



JPOFFHIT

Jacksonville Police Officers & Fire Fighters
Health Insurance Trust



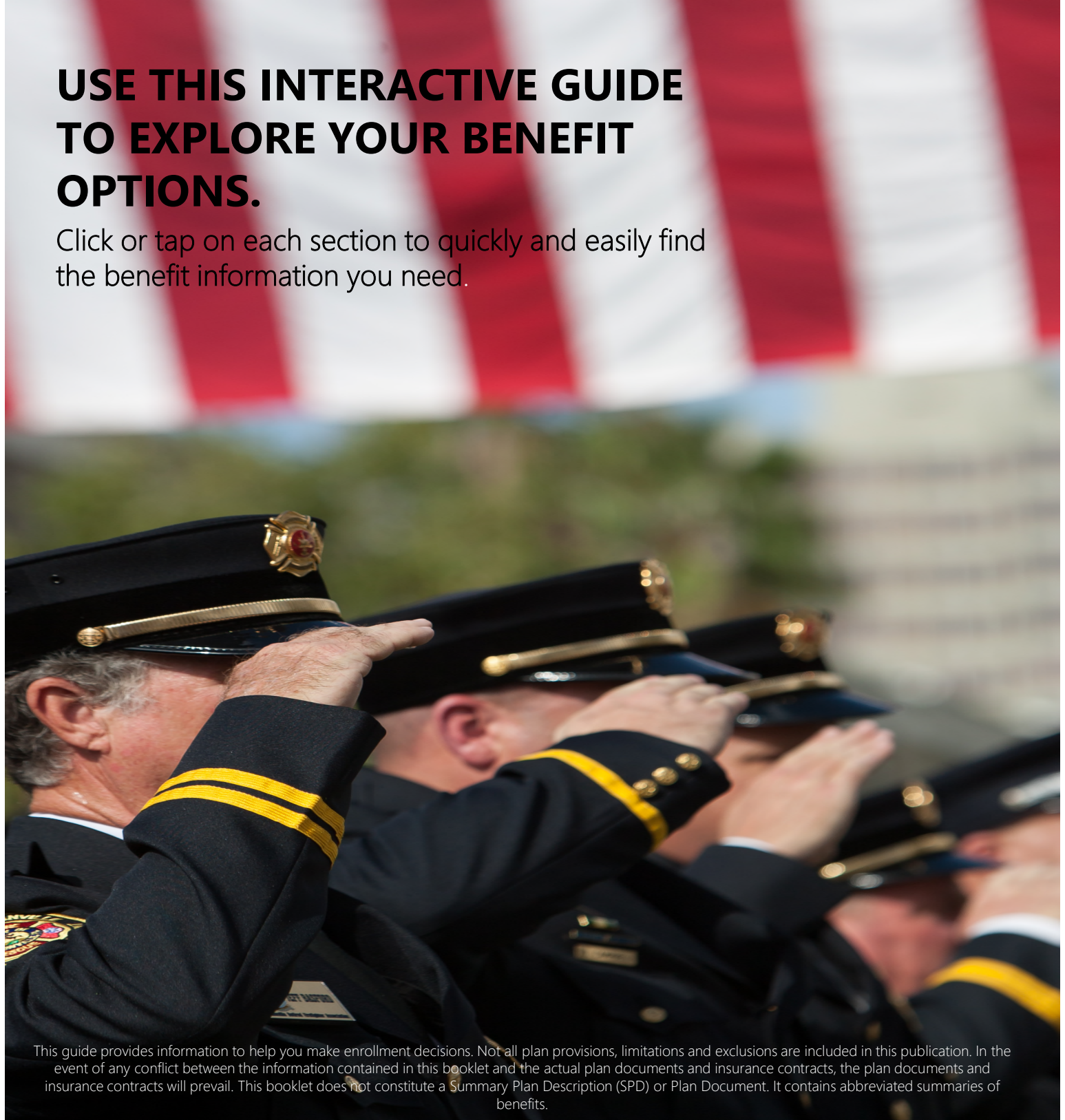
ACTIVE MEMBER

2025 Benefits Guide

3	ELIGIBILITY INFORMATION
4	ENROLLMENT INSTRUCTIONS
5	GROUP MEDICAL BENEFITS
6	PHARMACY BENEFITS
7	SEEKING CARE
8	DENTAL BENEFITS
10	VISION BENEFITS
12	WELLNESS
13	ACCIDENT
14	CRITICAL ILLNESS
15	HOSPITAL INDEMNITY/VOL BENEFITS
16	LEGAL & IDENTITY THEFT
17	MEMBER RESOURCES
18	FEDERAL NOTICES
23	CONTACT INFORMATION

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.

- 3 ELIGIBILITY INFORMATION
- 4 ENROLLMENT INSTRUCTIONS
- 5 GROUP MEDICAL BENEFITS
- 6 PHARMACY BENEFITS
- 7 SEEKING CARE
- 8 DENTAL BENEFITS
- 10 VISION BENEFITS
- 12 WELLNESS
- 13 ACCIDENT
- 14 CRITICAL ILLNESS
- 15 HOSPITAL INDEMNITY/VOL BENEFITS
- 16 LEGAL & IDENTITY THEFT
- 17 MEMBER RESOURCES
- 18 FEDERAL NOTICES
- 23 CONTACT INFORMATION

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 local chapters of 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.

Disabled Dependents

- Children who become disabled before age 26 and rely on you for support are eligible for health coverage.

Newborn Grandchild Medical Coverage

- Newborn children of a covered child (grandchildren) are eligible for medical coverage until they reach 18 months as long as the child’s parent remains covered.

Qualifying Life Events

A Qualifying Life Event (QLE) is a major life event that allows you to change your benefits mid-year. 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 a QLE

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

- 3 ELIGIBILITY INFORMATION
- 4 **ENROLLMENT INSTRUCTIONS**
- 5 GROUP MEDICAL BENEFITS
- 6 PHARMACY BENEFITS
- 7 SEEKING CARE
- 8 DENTAL BENEFITS
- 10 VISION BENEFITS
- 12 WELLNESS
- 13 ACCIDENT
- 14 CRITICAL ILLNESS
- 15 HOSPITAL INDEMNITY/VOL BENEFITS
- 16 LEGAL & IDENTITY THEFT
- 17 MEMBER RESOURCES
- 18 FEDERAL NOTICES
- 23 CONTACT INFORMATION

ENROLLMENT INSTRUCTIONS

All benefits-eligible members 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.

<p>New User Registration</p> <p>Register using your Last Name, DOB, last 4 of SSN, and email address. Then create and confirm your password.</p> <div style="text-align: center; background-color: #ff4d4d; color: white; padding: 10px; border-radius: 5px; margin-top: 10px;"> REGISTER AS A NEW USER </div>	<p>Returning Members</p> <p>Login using your email address and password. Click on the “Forgot Password” link to reset your login credentials.</p> <div style="text-align: center; background-color: #ff4d4d; color: white; padding: 10px; border-radius: 5px; margin-top: 10px;"> LOGIN TO YOUR ACCOUNT </div>
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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 dropdown 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 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 pay check 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.

GROUP MEDICAL BENEFITS

- 3 ELIGIBILITY INFORMATION
- 4 ENROLLMENT INSTRUCTIONS
- 5 **GROUP MEDICAL BENEFITS**
- 6 PHARMACY BENEFITS
- 7 SEEKING CARE
- 8 DENTAL BENEFITS
- 10 VISION BENEFITS
- 12 WELLNESS
- 13 ACCIDENT
- 14 CRITICAL ILLNESS
- 15 HOSPITAL INDEMNITY/VOL BENEFITS
- 16 LEGAL & IDENTITY THEFT
- 17 MEMBER RESOURCES
- 18 FEDERAL NOTICES
- 23 CONTACT INFORMATION

	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				
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%
Accident				
Primacy Care Physician (PCP)	\$10	\$25	\$25	\$30
Specialist	\$30	\$40	\$35	\$40
Hospital Indemnity/Vol Benefits				
Telemedicine	\$0	\$0	\$0	\$0
Legal & Identity Theft				
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				
Outpatient	Mental Health - \$10 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%

3	ELIGIBILITY INFORMATION
4	ENROLLMENT INSTRUCTIONS
5	GROUP MEDICAL BENEFITS
6	PHARMACY BENEFITS
7	SEEKING CARE
8	DENTAL BENEFITS
10	VISION BENEFITS
12	WELLNESS
13	ACCIDENT
14	CRITICAL ILLNESS
15	HOSPITAL INDEMNITY/VOL BENEFITS
16	LEGAL & IDENTITY THEFT
17	MEMBER RESOURCES
18	FEDERAL NOTICES
23	CONTACT INFORMATION

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 5782 PPO
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 5782 PPO
Pharmacy Benefits	Mail Order (90 days)			
Generic	\$0	\$0	\$0	\$0
Preferred Brand	\$80	\$80	\$80	\$80
Non-Preferred Brand	\$150	\$150	\$150	\$150

Generics Save you money – and are generally required

Generic substitution is required at retail and for home delivery under both plans. If you choose a brand-name prescription drug, you pay the difference in cost between the name brand and generic drug. Remember to always ask your doctor if a generic alternative is available.

Responsible Quantity Program


This program encourages the appropriate, safe and cost-effective use of medication by setting a maximum quantity per month for a medication or supply. The quantity limitations are based on the Food and Drug Administration guidelines and the manufacturer’s dosing recommendations. If for medical reasons you require a quantity outside the limits, your physician can submit an exception request to Express Scripts (ESI).

Maintenance Drugs – Ship directly to your doorstep

A maintenance drug is a medication that is prescribed to take on a regular basis. With Express Scripts, you can have your medication mailed directly to your home while saving money for a 90-day supply.

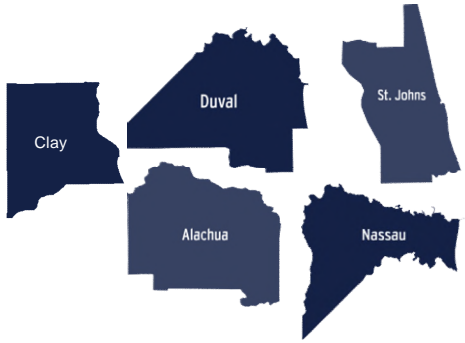
- 3 ELIGIBILITY INFORMATION
- 4 ENROLLMENT INSTRUCTIONS
- 5 GROUP MEDICAL BENEFITS
- 6 PHARMACY BENEFITS
- 7 **SEEKING CARE**
- 8 DENTAL BENEFITS
- 10 VISION BENEFITS
- 12 WELLNESS
- 13 ACCIDENT
- 14 CRITICAL ILLNESS
- 15 HOSPITAL INDEMNITY/VOL BENEFITS
- 16 LEGAL & IDENTITY THEFT
- 17 MEMBER RESOURCES
- 18 FEDERAL NOTICES
- 23 CONTACT INFORMATION

SEEKING CARE

		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 • 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 • 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

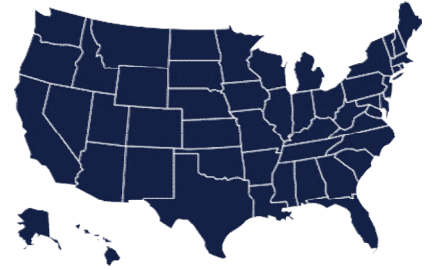
Available in Duval, Clay, St. Johns, Alachua, and Nassau counties only through UF Health’s network of providers. Out-of-state coverage is for true emergencies only.



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.

Now including Mayo Clinic.



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

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

- 3 ELIGIBILITY INFORMATION
- 4 ENROLLMENT INSTRUCTIONS
- 5 GROUP MEDICAL BENEFITS
- 6 PHARMACY BENEFITS
- 7 SEEKING CARE
- 8 **DENTAL BENEFITS**
- 10 VISION BENEFITS
- 12 WELLNESS
- 13 ACCIDENT
- 14 CRITICAL ILLNESS
- 15 HOSPITAL INDEMNITY/VOL BENEFITS
- 16 LEGAL & IDENTITY THEFT
- 17 MEMBER RESOURCES
- 18 FEDERAL NOTICES
- 23 CONTACT INFORMATION

DENTAL BENEFITS

New Carrier Alert – Same Great Benefits!

Dental benefits are now being offered through **MetLife**.

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.

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

The 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.

- 3 ELIGIBILITY INFORMATION
- 4 ENROLLMENT INSTRUCTIONS
- 5 GROUP MEDICAL BENEFITS
- 6 PHARMACY BENEFITS
- 7 SEEKING CARE
- 8 **DENTAL BENEFITS**
- 10 VISION BENEFITS
- 12 WELLNESS
- 13 ACCIDENT
- 14 CRITICAL ILLNESS
- 15 HOSPITAL INDEMNITY/VOL BENEFITS
- 16 LEGAL & IDENTITY THEFT
- 17 MEMBER RESOURCES
- 18 FEDERAL NOTICES
- 23 CONTACT INFORMATION

DENTAL VALUE ADDS

Discover the benefits of MetLife Dental

Digital servicing capabilities make dental care easy

MetLife’s mobile app puts your ID card, plan details, and claim information at your fingertips.

For added convenience, it also includes features like:

- A Find a Dentist tool with easy access to provider ratings
- Online appointment scheduling for select dentists
- Convenient claim status notifications via text messaging

Our digital tools available on MyBenefits also include:

- Access to a Dental Cost Estimator so you can view personalized, plan-specific, and ZIP code-based cost estimates for most common procedures – as well as the deductibles, plan maximums, and frequency limitations that apply.
- A digital virtual assistant that’s available 24/7 to help you with common tasks like accessing coverage information, getting personalized estimates, or viewing claims.

Dental benefits go with you as you travel

Our International Dental Travel Assistance program provides international assistance tied to your out-of-network benefits, including:

- 24/7 help in multiple languages
- Access to dental providers (based on strict credentialing criteria) in approximately 200 countries
- Toll-free calling within the U.S., or collect calling outside the U.S

SmileDirectClub discounts make you smile

MetLife Dental benefits include valuable discounts on SmileDirectClub’s customized clear aligners, whether your plan includes orthodontia coverage or not. Plus, all SmileDirectClub dentists are part of MetLife’s Dental provider network.

Teledentistry options offer added convenience

MetLife Dental provides teledentistry options, so you’re able to connect with your dentist from home via smartphone, tablet, or computer for problem-focused exams and reevaluations.



MetLife’s Mobile App is available on the App Store and Google Play.



After downloading, you can use it to find a dentist, view your claims, access your ID card, and more.



Please scan the QR code to access the Mobile App or visit metlife.com/dental. Enter your ZIP code and select the PDP Plus network.

3	ELIGIBILITY INFORMATION
4	ENROLLMENT INSTRUCTIONS
5	GROUP MEDICAL BENEFITS
6	PHARMACY BENEFITS
7	SEEKING CARE
8	DENTAL BENEFITS
10	VISION BENEFITS
12	WELLNESS
13	ACCIDENT
14	CRITICAL ILLNESS
15	HOSPITAL INDEMNITY/VOL BENEFITS
16	LEGAL & IDENTITY THEFT
17	MEMBER RESOURCES
18	FEDERAL NOTICES
23	CONTACT INFORMATION

VISION PLAN

An annual eye exam not only helps uncover vision correction needs. It can sometimes be the first to detect signs of serious health conditions such as diabetes, high blood pressure, eye diseases, and more. EyeMed 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. 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.

3	ELIGIBILITY INFORMATION
4	ENROLLMENT INSTRUCTIONS
5	GROUP MEDICAL BENEFITS
6	PHARMACY BENEFITS
7	SEEKING CARE
8	DENTAL BENEFITS
10	VISION BENEFITS
12	WELLNESS
13	ACCIDENT
14	CRITICAL ILLNESS
15	HOSPITAL INDEMNITY/VOL BENEFITS
16	LEGAL & IDENTITY THEFT
17	MEMBER RESOURCES
18	FEDERAL NOTICES
23	CONTACT INFORMATION

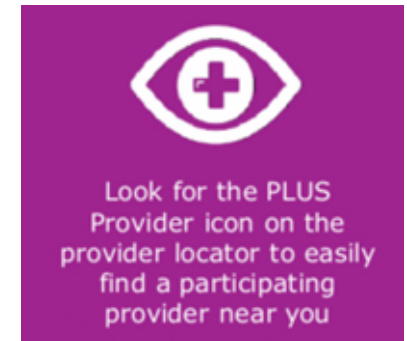
VISION VALUE ADDS

Eye360

Eye360 provides enhanced benefits when members visit a PLUS Provider - a select group of providers in the EyeMed network.

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. Eye360 offers members:

- \$0 copay exams
- Additional \$50 frame allowance at PLUS Providers
- Access to 4000+ Plus Providers nationwide, including independent, retail and online options
- Streamed lined experience with no coupons or promo codes needed.



Additional Savings and Offerings

- Additional savings offered at Lens Crafters, Target Optical, and more add up to truly eye-opening savings.
- EyeMed allows members to use your frame allowance towards sunglasses and blue light glasses.
- Free Lasik exam, up to \$800, in discounts for qualifying Lasik.
- Discounted, set pricing on hearing aids with Amplifon - up to 64% savings.

- 3 ELIGIBILITY INFORMATION
- 4 ENROLLMENT INSTRUCTIONS
- 5 GROUP MEDICAL BENEFITS
- 6 PHARMACY BENEFITS
- 7 SEEKING CARE
- 8 DENTAL BENEFITS
- 10 VISION BENEFITS
- 12 **WELLNESS**
- 13 ACCIDENT
- 14 CRITICAL ILLNESS
- 15 HOSPITAL INDEMNITY/VOL BENEFITS
- 16 LEGAL & IDENTITY THEFT
- 17 MEMBER RESOURCES
- 18 FEDERAL NOTICES
- 23 CONTACT INFORMATION

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 with the First Coast YMCA and TMAC Fitness.

- BRANCH ACCESS**

Choose from one branch or Florida's First Coast membership with unlimited access to all branches within the association.
- EXCLUSIVE RATES**

Save up to 50% on swim lessons, youth sports, camps and more.
- KIDZONE**

Complimentary on-site childcare while enrolled in a household membership.
- UNLIMITED GROUP EXERCISE**

Unlimited Group exercise – Designed all levels and interest, from aerobics and strength training to indoor cycle and yoga
- ADDITIONAL INFORMATION**

No Joining Fee's + \$12.50 subsidy paired with a 20% Discount
Offered to Employees and their household

- WHAT IS TMAC?**

TMAC is a virtual fitness platform, offering HIIT, Kettlebell workouts and yoga
- EASY ACCESS**

Free access to over 200 workouts though TMAC mobile app or website
- BEGGINER & ADVANCED OPTIONS**

20-minute workouts with no equipment needed, available for both beginner and advanced levels

Be on the lookout for monthly challenges in your email.



TMAC FITNESS

3	ELIGIBILITY INFORMATION
4	ENROLLMENT INSTRUCTIONS
5	GROUP MEDICAL BENEFITS
6	PHARMACY BENEFITS
7	SEEKING CARE
8	DENTAL BENEFITS
10	VISION BENEFITS
12	WELLNESS
13	ACCIDENT
14	CRITICAL ILLNESS
15	HOSPITAL INDEMNITY/VOL BENEFITS
16	LEGAL & IDENTITY THEFT
17	MEMBER RESOURCES
18	FEDERAL NOTICES
23	CONTACT INFORMATION

ACCIDENT

Accident insurance can help you pay for costs you may incur after an on- or off-the-job accidental injury. 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 \$3,000 Up to \$3,750 See benefit schedule for details
Dismemberment	Up to \$7,500 See benefit schedule for details
Lacerations and Burns	Up to \$600 Up to \$10,000 See benefit schedule for details
Diagnostic Imaging (MRI, CT, CAT, EEG)	\$300
Follow-Up Treatment	\$50
Rehabilitation	\$100 per day, 31-day limit or 62 per calendar year
Therapy (occupational, physical, or speech)	\$50 per visit, max of 6
Concussion	\$200
Blood and Plasma	\$400
Prosthesis and Appliances	\$750 - prosthesis \$100 - appliances
Gunshot Wound & Line of Duty Rider (Subscriber only)	\$1,000 - Gunshot 15% - In line of duty
Surgery	Up to \$1,250 See benefit schedule for details

3	ELIGIBILITY INFORMATION
4	ENROLLMENT INSTRUCTIONS
5	GROUP MEDICAL BENEFITS
6	PHARMACY BENEFITS
7	SEEKING CARE
8	DENTAL BENEFITS
10	VISION BENEFITS
12	WELLNESS
13	ACCIDENT
14	CRITICAL ILLNESS
15	HOSPITAL INDEMNITY/VOL BENEFITS
16	LEGAL & IDENTITY THEFT
17	MEMBER RESOURCES
18	FEDERAL NOTICES
23	CONTACT INFORMATION

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 By-pass surgery	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

Wellness Benefit

Aflac believes routine medical tests are important to your overall health. To encourage you to schedule a covered preventive screening of your choice each year, Aflac's group Critical Illness insurance plan provides members with a \$50 wellness benefit payable once per calendar year per insured employee, spouse and dependent child(ren). Examples: Life Scan, annual physical, biometric screenings, Immunizations, woman wellness exams, and more.

- 3 ELIGIBILITY INFORMATION
- 4 ENROLLMENT INSTRUCTIONS
- 5 GROUP MEDICAL BENEFITS
- 6 PHARMACY BENEFITS
- 7 SEEKING CARE
- 8 DENTAL BENEFITS
- 10 VISION BENEFITS
- 12 WELLNESS
- 13 ACCIDENT
- 14 CRITICAL ILLNESS
- 15 HOSPITAL INDEMNITY/VOL BENEFITS
- 16 LEGAL & IDENTITY THEFT
- 17 MEMBER RESOURCES
- 18 FEDERAL NOTICES
- 23 CONTACT INFORMATION

HOSPITAL INDEMNITY COVERAGE

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 60 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.

- 3 ELIGIBILITY INFORMATION
- 4 ENROLLMENT INSTRUCTIONS
- 5 GROUP MEDICAL BENEFITS
- 6 PHARMACY BENEFITS
- 7 SEEKING CARE
- 8 DENTAL BENEFITS
- 10 VISION BENEFITS
- 12 WELLNESS
- 13 ACCIDENT
- 14 CRITICAL ILLNESS
- 15 HOSPITAL INDEMNITY/VOL BENEFITS
- 16 LEGAL & IDENTITY THEFT
- 17 MEMBER RESOURCES
- 18 FEDERAL NOTICES
- 23 CONTACT INFORMATION

NORTON LIFELOCK

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

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

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

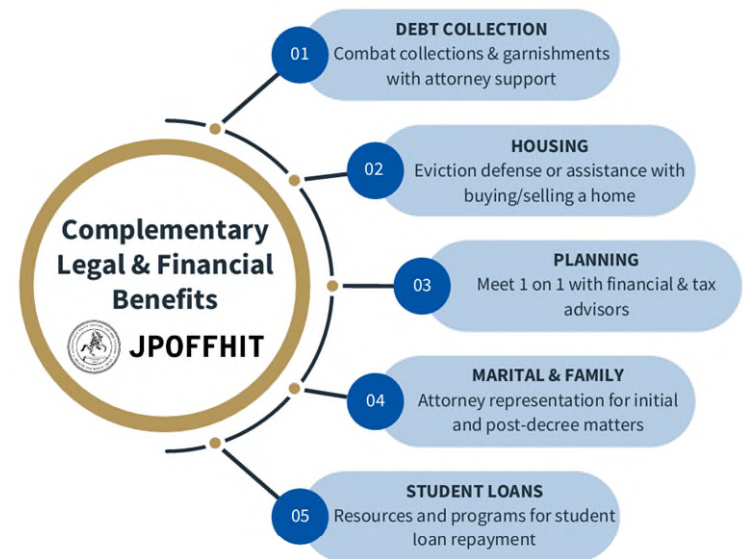


US LEGAL SERVICES

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

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

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



3	ELIGIBILITY INFORMATION
4	ENROLLMENT INSTRUCTIONS
5	GROUP MEDICAL BENEFITS
6	PHARMACY BENEFITS
7	SEEKING CARE
8	DENTAL BENEFITS
10	VISION BENEFITS
12	WELLNESS
13	ACCIDENT
14	CRITICAL ILLNESS
15	HOSPITAL INDEMNITY/VOL BENEFITS
16	LEGAL & IDENTITY THEFT
17	MEMBER RESOURCES
18	FEDERAL NOTICES
23	CONTACT INFORMATION

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
- mybenefits.metlife.com
- eyemedvisioncare.com
- aflac.com
- express-scripts.com

COVERAGE PROVIDED BY THE COJ

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

COJ will hold their Open Enrollment Meetings separate from JPOFFHIT Open Enrollment

3	ELIGIBILITY INFORMATION
4	ENROLLMENT INSTRUCTIONS
5	GROUP MEDICAL BENEFITS
6	PHARMACY BENEFITS
7	SEEKING CARE
8	DENTAL BENEFITS
10	VISION BENEFITS
12	WELLNESS
13	ACCIDENT
14	CRITICAL ILLNESS
15	HOSPITAL INDEMNITY/VOL BENEFITS
16	LEGAL & IDENTITY THEFT
17	MEMBER RESOURCES
18	FEDERAL NOTICES
23	CONTACT INFORMATION

FEDERAL 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.

3	ELIGIBILITY INFORMATION
4	ENROLLMENT INSTRUCTIONS
5	GROUP MEDICAL BENEFITS
6	PHARMACY BENEFITS
7	SEEKING CARE
8	DENTAL BENEFITS
10	VISION BENEFITS
12	WELLNESS
13	ACCIDENT
14	CRITICAL ILLNESS
15	HOSPITAL INDEMNITY/VOL BENEFITS
16	LEGAL & IDENTITY THEFT
17	MEMBER RESOURCES
18	FEDERAL NOTICES
23	CONTACT INFORMATION

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.

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).

NOTICE OF PATIENT PROTECTIONS AND SELECTIONS OF PROVIDERS

Florida Blue Plans generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your covered dependents. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the Florida Blue at 800-352-2583. For children, you may designate a pediatrician as the primary care provider.

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 800-352-2583.

- 3 ELIGIBILITY INFORMATION
- 4 ENROLLMENT INSTRUCTIONS
- 5 GROUP MEDICAL BENEFITS
- 6 PHARMACY BENEFITS
- 7 SEEKING CARE
- 8 DENTAL BENEFITS
- 10 VISION BENEFITS
- 12 WELLNESS
- 13 ACCIDENT
- 14 CRITICAL ILLNESS
- 15 HOSPITAL INDEMNITY/VOL BENEFITS
- 16 LEGAL & IDENTITY THEFT
- 17 MEMBER RESOURCES
- 18 **FEDERAL NOTICES**
- 23 CONTACT INFORMATION

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 lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, your deductible plus coinsurance would apply. If you would like more information on WHCRA benefits, contact Florida Blue at 800-664-5295.

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

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

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, 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 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2024. Contact your State for more information on eligibility –

- 3 ELIGIBILITY INFORMATION
- 4 ENROLLMENT INSTRUCTIONS
- 5 GROUP MEDICAL BENEFITS
- 6 PHARMACY BENEFITS
- 7 SEEKING CARE
- 8 DENTAL BENEFITS
- 10 VISION BENEFITS
- 12 WELLNESS
- 13 ACCIDENT
- 14 CRITICAL ILLNESS
- 15 HOSPITAL INDEMNITY/VOL BENEFITS
- 16 LEGAL & IDENTITY THEFT
- 17 MEMBER RESOURCES
- 18 FEDERAL NOTICES
- 23 CONTACT INFORMATION

ALABAMA - Medicaid

Website: <http://myalhipp.com/>
 Phone: 1-855-692-5447

ALASKA - Medicaid

The AK Health Insurance Premium Payment Program
 Website: <http://myakhipp.com/>
 Phone: 1-866-251-4861

Email: CustomerService@MyAKHIPP.com

Medicaid Eligibility:
<http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx>

ARKANSAS – Medicaid

Website: <http://myarhipp.com/>
 Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA – Medicaid

Website: Health Insurance Premium Payment (HIPP) Program
<http://dhcs.ca.gov/hipp>

Phone: 916-445-8322

Email: [hipp@dhcs.ca.gov/](mailto:hipp@dhcs.ca.gov)

COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)

Health First Colorado Website:
<https://www.healthfirstcolorado.com/>

Health First Colorado Member Contact Center:
 1-800-221-3943/ State Relay 711

CHP+ :<https://www.colorado.gov/pacific/hcpf/child-health-plan-plus>

CHP+ Customer Service: 1-800-359-1991/ State Relay 711

Health Insurance Buy-In Program (HIBI):
<https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program>

HIBI Customer Service: 1-855-692-6442

FLORIDA – Medicaid

Website:
<https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html>

Phone: 1-877-357-3268

GEORGIA – Medicaid

Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>

Phone: 678-564-1162 ext 2131

INDIANA – Medicaid

Healthy Indiana Plan for low-income adults 19-64
 Website: <http://ww.in.gov/fssa/hip/>

Phone: 1-877-438-4479

All other Medicaid

Website: <https://www.in.gov/medicaid/>

Phone 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)

Medicaid Website: <https://dhs.iowa.gov/ime/members>

Medicaid Phone: 1-800-338-8366

Hawki Website: <http://dhs.iowa.gov/Hawki>

Hawki Phone: 1-800-257-8563

HIPP Website: <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>

HIPP Phone: 1-888-346-9562

KANSAS – Medicaid

Website: <https://www.kancare.ks.gov/>

Phone: 1-800-792-4884

KENTUCKY – Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:

<https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>

Phone: 1-855-459-6328

Email: KIHIPP.PROGRAM@ky.gov

KCHIP Website: <https://kidshealth.ky.gov/Pages/index.aspx>

Phone: 1-877-524-4718

Kentucky Medicaid Website: <https://chfs.ky.gov>

LOUISIANA – Medicaid

Website: www.medicaid.la.gov or www.lahipp.com

Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488

(LaHIPP)

MAINE – Medicaid

Enrollment Website: <https://www.maine.gov/dhhs/ofi/applications-forms>

Phone: 1-800-442-6003 TTY: Maine relay 711

Private Health Insurance Premium Webpage:

<https://www.maine.gov/dhhs/ofi/applications-forms>

Phone: -800-977-6740. TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

Website: <https://www.mass.gov/info-details/masshealth-premium-assistance-pa>

Phone: 1-800-862-4840

MINNESOTA – Medicaid

Website:

<https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp>

Phone: 1-800-657-3739

MISSOURI – Medicaid

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>

Phone: 573-751-2005

MONTANA – Medicaid

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>

Phone: 1-800-694-3084

NEBRASKA – Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>

Phone: 1-855-632-7633

Lincoln: 402-473-7000

Omaha: 402-595-1178

NEVADA – Medicaid

Medicaid Website: <http://dhcnp.nv.gov>

Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid

Website:

<http://www.dhhs.nh.gov/programs-serices/Medicaid/health-insurance-premium-program>

Phone: 603-271-5218

Toll free number for the HIPP program: 1-800-852-3345, ext 5218

NEW JERSEY – Medicaid and CHIP

Medicaid Website:

<http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>

Medicaid Phone: 609-631-2392

CHIP Website: <http://www.njfamilycare.org/index.html>

CHIP Phone: 1-800-701-0710

NEW YORK – Medicaid

Website: https://www.health.ny.gov/health_care/medicaid/

Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid

Website: <https://medicaid.ncdhhs.gov/>

Phone: 919-855-4100

NORTH DAKOTA – Medicaid

Website: <http://www.nd.gov/dhs/services/medicalserv/medicaid/>

Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP

Website: <http://www.insureoklahoma.org>

Phone: 1-888-365-3742

OREGON – Medicaid

Website: <http://healthcare.oregon.gov/Pages/index.aspx>

<http://www.oregonhealthcare.gov/index-es.html>

Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid

Website:

<https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx>

Phone: 1-800-692-7462

RHODE ISLAND – Medicaid and CHIP

Website: <http://www.eohhs.ri.gov/>

Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlts Share Line)

SOUTH CAROLINA – Medicaid

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

Phone: 1-888-549-0820

SOUTH Dakota – Medicaid

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

Phone: 1-888-828-0059

TEXAS – Medicaid

Website: <http://gethipptexas.com/>

Phone: 1-800-440-0493

UTAH – Medicaid and CHIP

Medicaid Website: <https://medicaid.utah.gov/>

CHIP Website: <http://health.utah.gov/chip>

Phone: 1-877-543-7669

VERMONT– Medicaid

Website: <http://www.greenmountaincare.org/>

Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP

Website: <https://www.coverva.org/en/famis-select>

<https://www.coverva.org/en/hipp>

Medicaid Phone: 1-800-432-5924

CHIP Phone: 1-800-432-5924

WASHINGTON – Medicaid

Website: <https://www.hca.wa.gov/>

Phone: 1-800-562-3022

WEST VIRGINIA – Medicaid

Website: <http://mywvhipp.com/>

Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP

Website:

<https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>

Phone: 1-800-362-3002

WYOMING – Medicaid

Website:

<https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>

Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2024, or for more information on special enrollment rights, contact either:

- U.S. Department of Labor Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
 1-866-444-EBSA (3272)
- U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services
www.cms.hhs.gov
 1-877-267-2323, Menu Option 4, Ext. 61565

3	ELIGIBILITY INFORMATION
4	ENROLLMENT INSTRUCTIONS
5	GROUP MEDICAL BENEFITS
6	PHARMACY BENEFITS
7	SEEKING CARE
8	DENTAL BENEFITS
10	VISION BENEFITS
12	WELLNESS
13	ACCIDENT
14	CRITICAL ILLNESS
15	HOSPITAL INDEMNITY/VOL BENEFITS
16	LEGAL & IDENTITY THEFT
17	MEMBER RESOURCES
18	FEDERAL NOTICES
23	CONTACT INFORMATION

HIPAA Notice of Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, 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 towards your or your dependents' other coverage). However, you must request enrollment within [insert "30 days" or any longer period that applies under the plan] after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

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 dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

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.

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 obtain more information, contact Benefit Support at 800-978-0632 or by email at questions@jpoffhit.org

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).

HIPPA-PRIVACY ACT LEGISLATION

The Jacksonville Police Officer and Fire Fighters Health Insurance Trust and your health insurance carrier(s) are obligated to protect your confidential protected health information that identifies you or could be used to identify you and relates to a physical or mental health condition or the payment of your health care expenses. JPOFFHIT and your health insurance carrier(s) are required to notify you and your beneficiaries about our policies and practices to protect the confidentiality of your personal protected health information.

CONTACT INFORMATION

- 3 ELIGIBILITY INFORMATION
- 4 ENROLLMENT INSTRUCTIONS
- 5 GROUP MEDICAL BENEFITS
- 6 PHARMACY BENEFITS
- 7 SEEKING CARE
- 8 DENTAL BENEFITS
- 10 VISION BENEFITS
- 12 WELLNESS
- 13 ACCIDENT
- 14 CRITICAL ILLNESS
- 15 HOSPITAL INDEMNITY/VOL BENEFITS
- 16 LEGAL & IDENTITY THEFT
- 17 MEMBER RESOURCES
- 18 FEDERAL NOTICES
- 23 CONTACT INFORMATION

Benefits Support & Enrollment	Jacksonville Police Officers and Fire Fighters Health Insurance Trust 800-978-0632 www.jpoffhit.org questions@jpoffhit.org
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	MetLife 800-275-4638 mybenefits.metlife.com
Vision Plans	EyeMed 866-800-5457 www.eyemed.com
Accident, Critical Illness, and Hospital Indemnity Plans	Aflac 800-433-3036 www.aflacgroupinsurance.com
Identity Theft	Norton LifeLock 800-607-9174 www.my.norton.com
Legal Services	U.S. Legal Services 800-356-5831 www.uslegalservices.net/login
Flex Spending Accounts, Life Insurance, and 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