



JPOFFHIT
Jacksonville Police Officers & Fire Fighters
Health Insurance Trust

ACTIVE MEMBER Benefits Guide

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USE THIS INTERACTIVE GUIDE TO EXPLORE YOUR BENEFIT OPTIONS.

Just click or tap on each section to quickly and easily find the benefit information you need.

This guide provides information to help you make enrollment decisions. Not all plan provisions, limitations and exclusions are included in this publication. In the event of any conflict between the information contained in this booklet and the actual plan documents and insurance contracts, the plan documents and insurance contracts will prevail. This booklet does not constitute a Summary Plan Description (SPD) or Plan Document. It contains abbreviated summaries of benefits.

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ELIGIBILITY INFORMATION

When You Are First Hired

Your coverage begins the first day of the month following 30 days of employment. You must complete your enrollment prior to your eligibility date and all required documentation must be provided at least ten days prior to your eligibility date.

During Open Enrollment

Open Enrollment is your opportunity to evaluate your benefit options and make changes for the following year. Benefits selected during Open Enrollment are effective January - December.

You are eligible to enroll in the Trust's plans if you fit the following criteria:

Active

- Any regular, full-time employees currently working 30 hours or more a week for the City of Jacksonville in a position covered by any collective bargaining agreement with the Fraternal Order of Police (FOP) or the International Association of Fire Fighters (IAFF).

Spouse Coverage

- Spouse, by legal marriage.

Dependent Child Coverage

- Children under the age of 26.
- Children over the age of 26 through the end of the month in which they turn 30 who are:
 - Unmarried
 - Have no dependents of their own
 - Is dependent on the Employee or Retiree for financial support
 - Not offered coverage through another group or individual plan
 - Not entitled to benefits under Title XVIII of Social Security Act
 - Resident of FL or is a full or part-time student

Disabled Dependents

- Children who become disabled before age 26 and rely on you for support are eligible for health coverage. Contact JPOFFHIT Benefits Support if this applies to you.

Newborn Medical Coverage

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

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MAKING CHANGES TO COVERAGE

Your benefit elections are effective January - December and can only be changed mid-year if you experience a Qualified Life Event (QLE). During the QLE, you may add or drop coverage for you or your eligible dependents. You cannot change plan types during a QLE.

You will be required to furnish documentation of the change within 30 days of the event. Supporting documentation must contain the reason for the change, the date of the event, and the family members who are affected by the event.

Examples of Qualified Life Events include:

- Birth, adoption, legal guardianship or placement for adoption.
- Marriage, divorce or annulment.
- Death of a dependent.
- Gain of other creditable coverage for spouse or dependent.
- Loss of other creditable coverage for spouse or dependent.

Qualified Life Event requests and supporting documentation must be submitted online via JPOFFHIT's benefits enrollment site within 30 days of the date of the life event. To submit your supporting documentation:

| | |
|--|--|
| 1. Visit to jpoffhit.org/enroll | 4. Choose the reason for the change and the effective date. |
| 2. Click or tap the red "Login to Your Account" button. | |
| 3. Login to the enrollment site using your email address and password. If you don't remember your login credentials, click the "Forgot Password" link. | 5. Documentation can be uploaded to the site directly or emailed to questions@jpoffhit.org |

If you do not request the change in the enrollment site or do not provide the documentation within 30 days, you will have to wait until the next open enrollment to add or drop your dependents. Members who elect to add/drop their dependents cannot change their elections until next open enrollment. Changes to your elections are governed by the Section 125 Plan.

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ENROLLMENT INSTRUCTIONS

All benefits-eligible employees must log in and complete their enrollment. All enrollments must be completed online through JPOFFHIT's benefits enrollment site.

HOW TO ENROLL IN OR CHANGE YOUR BENEFITS

You may either use the buttons below or visit jpoffhit.org/enroll. Click or tap the red buttons to either register as a new user or login as a returning member.

New User Registration

Register using your Last Name, DOB, last 4 of SSN, and email address. Then create and confirm your password.

REGISTER AS A NEW USER

Returning Members

Login using your email address and password. Click on the "Forgot Password" link to reset your login credentials.

LOGIN TO YOUR ACCOUNT

Choose the right action

- If you are completing your open enrollment, click on "Enroll Now".
- If you are making a change due to a Qualified Life Event, choose a selection from the drop down menu that pertains to your life event.

Update your profile and add family members

- Your name, address and basic information will be shown under the "My Profile" screen. You can update address and contact information here. You may be required to fill in missing information before proceeding.
- Add any dependent spouse or children to the "My Family" page. You will need their SSN, legal name and DOB in order to add them to your profile.
- You will be required to provide documentation for any new spouse or dependents added to the plan. You can upload copies of the documentation directly to the "My Family" page or email documentation to questions@jpoffhit.org.

Proceed through enrollment

- You will be guided through a series of screens that represent each benefit and plan options available to you.
- Click on the spouse or dependent's name to enroll them in the plan.
- The benefit rates will be displayed at a cost per paycheck rate and you can view your total election costs in the shopping cart at the top of the screen.

Confirm your benefits elections

- Once you have elected all benefits, check the "Review Your Information" page for accuracy.
- Check the box indicating you have read the terms of the elections.
- Choose "Confirm." This step is very important as it ensures you have completed all steps necessary to enroll.

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BENEFITS OPTIONS OVERVIEW

Medical Coverage Florida Blue

Three medical plans administered through Florida Blue. Two of the plans are in-network, in-state only using the Blue Care network. One plan has in- and out-of-network coverage and offers coverage in any state using the Blue Options network and includes access to Mayo Clinic.

Medical Coverage UF Health Direct Care

An Exclusive Provider Organization (EPO) with in-network only access to UF Health Direct Care providers and facilities. This plan offers in-network coverage regionally in Duval, Clay, St. Johns, Alachua, and Nassau County areas.

Dental Coverage Delta Dental

Three PPO dental plans and one DHMO plan administered through Delta Dental. Three DPPO plans have in- and out-of-network coverage and the DHMO offers in-network coverage on a fee-for-service basis. All plans cover preventive dental care at 100%.

Vision Coverage Eye Med

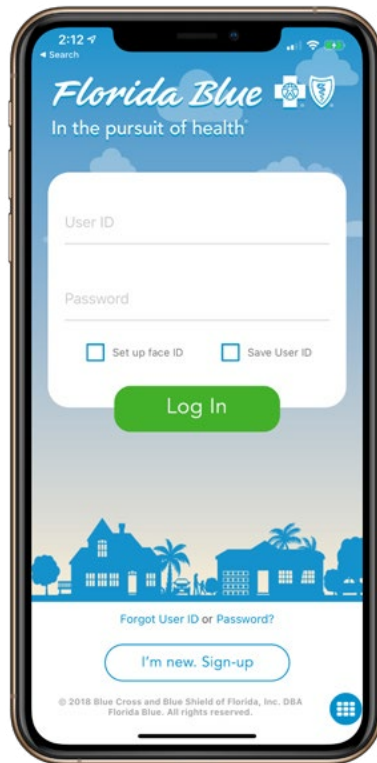
Two vision plan options that provide coverage for eye exams, lenses, and frames and/or contact lenses, as well as discounts on Lasik eye surgery from network providers.

Supplemental Plans Unum

Critical Illness, Accident, and Hospital Indemnity plans that help pay for specified expenses.

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ONLINE AND MOBILE RESOURCES



Here are just a few of the ways members can access their benefits information through the carrier websites and mobile apps:

- Find a provider
- Get an ID card
- Check your benefits
- Review your claims
- Compare costs
- Access discounts
- Contact customer support

Be sure to register on the carrier websites and download their respective apps to your phone so that you can access your benefits information anytime, anywhere: Members may also email questions@JPOFFHIT.org in order to receive their cards via email.

- floridablue.com
- deltadentalins.com
- eyemedvisioncare.com
- unum.com/employees
- express-scripts.com



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GROUP MEDICAL BENEFITS

| | UF Direct Health EPO | Blue Care 65 HMO Higher Deductible | Blue Care 48 HMO Lower Deductible | Blue Options 5782 PPO |
|---------------------------------|-------------------------|---------------------------------------|--------------------------------------|--------------------------|
| Medical Benefits | In-Network Only | In-Network Only | In-Network Only | In Network |
| Deductible (CYD) | | | | |
| Individual | \$750 | \$1,500 | \$300 | \$750 |
| Family Maximum | \$1,500 | \$3,000 | \$600 | \$1,500 |
| Out-of-Pocket Maximum | | | | |
| Individual | \$2,500 | \$5,000 | \$2,500 | \$6,000 |
| Family Maximum | \$5,000 | \$10,000 | \$5,000 | \$12,000 |
| Coinsurance | 20% | 30% | 30% | 30% |
| Primary Care Physician (PCP) | \$10 | \$25 | \$25 | \$30 |
| Specialist | \$30 | \$40 | \$35 | \$40 |
| Telemedicine | Not Available | \$0 | \$0 | \$0 |
| Diagnostic Services | | | | |
| Lab | \$0 | \$0 | \$0 | \$0 |
| X-Ray | CYD + 20% | CYD + 30% | \$30 | \$35 |
| Advanced Imaging Services (AIS) | CYD + 20% | CYD + 30% | \$300 | \$300 |
| Outpatient Surgery and Services | CYD + 20% | CYD + 30% | CYD + 30% | CYD + 30% |
| Inpatient Hospital Services | CYD + 20% | CYD + 30% | CYD + 30% | CYD + 30% |
| Emergency Room Services | CYD + 20% | CYD + 30% | \$300 + 30% | \$300 + 30% |
| Urgent Care Services | \$25 | \$25 | \$30 | \$35 |
| Mental Health Services | | | | |
| Outpatient | \$10 | \$40 | \$35 | \$40 |
| Inpatient | CYD + 20% | CYD + 30% | CYD + 30% | CYD + 30% |
| | Out of Network | Out of Network | Out of Network | Out of Network |
| Deductible (CYD) | | | | |
| Individual / Family | No Coverage | No Coverage | No Coverage | \$1,000 / \$2,000 |
| Out-of-Pocket Maximum | | | | |
| Individual / Family | No Coverage | No Coverage | No Coverage | \$9,000 / \$18,000 |
| Coinsurance | No Coverage | No Coverage | No Coverage | 50% |

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PHARMACY BENEFITS

Members enrolled in any Florida Blue medical plan will have their pharmacy benefits provided through Express Scripts (ESI) and will get a separate ID card from ESI to use for prescription drug claims.

Members enrolled in the UF Health plan will have a single ID card to use for both medical and prescription drug claims. You can find more information on JPOFFHIT’s drug formulary at jpoffhit.org/pharmacy.

Retail Pharmacy Benefits

| | UF Direct Health EPO | Blue Care 65 HMO Higher Deductible | Blue Care 48 HMO Lower Deductible | Blue Options PPO 05782 |
|---------------------|-------------------------|---------------------------------------|--------------------------------------|---------------------------|
| Pharmacy Benefits | Retail (up to 30 days) | | | |
| Generic | \$10 | \$0 | \$0 | \$0 |
| Preferred Brand | \$40 | \$40 | \$40 | \$40 |
| Non-Preferred Brand | \$75 | \$75 | \$75 | \$75 |

Mail Order Pharmacy Benefits

| | UF Direct Health EPO | Blue Care 65 HMO Higher Deductible | Blue Care 48 HMO Lower Deductible | Blue Options PPO 05782 |
|---------------------|-------------------------|---------------------------------------|--------------------------------------|---------------------------|
| Pharmacy Benefits | Mail Order (90 days) | | | |
| Generic | \$20 | \$0 | \$0 | \$0 |
| Preferred Brand | \$80 | \$80 | \$80 | \$80 |
| Non-Preferred Brand | \$150 | \$150 | \$150 | \$150 |

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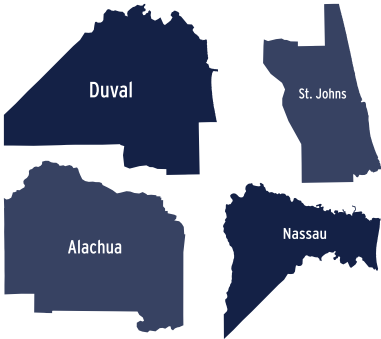
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SEEKING CARE WHEN YOUR DOCTOR ISN'T AVAILABLE

| |  TELADOC | Convenient Care | Urgent Care | Emergency Room |
|---------------|---|---|---|--|
| Your Cost | \$0* | PCP Copay | Urgent Care Copay | Deductible + Copay + Coinsurance |
| Treatment For | <ul style="list-style-type: none">• Flu and cold• Sore throat• Earaches and fever• Allergies• Rash <p><small>*Only available for Florida Blue plans</small></p> | <ul style="list-style-type: none">• Flu and cold• Sore throat• Earaches and fever• Allergies• Rash• Vomiting and stomach pain• Minor cuts | <ul style="list-style-type: none">• Flu and cold• Sore throat• High fever• Cuts and severe scrapes• Dehydration• Minor sprains or broken bones• Minor injuries or burns | <ul style="list-style-type: none">• Severe allergic reactions• Severe broken bones• Chest pain• Constant vomiting or continuous bleeding• Shortness of breath• Deep wounds• Head injuries• Weakness or pain in arm or leg |

USING IN-NETWORK PROVIDERS


You will find the most savings while using providers contracted as in-network under your plan. Some of the medical plans only offer coverage in the state of Florida or regionally. Check the chart below to see where the plans offer in-network providers.



Regional

UF Direct Health EPO

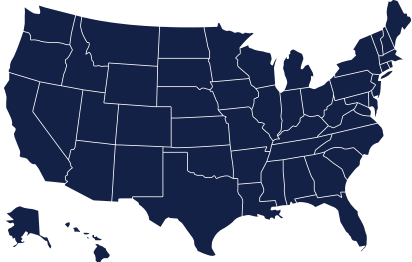
Available in Duval, Clay, St. Johns, Alachua, and Nassau counties only through UF Health's network of providers. Out-of-state coverage is for true emergencies only.



Florida

Blue Care HMO High Deductible
Blue Care HMO Low Deductible

Offers comprehensive coverage throughout the state of Florida. Out-of-state coverage is for true emergencies only.



In- and Out-of-State Coverage

Blue Options PPO

Offers comprehensive medical coverage throughout the United States and includes Mayo Clinic.

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DENTAL BENEFITS

The DPPO plans give you the flexibility to use both in-network and out-of-network providers. When you use an out-of-network provider, however, you will be responsible for filing claims and paying any charges that exceed the plan’s usual and customary charges. The DHMO plan offers in-network only coverage on a fee-for-service basis. Refer to the schedule of benefits for more detail on plan coverages.

| | Base DHMO | Silver DPPO | Gold DPPO | Platinum DPPO |
|--|------------------|-----------------|--------------------------------|--------------------------------|
| Dental Benefits | In-Network Only | In-Network | In-Network | In-Network |
| Annual Deductible | | | | |
| Per person | \$0 | \$50 | \$100 | \$500 |
| Per family | \$0 | \$150 | \$300 | \$1,500 |
| Benefit Maximum | None | \$1,500 | \$2,000 | \$5,000 |
| Preventive Services | Per Fee Schedule | Covered 100% | Covered 100% | Covered 100% |
| Basic Services Fillings, Sealants, Oral Surgery | | 20% | 20% | 20% |
| Major Services Endodontics, Periodontics Crowns, Bridges, Implants | | 50% | 50% | 50% |
| Orthodontia | Not covered | Not covered | <i>12-Month Waiting Period</i> | <i>12-Month Waiting Period</i> |
| Coverage | | | 50% | 50% |
| Lifetime Maximum | | | \$2,000 | \$5,000 |
| | Out-of-Network | Out-of-Network* | Out-of-Network* | Out-of-Network* |
| Preventive Services | No Coverage | 20% | Covered 100% | 20% |
| Basic Services | | 50% | 20% | 20% |
| Major Services | | 50% | 50% | 50% |

The annual deductible applies to basic, major, and orthodontia coverage.
 Out-of-Network outline reflects the usual and customary cost sharing. You could be subject to balance billing above these outlines if you use an out-of-network provider.

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VISION PLAN

The vision plan is administered by EyeMed and pays benefits for both in-network and out-of-network services. When you visit an in-network provider, benefits are greater and there are no claim forms to be filed. Plan participants also receive access to discounted Lasik eye surgery from in-network providers. When you use an out-of-network provider, you will be responsible for filing claims and will be reimbursed at the scheduled amounts listed below.

| | Basic Vision | Premier Vision |
|-----------------------------|--------------------------------|--------------------------------|
| Vision Benefits | In-Network | In-Network |
| Benefit Schedule | | |
| Exam | 12 Months | 12 Months |
| Lenses or Contact Lenses | 24 Months | 12 Months |
| Frames | 24 Months | 12 Months |
| Eye Exams | \$10 | \$0 |
| Retinal Imaging | up to \$39 | up to \$39 |
| Frames: | \$110 allowance + 20% discount | \$150 allowance + 20% discount |
| Lenses: | | |
| Single Vision | \$20 | \$20 |
| Bifocal | \$20 | \$20 |
| Trifocal | \$20 | \$20 |
| Lenticular | \$20 | \$20 |
| Standard Progressive | \$80 | \$20 |
| Contact Lenses: | | |
| Contact lens fitting / exam | up to \$40 | up to \$40 |
| Contact lens allowance | \$110 allowance + 15% discount | \$150 allowance + 15% discount |
| Out-Of-Network | Reimbursement Up To | Reimbursement Up To |
| Eye Exam | \$50 | \$53 |
| Frames | \$70 | \$80 |
| Lenses | | |
| Single Vision | \$50 | \$50 |
| Bifocal | \$75 | \$75 |
| Trifocal | \$100 | \$100 |
| Lenticular | \$125 | \$125 |
| Standard Progressive | \$75 | \$75 |
| Contact Lenses | \$105 | \$120 |

Discounts and copays are available for lens enhancements and other vision services. See the plan document for detailed coverage.

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ACCIDENT

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

| Accident Benefit Details | |
|---|--|
| Emergency Treatment | \$250 - Emergency Room \$150 - Urgent Care or initial physicians treatment \$100 - pain management |
| Ambulance | \$400 - ground ambulance \$1,500 - air ambulance |
| Dislocations and Fractures | Up to \$7,500 See benefit schedule for details |
| Lacerations and Burns | Up to \$10,000 See benefit schedule for details |
| Diagnostic Imaging (MRI, CT, CAT, EEG) | \$300 |
| Follow-Up Treatment | \$50 |
| Rehabilitation | \$100 per day, 15 day limit or 30 per calendar year |
| Therapy (occupational, physical, or speech) | \$50 per visit, max of 6 |
| Concussion | \$150 |
| Blood and Plasma | \$400 |
| Prosthesis and Appliances | \$750 - \$1,500 - prosthesis \$100 - appliances |
| Surgery | Up to \$1,500 See benefit schedule for details |

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CRITICAL ILLNESS

A critical illness can have a huge impact on your life. It can keep you from working and make it difficult to do simple, everyday things. This coverage can help ease the financial burden of surviving a critical illness by providing financial resources to help with medical costs or ongoing living expenses. This plan can help you focus on recovery instead of the distraction of out-of-pocket medical costs.

| Critical Illness Plan Details | |
|---|-------------------------|
| Principal Sum Options | \$10,000 |
| Spouse and Child(ren): 50% of Principal Sum | \$20,000 |
| Be Well Benefit | \$50 |
| Coverage Benefit | |
| Invasive Cancer | 100% of Principal Sum |
| Non-Invasive Cancer | 25% of Principal Sum |
| Heart Attack | 100% of Principal Sum |
| Stroke | 100% of Principal Sum |
| Coronary Artery Disease | 10-50% of Principal Sum |
| Major Organ Transplant | 100% of Principal Sum |
| Kidney Failure (ESRD) | 100% of Principal Sum |
| Alzheimer's Disease | 100% of Principal Sum |
| Other Listed Conditions | See Benefit Schedule |
| Recurrence Benefit | Included |
| Benefit Waiting Period | None |

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HOSPITAL INDEMNITY COVERAGE

The hospital indemnity plan is administered by Unum. Without any warning, an illness or injury can lead to a hospital visit – and costly out-of-pocket expenses. Hospital indemnity insurance pays cash benefits directly to you if you are admitted to the hospital for a covered inpatient stay– no matter the reason.

| Hospital Indemnity Plan Details | |
|---------------------------------|---|
| Hospital Admission | \$1,000 per year |
| Outpatient Surgical Procedure | up to \$2,500 per year See schedule of benefits for details |
| Hospital Confinement | \$200 per day, 60 day limit |
| Intensive Care Unit Confinement | \$400 per day, 15 day limit |
| Transportation | \$0.40 per mile up to 1,200 miles round trip 3 round trip max |
| Lodging | \$150 per day up to 30 days |

UNUM VOLUNTARY BENEFITS

Guarantee Issue

You do not need to complete medical questions to enroll in these plans.

Benefit Payment

Payments are made directly to you, not to the doctors, hospitals or other healthcare providers. You receive a check - payable to you - for maximum convenience.

Enrollment

You do not have to be enrolled in the other medical plans to take advantage of the voluntary benefits.

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COVERAGE PROVIDED BY THE CITY OF JACKSONVILLE

Some of your insurance plans will continue to be offered through the City of Jacksonville. These coverages include:

- Life and AD&D Insurance
- Voluntary Life Insurance for you and your eligible family members
- Flex spending accounts including Health Care, Dependent Care, and Commuter FSAs
- Parental Leave
- Employee Assistance Program
- Humana Go365 Wellness Program



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SPECIAL NOTICES

Important Notice 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 your employer and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Jacksonville Police Officer and Fire Fighter's Health Insurance Trust has determined that the prescription drug coverage offered by the health plans 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 to 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 Employer's coverage will not be affected. You can keep this coverage if they elect part D and this plan will coordinate with Part D coverage. For those individuals who elect Part D coverage, coverage under the entity's plan will not end for the individual and all covered dependents. If you do decide to join a Medicare drug plan and drop your current Employer's coverage, be aware that you and your dependents will 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 your employer and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later. If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

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For More Information About This Notice Or Your Current Prescription Drug Coverage:

Contact your Plan Administrator listed on the back of this booklet. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through your employer 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'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 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).

Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section.

However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Women's Health & Cancer Rights Act of 1998 (WHCRA) Notice

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 lymph-edema. 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 medical carrier.

You can find more information about your rights and notices on at www.jpoffhit.org or contact JPOFFHIT Benefits Support.

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| Benefits Support | Jacksonville Police Officers and Fire Fighters Health Insurance Trust 800-978-0632 www.jpoffhit.org questions@jpoffhit.org | |
| Enrolling In Your Benefits | Web Benefits Design www.jpoffhit.org/enroll | |
| Medical and Prescription Drug Plans | Florida Blue 800-664-5295 www.floridablue.com | Express Scripts 800-282-2881 www.Express-Scripts.com/jpoffhit |
| | UF Direct Health www.jpoffhit.claimsbridge.com | Envolve Rx www.envolverx.com |
| Dental Plans | Delta Dental 800-521-2651 www.dental dentalins.com | |
| Vision Plans | EyeMed 866-800-5457 www.eyemed.com | |
| Accident, Critical Illness, and Hospital Indemnity Plans | Unum 866-679-3054 www.unum.com/employees | |
| Flex Spending Accounts, Life Insurance, and Humana Go365 Wellness | City of Jacksonville Employee Services 904-255-5555 www.coj.net | |



JPOFFHIT

Jacksonville Police Officers & Fire Fighters
Health Insurance Trust

(800) 978-0632 | questions@jpoffhit.org | jpoffhit.org