



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.

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
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.
4. Choose the reason for the change and the effective date.
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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QUALIFYING LIFE EVENT

Event	Action Required	Results if Action Not Taken
New Hire	Make elections prior to New Hire deadline. Documentation for new dependents is required.	You and your dependents are not eligible until the next Open Enrollment.
Marriage	Your new spouse must be added to your elections within 30 days of the marriage date. A copy of the marriage certificate must be provided.	Your spouse is not eligible until the next Open Enrollment period.
Divorce	The former spouse must be removed within 30 days of the divorce. A copy of the divorce decree must be presented.	Benefits are not available for the divorced spouse and will be recouped if paid erroneously.
Birth or adoption of a child	The new dependent must be enrolled within 30 days of the birth or adoption, even if you already have family coverage. A copy of the birth certificate must be provided. Once you receive the child's Social Security Number, you may add it through the JPOFFHIT portal or you may contact JPOFFHIT Benefit Support.	The new dependent will not be covered on your health insurance until the next Open Enrollment period.
Death of a spouse or dependent	Remove the dependent from your elections within 30 days from the date of death.	You could pay a higher premium than required and you may be overpaying for coverage.
Dependent gains or loses coverage from another plan	Add or drop benefits from your elections within 30 days of the event date. A letter from the employer or insurance company must be presented.	You need to wait until the next Open Enrollment period to make any change.

You must update your elections within 30 days of your life event status change or you will not be able to make changes until the next open enrollment. If adding or removing dependents, you are required to submit specific documents to JPOFFHIT. The change will be pending until proper documentation is received and approved. For assistance processing life event status changes, you can call Benefit Support at 800-978-0632 or email questions@jpoffhit.org

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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.

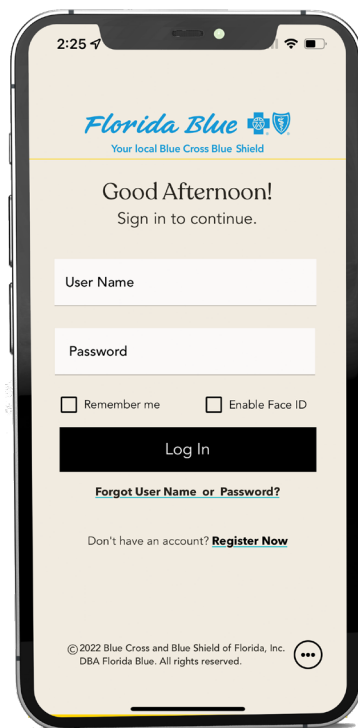
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BENEFITS OPTIONS OVERVIEW

Medical Coverage Florida Blue UF Health Direct Care	<p>Four medical plans administered through Florida Blue. Two HMO plans are in-network, in-state only using the Blue Care network. One PPO 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.</p> <p>One Exclusive Provider Organization (EPO) plan 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.</p>
Dental Coverage Delta Dental	<p>Three DPPPO dental plans and one DHMO plan administered through Delta Dental. Three DPPPO 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%.</p>
Vision Coverage Eye Med	<p>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.</p>
Supplemental Plans Aflac	<p>Critical Illness, Accident, and Hospital Indemnity plans that help pay for specified expenses.</p>
Wellness Peerfit	<p>Access to gym memberships, in-person fitness classes, virtual classes and more.</p>

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ONLINE AND MOBILE RESOURCES



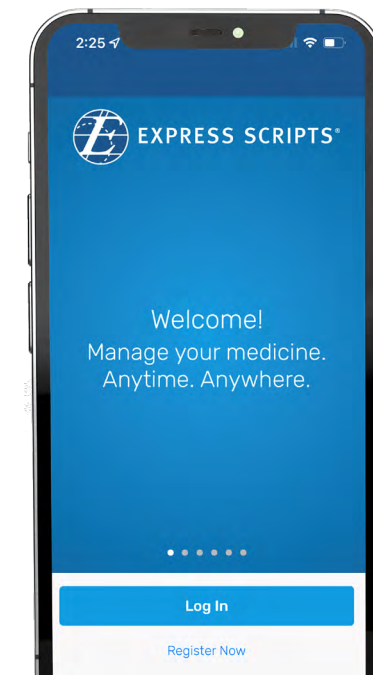
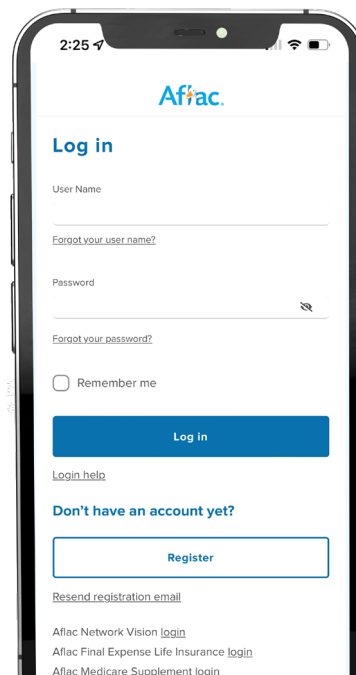
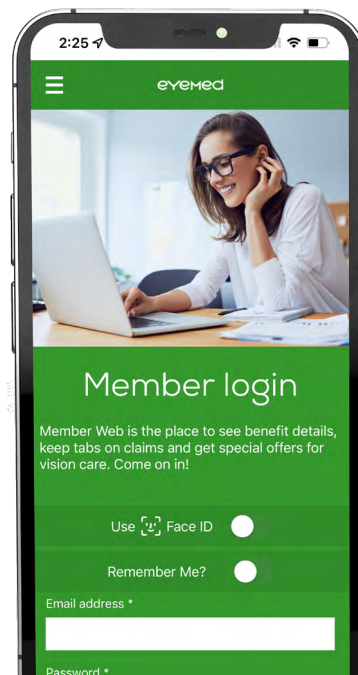
Here are a few ways members can access their benefits information through the carrier websites and mobile apps:

- Find a provider
- Get an ID card
- Check your benefits and review your claims
- Compare costs and access discounts
- Contact customer support

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
- aflac.com
- 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	\$0	\$0	\$0	\$0
Diagnostic Services				
Lab	\$0	\$0	\$0	\$0
X-Ray	CYD + 20%	CYD + 30%	\$30	\$35
Advanced Imaging Services (AIS)	CYD + 20%	CYD + 30%	\$300	\$300
Outpatient Surgery and Services	CYD + 20%	CYD + 30%	CYD + 30%	CYD + 30%
Inpatient Hospital Services	CYD + 20%	CYD + 30%	CYD + 30%	CYD + 30%
Emergency Room Services	CYD + 20%	CYD + 30%	\$300 + 30%	\$300 + 30%
Urgent Care Services	\$25	\$25	\$30	\$35
Therapy Services	Mental Health - \$10			
Outpatient	CYD + 20%	\$40	\$35	\$40
Inpatient	CYD + 20%	CYD + 30%	CYD + 30%	CYD + 30%
	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 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.

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	\$0	\$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	\$0	\$0	\$0	\$0
Preferred Brand	\$80	\$80	\$80	\$80
Non-Preferred Brand	\$150	\$150	\$150	\$150

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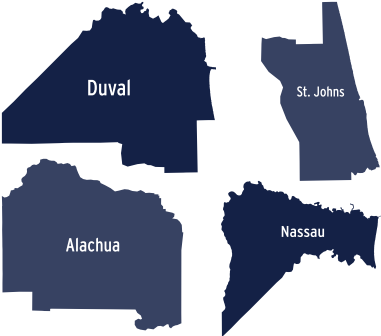
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SEEKING CARE WHEN YOUR DOCTOR ISN'T AVAILABLE

		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	<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

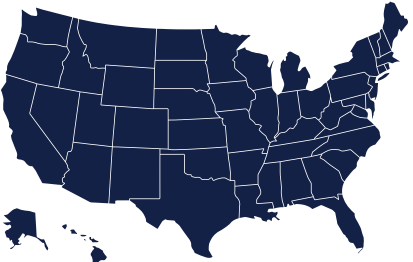
Available in Duval, Clay, St. Johns, Alachua, and Nassau counties only through UF Health's network of providers. Out-of-state coverage is for true emergencies only.



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, up to 3 per year	Per Fee Schedule	Covered 100%	Covered 100%	Covered 100%
Basic Services		CYD + 20%	CYD + 20%	CYD + 20%
Fillings, Sealants, Oral Surgery				
Endodontics and Periodontics		CYD + 50%	CYD + 20%	CYD + 20%
Major Services	Not covered	CYD + 50%	CYD + 50%	CYD + 50%
Crowns, Bridges, Implants				
Orthodontia	Not covered	Not covered	75%	75%
Coverage				
Lifetime Maximum			\$2,000	\$5,000
	Out-of-Network	Out-of-Network*	Out-of-Network*	Out-of-Network*
Preventive Services	No Coverage	CYD + 20%	Covered 100%	CYD + 20%
Basic Services		CYD + 50%	20%	CYD + 20%
Major Services		CYD + 50%	CYD + 50%	CYD + 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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DENTAL VALUE ADDS

Delta Dental's Virtual Dentistry Solutions

- **toothpic**
 - Photo-based teledentistry platform
 - Responses from a Delta Dental Dentist in under 24 hours
 - Ideal for members looking for a quick exam and a full diagnostic report
- **Delta Dental Virtual Consultant**
 - Video Based
 - Schedule online visits with Delta Dental PPO dentists
 - Ideal for members seeking a live consultation with a dentist, or who have an urgent need such as pain
 - E-prescriptions available

BrushSmart

A free oral wellness program exclusively for Delta Dental members

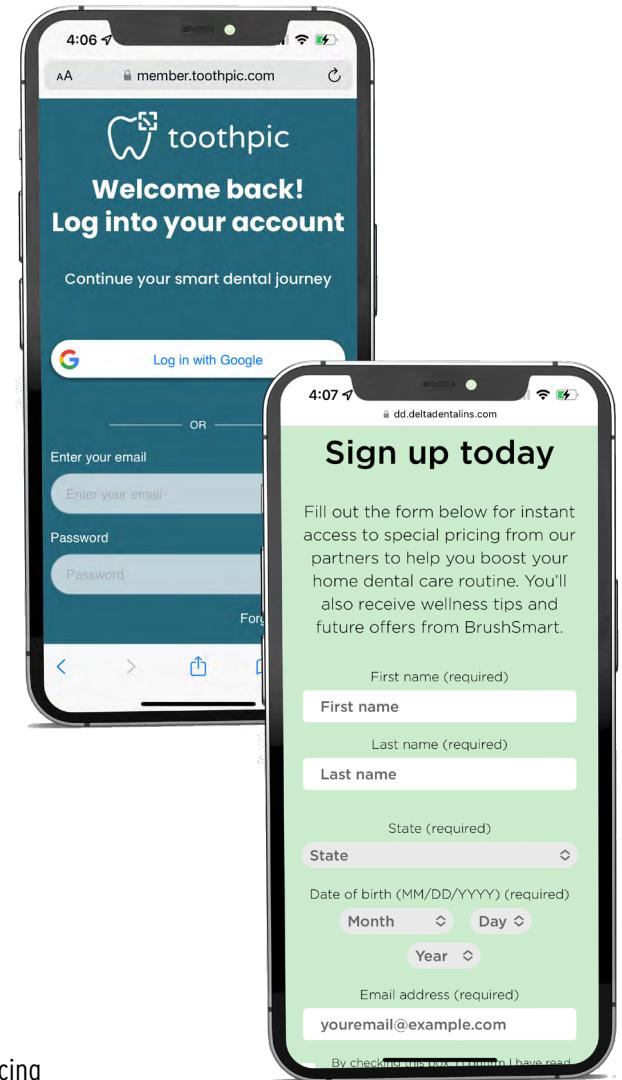
Members that sign up receive:

- Immediate access to special offers
- Unlimited discount redemption
- Wellness education and resources

Visit Brushsmart.org to sign up

Additional Savings:

- Amplifon Hearing Health - 62% average savings off retail hearing aid pricing
- QualSight - 40 - 50% off traditional LASIK eye surgery



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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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VISION VALUE ADDS

Introducing Eye360	<p>Eye360 provides enhanced benefits when members visit a PLUS Provider - a select group of providers in the EyeMed network.</p> <p>Eye360 focuses on health, simplicity and savings. Best of all, the perks are built into the vision plan. That means no promo codes or paperwork required.</p>
Seeing Savings	<p>With Eye360, members receive \$0 copay exams and an additional \$50 frame allowance at PLUS Providers - on top of their base plan's benefits.</p> <p>Additional savings offered at LensCrafters, TargetOptical, and more add up to truly eye-openings savings.</p>
Frame Allowance	<p>EyeMed allows members to use your frame allowance towards sunglasses and bluelight glasses.</p>
Additional Offerings	<p>Free Lasik exam, up to \$800, in discounts for qualifying Lasik.</p> <p>Discounted, set pricing on hearing aids with Amplifon - up to 64% savings.</p>

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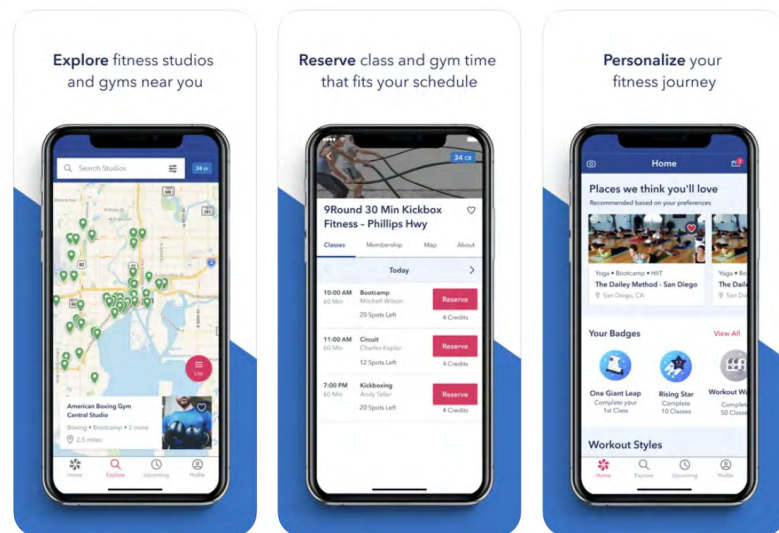
WELLNESS

We care about the health and well-being of our employees and understand the importance of supporting your needs and goals in and out of the workplace. JPOFFHIT employees will have access to both in-person and virtual on-demand fitness programming.

Peerfit

A flexible fitness solution that's easy to use, easy to manage, and easy to enjoy -- empowering you to personalize your journey to well-being, so you can lead a more active and healthier lifestyle.

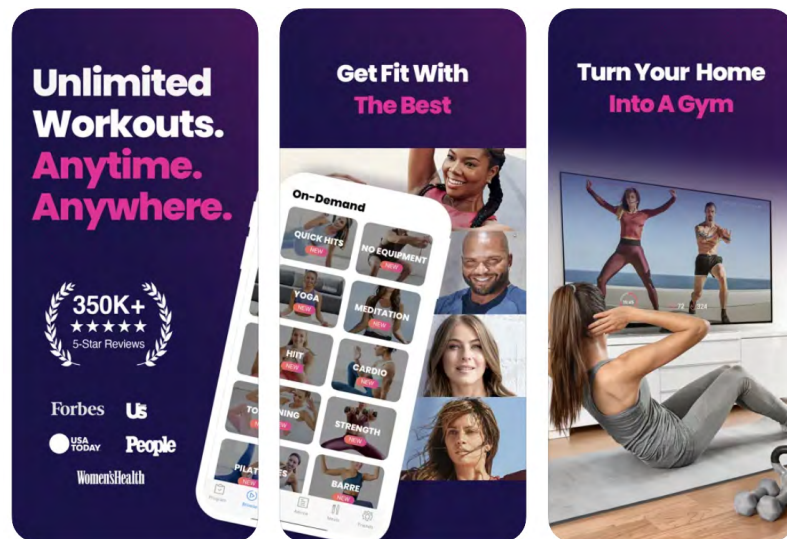
- Members will receive 15 credits every month to spend on in person experiences through the Peerfit network.
- Credits can also be used to purchase a membership with a Peerfit gym.



FitOn

The leading digital fitness platform that is redefining the workout experience.

- Access on-demand fitness and wellbeing classes, nutrition and meal plans.
- Challenge friends and co-workers to courses and challenges.



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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 \$3,750 See benefit schedule for details
Dismemberment	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, 31 day limit or 62 per calendar year
Therapy (occupational, physical, or speech)	\$50 per visit, max of 6
Concussion	\$200
Blood and Plasma	\$400
Prosthesis and Appliances	\$750 - prosthesis \$100 - appliances
Gunshot Wound & Line of Duty Rider (Employee only)	\$1,000 - Gunshot 15% - In line of duty
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	
Employee Principal Sum Options:	\$10,000
- Spouse and Child(ren): 50% of Principal Sum	\$20,000
	\$30,000
Wellness 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	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
Severe Burns	100% of Principal Sum
Bone Marrow Transplant	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
NICU Admission Benefit	\$1,000 per year
Hospital Confinement	\$200 per day, 60 day limit
Newborns are covered under this benefit and will receive a daily confinement payout as long as the mother is enrolled in the plan. Newborns only qualify for a confinement payout for the first 30 days of life.	
Intensive Care Unit Confinement	\$400 per day, 15 day limit
NICU Confinement	\$400 per day, 15 day limit
Inpatient Surgical Procedure	\$1,000
Outpatient Surgical Procedure	Up to \$250 See benefit schedule for details
Major Diagnostic Exams	\$250

AFLAC SUPPLEMENTAL 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
- Florida Blue Better You 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 Plans	Florida Blue 800-664-5295 www.floridablue.com	
Prescription Drug Plans	Express Scripts 800-282-2881 www.Express-Scripts.com/jpoffhit	
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	Aflac 800-433-3036 www.aflac.com	
Flex Spending Accounts, Life Insurance, and Humana Go365 Wellness	City of Jacksonville Employee Services 904-255-5555 www.coj.net	



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Health Insurance Trust

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