20%
- **Other Coinsurance** 20%

This EXAMPLE event includes services like:

- Emergency room care (*including medical supplies*)
- Diagnostic test (*x-ray*)
- Durable medical equipment (*crutches*)
- Rehabilitation services (*physical therapy*)

<b>Total Example Cost</b>	<b>\$2,800</b>
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In this example, Mia would pay:

<u>Cost Sharing</u>	
<u>Deductibles</u>	\$400
<u>Copayments</u>	\$300
<u>Coinsurance</u>	\$200
<i>What isn't covered</i>	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$900</b>

Note: These numbers assume the patient does not participate in the plan's wellness program. If you participate in the plan's wellness program, you may be able to reduce your costs. For more information about the wellness program, please contact: [www.floridablue.com](http://www.floridablue.com).

### **Section 1557 Notification: Discrimination is Against the Law**

We comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. We do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

We provide:

- Free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact:

- Health and vision coverage: 1-800-352-2583
- Dental, life, and disability coverage: 1-888-223-4892
- Federal Employee Program: 1-800-333-2227

If you believe that we have failed to provide these services or discriminate on the basis of race, color, national origin, disability, age, sex, gender identity or sexual orientation, you can file a grievance with:

**Health and vision coverage (including FEP members):**

Section 1557 Coordinator  
4800 Deerwood Campus Parkway, DCC 1-7  
Jacksonville, FL 32246  
1-800-477-3736 x29070  
1-800-955-8770 (TTY)  
Fax: 1-904-301-1580  
[section1557coordinator@floridablue.com](mailto:section1557coordinator@floridablue.com)

**Dental, life, and disability coverage:**

Civil Rights Coordinator  
17500 Chenal Parkway  
Little Rock, AR 72223  
1-800-260-0331  
1-800-955-8770 (TTY)  
[civilrightscoordinator@fclife.com](mailto:civilrightscoordinator@fclife.com)

Health insurance is offered by Florida Blue. HMO coverage is offered by Florida Blue HMO, an affiliate of Florida Blue. Dental insurance is offered by Florida Combined Life Insurance Company, Inc., an affiliate of Blue Cross and Blue Shield of Florida, Inc. These companies are Independent Licensees of the Blue Cross and Blue Shield Association.

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Section 1557 Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, by mail or phone at:

**U.S. Department of Health and Human Services**

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

1-800-368-1019

1-800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

**ATENCIÓN:** Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-352-2583 (TTY: 1-877-955-8773). FEP: Llame al 1-800-333-2227

**ATANSYON:** Si w pale Kreyòl ayisyen, ou ka resevwa yon èd gratis nan lang pa w. Rele 1-800-352-2583 (pou moun ki pa tande byen: 1-800-955-8770). FEP: Rele 1-800-333-2227

**CHÚ Ý:** Nếu bạn nói Tiếng Việt, có dịch vụ trợ giúp ngôn ngữ miễn phí dành cho bạn. Hãy gọi số 1-800-352-2583 (TTY: 1-800-955-8770). FEP: Gọi số 1-800-333-2227

**ATENÇÃO:** Se você fala português, utilize os serviços linguísticos gratuitos disponíveis. Ligue para 1-800-352-2583 (TTY: 1-800-955-8770). FEP: Ligue para 1-800-333-2227

**注意:** 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-800-352-2583 (TTY: 1-800-955-8770)。FEP：請致電1-800-333-2227

**ATTENTION:** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-352-2583 (ATS : 1-800-955-8770). FEP : Appelez le 1-800-333-2227

Health insurance is offered by Florida Blue. HMO coverage is offered by Florida Blue HMO, an affiliate of Florida Blue. Dental insurance is offered by Florida Combined Life Insurance Company, Inc., an affiliate of Blue Cross and Blue Shield of Florida, Inc. These companies are Independent Licensees of the Blue Cross and Blue Shield Association.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-352-2583 (TTY: 1-800-955-8770). FEP: Tumawag sa 1-800-333-2227

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-352-2583 (телетайп: 1-800-955-8770). FEP: Звоните 1-800-333-2227

ملحوظة: إذا كنت تتحدث انكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-352-2583 (رقم هاتف الصم والبكم: 1-800-955-8770). اتصل برقم 1-800-333-2227.

ATTENZIONE: Qualora fosse l'italiano la lingua parlata, sono disponibili dei servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-352-2583 (TTY: 1-800-955-8770). FEP: chiamare il numero 1-800-333-2227

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: +1-800-352-2583 (TTY: +1-800-955-8770). FEP: Rufnummer +1-800-333-2227

주의: 한국어 사용을 원하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-352-2583 (TTY: 1-800-955-8770) 로 전화하십시오. FEP: 1-800-333-2227 로 연락하십시오.

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-352-2583 (TTY: 1-800-955-8770). FEP: Zadzwoń pod numer 1-800-333-2227.

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવા તમારા માટે ઉપલબ્ધ છે.  
ફોન કરો 1-800-352-2583 (TTY: 1-800-955-8770). FEP: ફોન કરો 1-800-333-2227

ประกาศ: ถ้าคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โดยติดต่อหมายเลขโทรศัพท์ 1-800-352-2583 (TTY: 1-800-955-8770) หรือ FEP โทร 1-800-333-2227

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-800-352-2583 (TTY: 1-800-955-8770) まで、お電話にてご連絡ください。FEP: 1-800-333-2227

توجه: اگر به زبان فارسی صحبت می کنید، تسهیلات زبانی رایگان در دسترس شما خواهد بود.  
با شماره 1-800-352-2583 (TTY: 1-800-955-8770) تماس بگیرید. FEP: با شماره 1-800-333-2227 تماس بگیرید.

Baa ákonínzin: Diné bizaad bee yáńítí'go, saad bee áká anáwo', t'áá jíík'eh, ná hóló. Kojí' hodiílnih 1-800-352-2583 (TTY: 1-800-955-8770). FEP ígíí éí kojí' hodiílnih 1-800-333-2227.

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# Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved  
OMB No. 1210-0149  
(expires 12-31-2026)

## PART A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options in your geographic area.

### Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

### Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the credit that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12%<sup>1</sup> of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income.<sup>1,2</sup>

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution -as well as your employee contribution to employment-based coverage- is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

<sup>1</sup> Indexed annually; see <https://www.irs.gov/pub/irs-drop/rp-22-34.pdf> for 2023.

<sup>2</sup> An employer-sponsored or other employment-based health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

# When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.

Marketplace-eligible individuals who live in states served by HealthCare.gov and either- submit a new application or update an existing application on HealthCare.gov between March 31, 2023 and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. **That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage.** In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

## What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit <https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/> for more details.

## How Can I Get More Information?

For more information about your coverage offered through your employment, please check your health plan's summary plan description or contact

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The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](https://www.healthcare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.