



CITY OF JACKSONVILLE EMPLOYEE BENEFITS GUIDE 2026

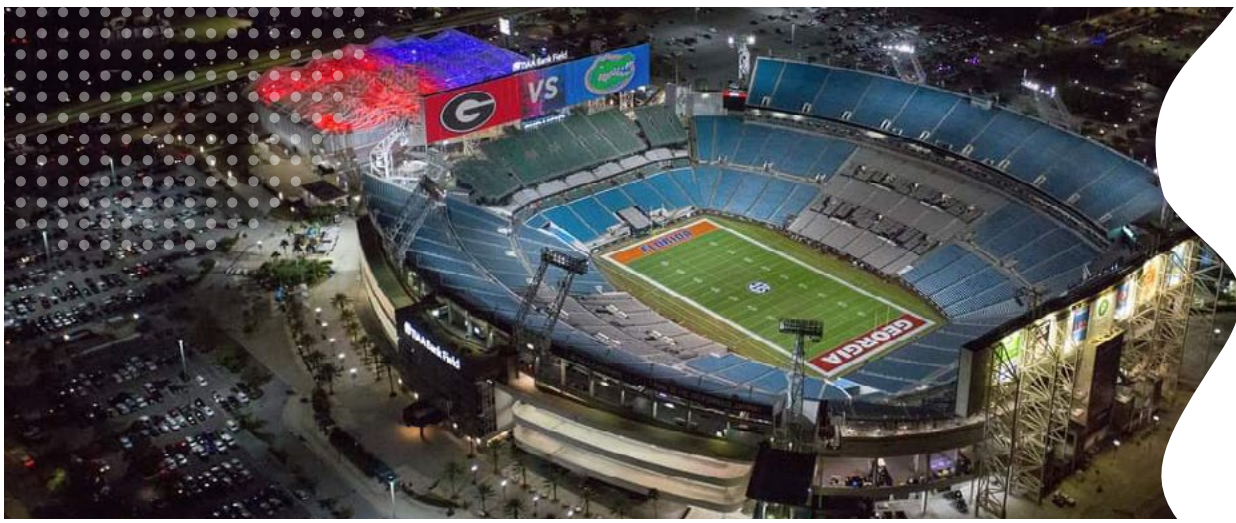


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change
for
good!





A LETTER from the MAYOR



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

Mayor Donna Deegan
www.jacksonville.gov/mayordeegan



Carefully Designed with YOU In Mind

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

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

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



Selecting Your Plans

When you're first hired

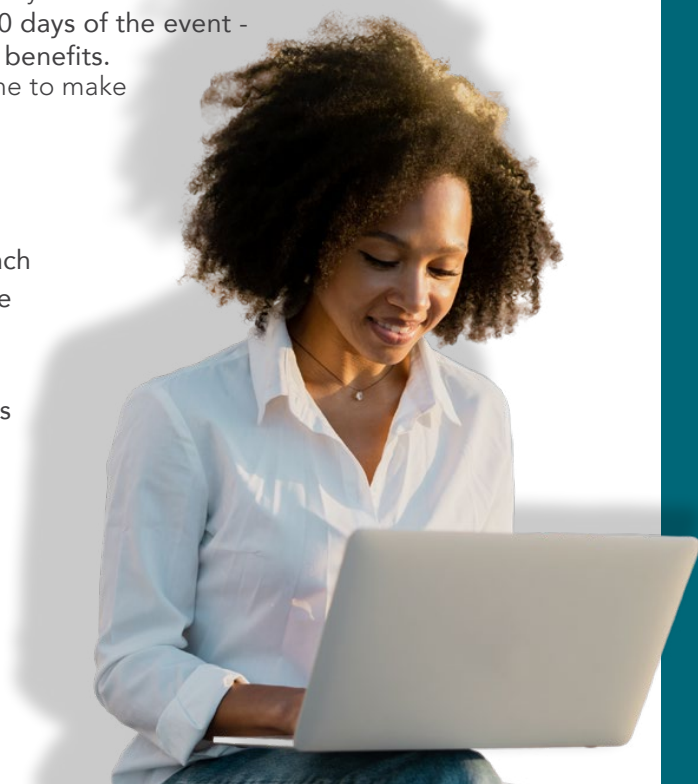
Your benefit eligibility date, when your coverage begins, is the first day of the month following your employment date. If your employment date is the first day of the month, your benefits will be effective on your employment date. You must complete your enrollment and provide all required documentation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

If you have a life change (qualifying life event)

Certain life events like marriage, divorce, birth or adoption of a child, or a change in employment status may allow you to change your coverage during the year. If this occurs and you need to make changes, contact the Benefits Division within 60 days of the event - with required documentation - to update your benefits. Annual enrollment will be the next available time to make benefit changes.

During Annual Enrollment

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



COVERING your FAMILY



MEDICAL	X	X	Until their 26th birthday*
DENTAL	X	X	Until the end of the year when they reach age 25
VISION	X	X	Until the end of the year when they reach age 25
LIFE INSURANCE	X	X	Child(ren) are eligible 0-26 years of age.

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

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

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

FIND THE MEDICAL PLAN THAT'S BEST FOR YOU

Compare Your Options

	General Employees Only	Provider Choice	Referrals Required
FLORIDA BLUE	BlueOptions 03768 UF Health EPO	In-Network care only Except in the case of a true emergency, the UF Health EPO plan only covers care through in-network providers.	NO, (certain specialists require referrals separate from insurance)
	BlueCare 48 HMO	In-Network care only Except in the case of a true emergency, the BlueCare plan only covers care through in-network providers.	NO, but a primary care physician (PCP) designation is required
	BlueCare 65 HMO HDHP	In-Network care only Except in the case of a true emergency, the BlueCare plan only covers care through in-network providers.	NO, but a primary care physician (PCP) designation is required
	BlueOptions 05782 PPO	You may use any provider you choose However, you will receive better benefits and pay less for care if you use in-network providers	NO, (certain specialists require referrals separate from insurance)
	BlueCare 128/129 HMO QHDHP (NEW)	In-Network care only Except in the case of a true emergency, the BlueCare plan only covers care through in-network providers.	NO, but a primary care physician (PCP) designation is required



Denis Woods

FL Blue COJ Representative
904.255.5570

Important Terms

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

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

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

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

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

Medical Insurance

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

Pharmacy Coverage CVS and the CVS affiliates are EXCLUDED

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



Medical Insurance

Product	(NEW) BlueCare 128/129 HMO QHDHP
IN-NETWORK COVERAGE	<i>128 is for single coverage only and 129 is for EE & Spouse, EE & Children or EE & Family coverage</i>
DEDUCTIBLE	Plan 128 - \$2,000; Plan 129 - \$3,400 / \$4,000
OUT-OF-POCKET MAXIMUM	<i>Combined medical and pharmacy</i>
MEDICAL	Plan 128 - \$4,000 Single; Plan 129 - \$4,000 Single \$8,000 Single + Family
PREVENTIVE CARE	100% covered
PRIMARY DOCTOR VISIT	DED then 20%
SPECIALIST DOCTOR VISIT	DED then 20%
INDEPENDENT LABS	DED then 20%
X-RAYS	DED then 20%
IMAGING: MRI / CT / PET	DED then 20%
URGENT CARE CENTER	DED then 20%
EMERGENCY ROOM	DED then 20%
INPATIENT HOSPITAL	DED then 20%
OUTPATIENT HOSPITAL	DED then 20%
OUT-OF-NETWORK COVERAGE <i>(plus balance billing)</i>	
DEDUCTIBLE	Not Covered
COINSURANCE	Not Covered
OUT-OF-POCKET MAXIMUM	Not Covered



Pharmacy Coverage **CVS and the CVS affiliates are EXCLUDED**

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

Seeking Care When Your Regular Doctor Isn't Available

24-hour Nurse Line

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



General Employees Only

Convenience Clinic

Urgent Care

Emergency Room

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

Urgent care centers handle non-life threatening situations, and many are staffed with doctors and nurses who have access to x-rays and labs onsite

Emergency rooms are meant for true medical emergencies and can handle trauma, x-rays, surgical procedures and life threatening situations

OPEN HOURS

Days, evenings, weekends

Days, evenings, weekends

24 hours a day, 7 days a week

TYPICAL VISIT LENGTH

Less than 30 minutes

Less than an hour

Several hours depending on severity

YOUR COST

Primary Care copay (\$10-\$30)
QHDHP- Deductible then coinsurance

Urgent Care copay (\$25 - \$35)
QHDHP- Deductible then coinsurance

Deductible or copay then coinsurance

TREATMENT FOR

- Flu and cold
- Coughs and sore throat
- Earaches and fevers
- Vomiting, diarrhea, stomach pain
- Minor cuts
- Rashes

- Flu and cold
- Coughs and sore throat
- High fevers
- Vomiting, diarrhea, stomach pain
- Cuts and severe scrapes
- Stitches
- Dehydration
- Minor broken bones
- Minor injuries and burns
- Rashes

- Allergic reactions to food, animal or bug bites
- Severe broken bones
- Chest pain
- Constant vomiting or continuous bleeding
- Severe shortness of breath
- Deep wounds
- Weakness or pain in a leg or arm
- Head injuries
- Unconsciousness

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

Advocate

Finding the best-matched pharmacy to fill your specialty drugs

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

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

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

How Advocate+ helps you

Care specialists

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

Help getting started

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

Financial assistance programs

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

Support along the way

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



QUESTIONS?
Call the number on the back of your
member ID card.

Home Delivery from Amazon Pharmacy

A new way to save on medications

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

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

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

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



Easy to use

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

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

Built-in drug discount card

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

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

Convenient home delivery

Skip the pharmacy line with home delivery.

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

TELADOC (Medical, Dermatology, Mental Health)



OPEN HOURS

Teladoc gives you access 24 hours, 7 days a week to a U.S. board-certified doctor through the convenience of phone, video or mobile app visits.

TYPICAL VISIT LENGTH

Less than 30 minutes

YOUR COST

\$10 for the BlueOptions 03768 UF Health EPO plan
 \$15 for the BlueCare 48 & 65 HMO plans
 \$20 for the BlueOptions 05782 PPO plan
 \$15 for the BlueCare 128/129 HMO QHDHP+HSA Plan

WEBSITE

Teladoc.com

CALL

1.800.Teladoc (835.2362)

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

REGISTER NOW by logging into your member account at www.floridablue.com, click Health & Wellness, then Better You Strides.

GET REWARDED FOR YOUR HEALTHY BEHAVIORS



1

Online:
 Go to Teladoc.com and click "set up account".

Mobile app:
 Download the app and click "Activate account"
 Visit teladoc.com/mobile to download the app



SETUP YOUR ACCOUNT

Set up your account by web or mobile app.

Call Teladoc:

Teladoc can help you register your account over the phone.



EARN POINTS

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



EARN BUCKS

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



GET REWARDED

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



2

PROVIDE MEDICAL HISTORY

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



3

REQUEST A CONSULT

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

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



BRONZE

1,500 POINTS
 \$75 GIFT CARD



SILVER

3,000 POINTS
 \$75 GIFT CARD



GOLD

4,500 POINTS
 \$75 GIFT CARD



PLATINUM

6,000 POINTS
 \$75 GIFT CARD



Denise Woods
 904.255.5570

Website: www.FloridaBlue.com
Phone: 800.352.2583



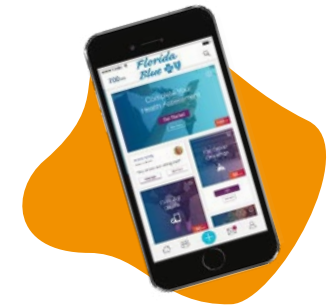
Map Your Personal Path to Health

Map Your Personal Path to Health



A Personal Plan for You

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



Your Mobile Fitness Partner

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

Allowable Activities

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



Healthy Addition Prenatal Program and Next Steps Health Coaching

No extra cost for moms-to-be

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

What can Healthy Addition do for you?

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

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

Did you know?

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

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

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

Email: healthyaddition@floridablue.com

Call: 800.955.7635, Option 6

Monday–Friday, 8 a.m.–5:30 p.m. EST

HEALTH COACHING PROGRAM

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

Areas of wellness focus

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

Email: nextsteps@floridablue.com

Call: 800.477.3736 ext. 54837

TTY: 800.955.8771, or 711

Monday–Friday, 8 a.m.–5 p.m. EST



TRICARE Supplement Insurance Policy Overview

Deductibles:

\$100 per person
\$200 per family

Must be currently enrolled in Tricare

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

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



TRICARE Supplement Insurance Policy Overview

Deductibles:

\$100 per person
\$200 per family

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

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

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

This is not Medicare Supplement Insurance.



Dental Insurance

Dental care that makes you smile

General Employees Only

Silver PPO

Gold PPO

Platinum PPO

DENTIST CHOICE

You may use any provider you choose.

However, you will receive better benefits and pay less for care if you use providers in the Humana Dental network.

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

Dental Insurance

DHMO plan includes over 100 additional dental procedures. It also extends the pediatric age limit, allowing members to access pediatric dentists until the age of 18. Additionally, the plan now includes JetDental and Byte, offering members access to these additional dental services.

General Employees Only

DHMO Plan

DENTIST CHOICE

In-Network care only
The DHMO plan requires you to choose a Humana dentist as your primary care dentist.

MAXIMUM BENEFIT

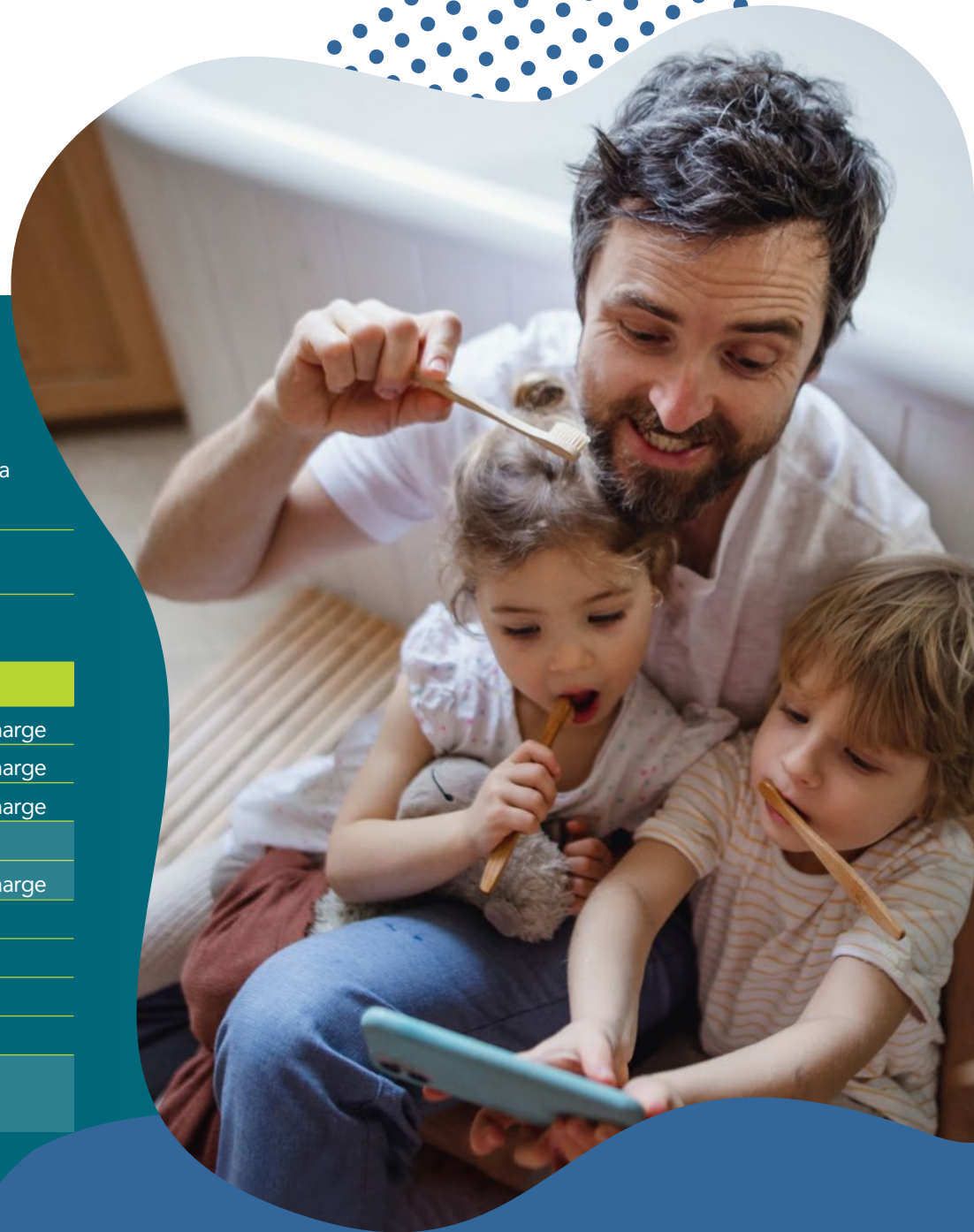
Not applicable

DEDUCTIBLE DED

Not applicable

IN-NETWORK ONLY (EXAMPLES OF CHARGES)

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



Vision Coverage

Focus on your vision

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

Flexible Spending Accounts

Tax free funds for life's expenses

Health And Dependent Care

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

Health Care FSA

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

CONTRIBUTION MAXIMUM	\$3,400 \$141.67 per paycheck
TIME PERIOD FOR CLAIMS	January 2026 through March 15, 2027
TIME PERIOD TO SUBMIT CLAIMS	through March 31, 2027

Dependent Care FSA

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

CONTRIBUTION MAXIMUM	\$7,500 (\$312.50 per paycheck) \$3,750 if married
TIME PERIOD FOR CLAIMS	January 2026 through March 15, 2027
TIME PERIOD TO SUBMIT CLAIMS	through March 31, 2027

GOOD TO KNOW:

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

Parking And Transit

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

Transit Benefits

Save money for public transportation taken to and from work.

Parking Benefits

Parking passes may be purchased with your Ameriflex debit card, or out-of-pocket and be reimbursed via direct deposit or check from Ameriflex. (maximum contribution per month \$325).

Vanpooling Benefits

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

WILL THIS PLAN HELP YOU?

See the Commuter expenses information on www.jacksonville.gov/benefits for more information on this benefit.



Care For Yourself And Your Family

Employee Assistance Program

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

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

Available EAP services include:

CORE SERVICES

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

FINANCIAL PLANNING

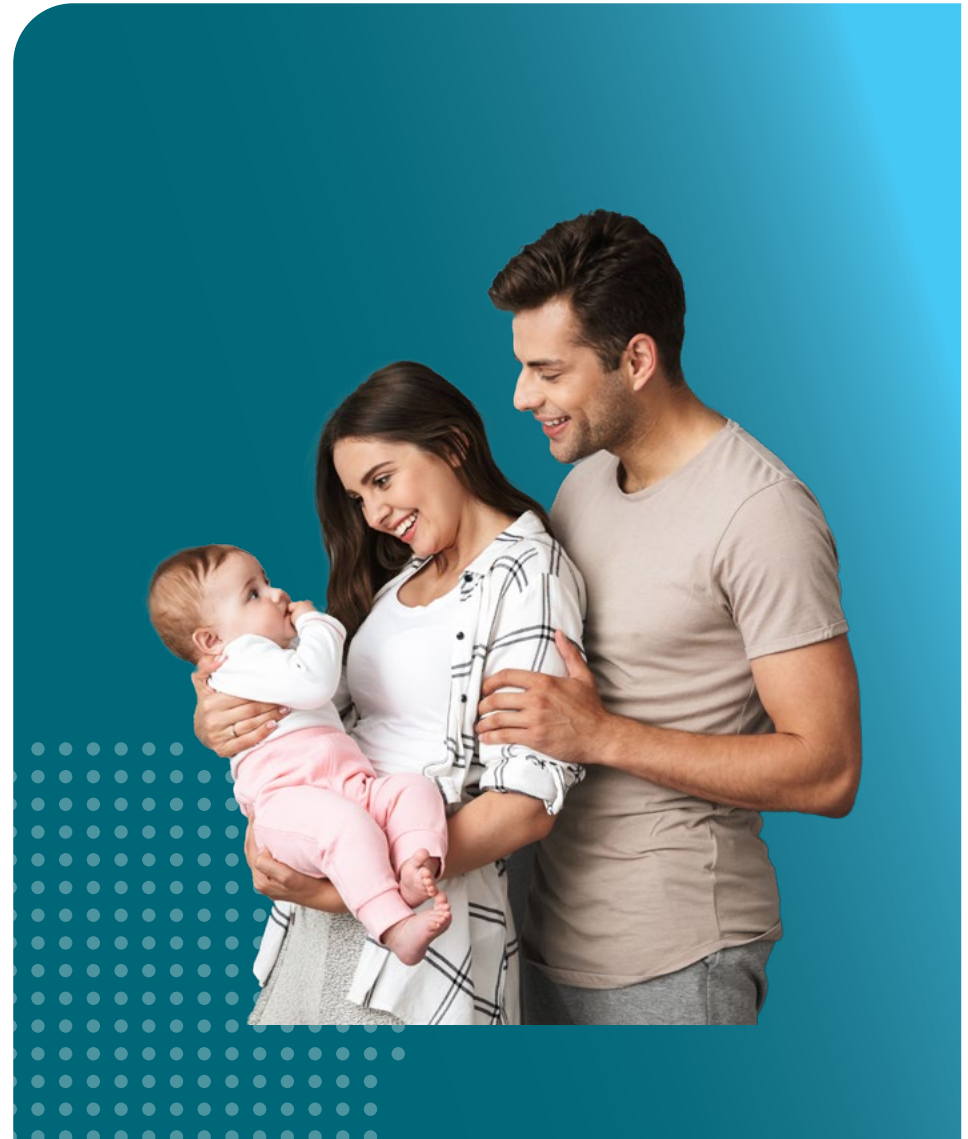
Resources for investment plans, estate planning, debt reduction, retirement planning, bankruptcy, tax support, college funding, and budget management.

LEGAL SERVICES

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

MEDIATION REFERRALS

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



Health Advocate

Emotional support when you need it.

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

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

Emotional Support

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

Our Counselors can help address:

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

Work and Life Balance

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

Our Work/Life Specialists can help with:

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



Simply call us. HealthAdvocate; 877.240.6863; www.healthadvocate.com. We offer compassionate support over the phone and can review other options for counseling. If needed, we'll help you connect with the appropriate professionals for long-term support.

Tips for Managing Stress

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

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

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

IDENTIFY THE KEY SOURCE

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

MAKE AN ACTION PLAN

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

SIMPLIFY EXPECTATIONS AND LET GO OF PERFECTIONISM

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

PRIORITIZE YOUR TO-DO LIST

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

JUST BREATHE

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

BLOW OFF SOME STEAM

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

WORK IT OUT

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

TALK ABOUT IT

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

Life Insurance

Paid for by FCWDC

As a full time employee for FCWDC, you are provided with life insurance and accidental death and dismemberment (AD&D) coverage at no cost to you through MetLife.

Coverage Amounts

Please refer to the Certificate of Coverage for your Bargaining Unit to identify the level of coverage for you, and additional coverage options through MetLife.

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

www.jacksonville.gov/benefits



Accidental Death and Dismemberment Insurance (AD&D)

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

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



Portability: If You Leave The City

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

Coverage for the unexpected

ADDITIONAL family COVERAGE

FOR YOU: Please refer to your certificate of coverage to identify coverage amounts through MetLife.

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



SPOUSE



CHILD(REN)

	SPOUSE	CHILD(REN)
OPTION ONE	\$10,000	\$5,000
OPTION TWO	\$20,000	\$10,000

Contacts

Service	Provider	Website	Phone Number
Medical Coverage	Florida Blue Group: B3267	www.FloridaBlue.com	800.664.5295
Telehealth	Teladoc	www.teladoc.com	1.800.teladoc (835.2362)
Health and Wellness Better You Strides	Florida Blue	www.FloridaBlue.com	800.352.2583
Amazon Pharmacy Home Delivery	Florida Blue	www.FloridaBlue.com	800.664.5295
Healthy Addition Prenatal Program	Florida Blue	www.FloridaBlue.com healthyaddition@floridablue.com	800-955-7635, Option 6
Dental Coverage	Humana Group: 773983	www.humana.com	800.233.4013
Vision Coverage	VSP Vision Group: 30099995	www.vsp.com	800.877.7195
Flexible Spending Accounts	Ameriflex	www.myameriflex.com	888.868.3539
EAP	HealthAdvocate	www.healthadvocate.com	877.240.6863
Life Insurance	MetLife Group: 261599	www.metlife.com	866.492.6983
Retirement Benefits	City of Jacksonville	www.jacksonville.gov/departments/finance/retirement-system.aspx citypension@coj.net	City of Jacksonville 904.255.7280 FAX: 904.588.0524
			Jacksonville Police and Fire Pension Fund 904.255.7373 FAX: 904.353.8837
Health Savings Account	Empower	www.cojdcp.com	Empower COJ Office 904.255.5569
			Customer Service (855) COJ.4570 (265.4570)
Health Savings Account	HSA Bank	www.askus@hsabank.com	800.357.6246

Annual Notices

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

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

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

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

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

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

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

Important Warning

If you decline enrollment for yourself or for an eligible dependent, you must complete a “Form for Employee to Decline Coverage”. On the form, you are required to state that coverage under another group health plan or other health insurance coverage (including Medicaid or a state children’s health insurance program) is the reason for declining enrollment, and you are asked to identify that coverage. If you do not complete the form, you and your dependents will not be entitled to special enrollment rights upon a loss of other coverage as described above, but you will still have special enrollment rights when you have a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children’s health insurance program with respect to coverage under this plan, as

described previously. If you do not gain special enrollment rights upon a loss of other coverage, you cannot enroll yourself or your dependents in the plan at any time other than the plan’s annual open enrollment period, unless special enrollment rights apply because of a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children’s health insurance program with respect to coverage under this plan.

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

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

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

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

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

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

Women’s Health and Cancer Rights Act of 1998 – If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women’s Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for all stages of reconstruction of the breast on which the mastectomy was performed; surgery and reconstruction of the other breast to produce a symmetrical appearance; prostheses; and treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call your plan administrator at the number listed on your medical plan ID card.

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



Annual Notices (continued)

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

hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Patient Protection – The disclosure is applicable to the following plan(s): Florida Blue - BlueCare HMO 48, Florida Blue - BlueCare HMO 65, BlueCare HMO 128/129 QHDHP, UF Health EPO plan.

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

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

Access to OBGYN without Referrals: You do not need prior authorization from Florida Blue or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact Florida Blue at www.floridablue.com for UF Health providers.

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

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

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

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

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

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

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

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

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

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

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

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

Michelle's Law – Requires group health plans to provide continued coverage for a dependent child covered under the plan if the child loses eligibility under City of Jacksonville's Group Health Medical Plan because of the loss of student status resulting from a medically

Annual Notices (continued)

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

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

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

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

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

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

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

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

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2025. Contact

ALABAMA – Medicaid

myalhipp.com
855.692.5447

ALASKA – Medicaid

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

ARKANSAS – Medicaid

myarhipp.com
855.692.7447

CALIFORNIA – Medicaid

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



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

COLORADO – Medicaid and CHIP

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

FLORIDA – Medicaid

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

GEORGIA – Medicaid

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

INDIANA – Medicaid

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

IOWA – Medicaid and CHIP (Hawki)

Medicaid: hhs.iowa.gov/programs/welcome-iowa-medicaid | 800.338.8366
Hawki: hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki | 800.257.8563
HIPP: hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp | 888.346.9562

KANSAS – Medicaid

<https://www.kancare.ks.gov/>
800.792.4884 | HIPP Phone: 800.967.4660

KENTUCKY – Medicaid

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

LOUISIANA – Medicaid

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

MAINE – Medicaid

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

MASSACHUSETTS – Medicaid and CHIP

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

MINNESOTA – Medicaid

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

MISSOURI – Medicaid

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

MONTANA – Medicaid

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

NEBRASKA – Medicaid

www.ACCESSNebraska.ne.gov
Phone: 855.632.7633 | Lincoln: 402.473.7000 | Omaha: 402.595.1178

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

NEVADA – Medicaid

dhcfp.nv.gov
800.992.0900

NEW HAMPSHIRE – Medicaid

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

NEW JERSEY – Medicaid and CHIP

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

NEW YORK – Medicaid

www.health.ny.gov/health_care/medicaid/
800.541.2831

NORTH CAROLINA – Medicaid

medicaid.ncdhhs.gov
919.855.4100

NORTH DAKOTA – Medicaid

www.hhs.nd.gov/healthcare
844.854.4825

OKLAHOMA – Medicaid and CHIP

www.insureoklahoma.org
888.365.3742

OREGON – Medicaid

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

PENNSYLVANIA – Medicaid and CHIP

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

RHODE ISLAND – Medicaid and CHIP

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

SOUTH CAROLINA – Medicaid

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

SOUTH DAKOTA – Medicaid

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

TEXAS – Medicaid

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

UTAH – Medicaid and CHIP

Utah's Premium Partnership for Health Insurance (UPP): medicaid.utah.gov/upp
Email: upp@utah.gov
Phone: 1-888-222-2542
Adult Expansion Website: medicaid.utah.gov/expansion/
Utah Medicaid Buyout Program Website: medicaid.utah.gov/buyout-program/
CHIP Website: chip.utah.gov

VERMONT – Medicaid

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

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

VIRGINIA – Medicaid and CHIP

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

WASHINGTON – Medicaid

www.hca.wa.gov
800.562.3022

WEST VIRGINIA – Medicaid

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

WISCONSIN – Medicaid and CHIP

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

WYOMING – Medicaid

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

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

U.S. Department of Labor

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

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

U.S. Department of Health and Human Services

Centers for Medicare & Medicaid Services
www.cms.hhs.gov
877.267.2323
Menu Option 4, Ext. 61565

Medicare Part D Notice

Important notice from the City of Jacksonville about your Prescription Drug Coverage and Medicare

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

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide a minimum standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. The City of Jacksonville has determined that the prescription drug coverage administered by Florida Blue is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

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

Medicare Part D Notice (continued)

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

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with The City of Jacksonville and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you have 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you have nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

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

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

For More Information About Your Options Under Medicare Prescription Drug Coverage:

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You will receive a copy of the handbook in the mail from Medicare every year. You may also be contacted directly by Medicare drug plans.

For More Information About Medicare Prescription Drug Coverage:

- Visit www.medicare.gov.
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.
- Call **1.800.MEDICARE (1.800.633.4227)**. TTY users should call 1.877.486.2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available.

For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1.800.772.1213 (TTY 1.800.325.0778).

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

Date: October 1, 2025

Name of Entity / Sender: The City of Jacksonville

Contact / Title: Benefits Division

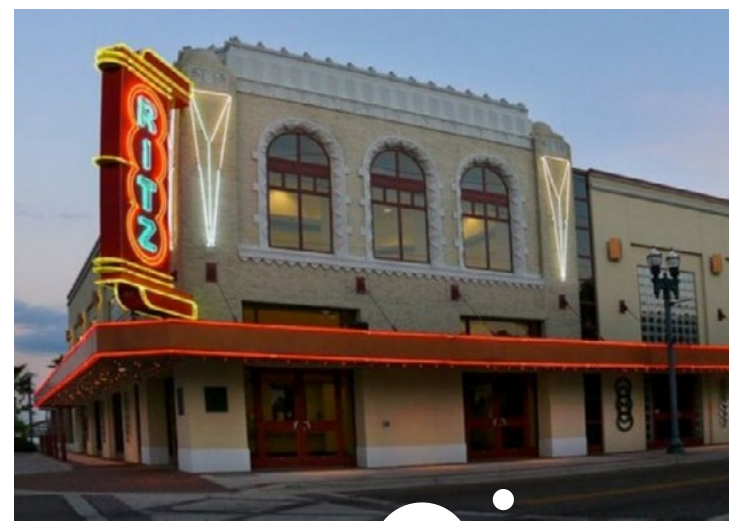
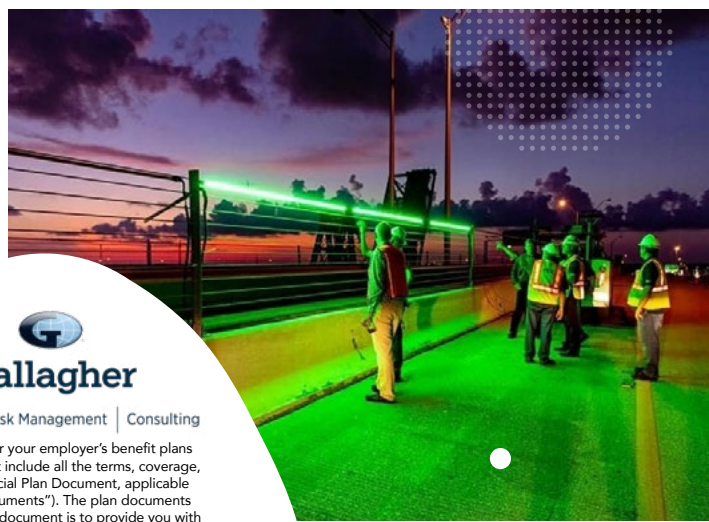
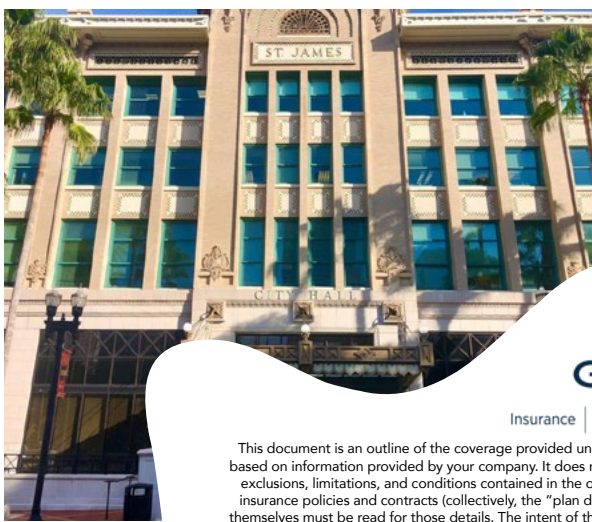
Address: 117 West Duval Street, Suite 150
Jacksonville, FL 32202

Phone Number: 904.255.5555

Notice of Privacy Practices

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

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



Gallagher

Insurance | Risk Management | Consulting

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

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