



# YOUR GUIDE TO BENEFITS

Effective January 1 - December 31, 2018





# BENEFITS FOR YOUR BUDGET AND LIFE.

## CAREFULLY DESIGNED WITH YOU IN MIND

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

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

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

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**MAYOR LENNY CURRY**



# SELECTING YOUR PLANS

## When you're first hired

Your **benefit eligibility date**, when your coverage begins, is the first day of the month following 55 days of employment if you work at least 30 hours per week. You must complete your enrollment prior to your eligibility date, and all required documentation must be provided at least 10 days prior to your eligibility date. *Any corrections must be made within the first 31 days of enrollment.*

## If you have a life change (life event)

Certain life events like marriage, divorce, birth or adoption of a child, or a change in employment status may allow you to change your coverage during the year. If this occurs, please contact Employee Benefits within **30 days** of the event - with required documentation - to update your benefits.

## During Annual Enrollment

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

# COVERING YOUR FAMILY

## Dependent eligibility

	Spouse	Children	
Medical	✓	✓	<i>until their 26th birthday unless they have access to group benefits through their own employer</i>
Dental	✓	✓	<i>until the end of the year when they reach age 25</i>
Vision	✓	✓	<i>until the end of the year when they reach age 25</i>
Life Insurance	✓	✓	<i>until the end of the month when they reach age 26</i>

**Disabled dependents:** children who became disabled before age 26 and rely on you for support are also eligible for health coverage. Please contact Employee Benefits if this applies to you.


**Extended medical coverage:** children ages 26-30 may be eligible for extended medical coverage; please contact Employee Benefits for details.

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



# FIND THE MEDICAL PLAN THAT'S BEST FOR YOU

## COMPARE YOUR OPTIONS

	<b>UF HEALTH DIRECT CARE</b> 	<b>BLUECARE 48 HMO</b>	<b>BLUECARE 65 HMO HDHP</b>	<b>BLUEOPTIONS PPO 05782</b>
	<b>INTEGRA</b>	<b>FLORIDA BLUE</b>	<b>FLORIDA BLUE</b>	<b>FLORIDA BLUE</b>
PROVIDER CHOICE	<b>In-Network care only</b> <i>Except in the case of a true emergency, the UF Health Direct Care plan only covers care through in-network providers. Locate network providers at <a href="http://coj.claimsbridge.com">coj.claimsbridge.com</a></i>	<b>In-Network care only</b> <i>Except in the case of a true emergency, the BlueCare plan only covers care through in-network providers</i>	<b>In-Network care only</b> <i>Except in the case of a true emergency, the BlueCare plan only covers care through in-network providers</i>	<b>You may use any provider you choose</b> <i>However, you will receive better benefits and pay less for care if you use in-network providers</i>
REFERRALS REQUIRED	No (certain specialists require referrals separate from insurance)	No, but a primary care physician (PCP) designation is required	No, but a primary care physician (PCP) designation is required	No (certain specialists require referrals separate from insurance)

### 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.**



**Denis Woods**

904-630-1212 ext. 5763

**INTEGRA**

**Group:** 00857

**Website:** [www.integratpa.com](http://www.integratpa.com)

**Phone:** 1-800-959-3578

**FLORIDA  
BLUE**

**Group:** B3267

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

**Phone:** 1-800-664-5295

## MEDICAL INSURANCE PLAN INFORMATION

	UF Direct Health <i>EPO</i>	BlueCare 48 <i>HMO</i>	BlueCare 65 <i>HMO HDHP</i>	BlueOptions 05782 <i>PPO</i>
<b>In-Network Coverage</b>				
DEDUCTIBLE <b>DED</b>	\$750 single; \$1,500 family	\$300 per person; \$600 family max	\$1,500 single; \$3,000 family	\$750 per person; \$1,500 family max
<b>OUT-OF-POCKET MAXIMUM</b>	<i>separate medical and pharmacy</i>	<i>combined medical and pharmacy</i>	<i>combined medical and pharmacy</i>	<i>combined medical and pharmacy</i>
<b>MEDICAL</b>	\$1,500 single; \$3,000 family	\$2,500 per person	\$5,000 single coverage	\$6,000 per person
<b>PHARMACY</b>	\$1,000 single; \$2,000 family	\$5,000 family maximum	\$10,000 family coverage	\$12,000 family maximum
<b>PREVENTIVE CARE</b>	<b>100% covered</b>	<b>100% covered</b>	<b>100% covered</b>	<b>100% covered</b>
PRIMARY DOCTOR VISIT	\$10	\$25	\$25	\$30
SPECIALIST DOCTOR VISIT	\$50	\$35	<b>DED</b> then 30%	\$40
INDEPENDENT LABS	100% Covered	100% Covered	100% Covered	100% Covered
X-RAYS	<b>DED</b> then 20%	\$30	<b>DED</b> then 30%	\$35
IMAGING: MRI / CT / PET	<b>DED</b> then 20%	\$300	<b>DED</b> then 30%	\$300
URGENT CARE CENTER	\$25	\$30	\$25	\$35
EMERGENCY ROOM	<b>DED</b> then 20%	\$300 then 30%	<b>DED</b> then 30%	\$300 then 30%
INPATIENT HOSPITAL	<b>DED</b> then 20%	<b>DED</b> then 30%	<b>DED</b> then 30%	<b>DED</b> then 30%
OUTPATIENT SURGERY	<b>DED</b> then 20%	<b>DED</b> then 30%	<b>DED</b> then 30%	<b>DED</b> then 30%
<b>Out-of-Network Coverage (<i>plus balance billing</i>)</b>				
DEDUCTIBLE	No Coverage	No Coverage	No Coverage	\$1,000 per person; \$2,000 fam. max
COINSURANCE	No Coverage	No Coverage	No Coverage	50% after deductible
OUT-OF-POCKET MAXIMUM	No Coverage	No Coverage	No Coverage	\$9,000 per person; \$18,000 fam. max

## PHARMACY COVERAGE

### Retail Prescriptions (up to 30 days) | Mail Order Prescriptions (90 days)

GENERIC	\$10	\$20	\$10	\$20	\$10	\$20	\$10	\$20
PREFERRED BRAND	\$40	\$80	\$40	\$80	\$40	\$80	\$40	\$80
NON-PREFERRED	\$75	\$150	\$75	\$150	\$75	\$150	\$75	\$150



# SEEKING CARE WHEN YOUR REGULAR DOCTOR ISN'T AVAILABLE

## Convenience Clinic

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

## Urgent Care

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 Room

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

OPEN HOURS	Days, evenings, weekends	Days, evenings, weekends	24 hours a day, 7 days a week
TYPICAL VISIT LENGTH	Less than 30 minutes	Less than an hour	Several hours depending on severity
YOUR COST	Primary Care copay (\$10-\$30)	Urgent Care copay (\$25 - \$35)	Deductible or copay then coinsurance
TREATMENT FOR	<ul style="list-style-type: none"> <li>• Flu and cold</li> <li>• Coughs and sore throat</li> <li>• Earaches and fevers</li> <li>• Vomiting, diarrhea, stomach pain</li> <li>• Minor cuts</li> <li>• Rashes</li> </ul> <p><i>Note: Most Convenience Clinics do not treat children under 2 years of age</i></p>	<ul style="list-style-type: none"> <li>• Flu and cold</li> <li>• Coughs and sore throat</li> <li>• High fevers</li> <li>• Vomiting, diarrhea, stomach pain</li> <li>• Cuts and severe scrapes</li> <li>• Stitches</li> <li>• Dehydration</li> <li>• Minor broken bones</li> <li>• Minor injuries and burns</li> <li>• Rashes</li> </ul>	<ul style="list-style-type: none"> <li>• Allergic reactions to food, animal or bug bites</li> <li>• Severe broken bones</li> <li>• Chest pain</li> <li>• Constant vomiting or continuous bleeding</li> <li>• Severe shortness of breath</li> <li>• Deep wounds</li> <li>• Weakness or pain in a leg or arm</li> <li>• Head injuries</li> <li>• Unconsciousness</li> </ul>

# DENTAL INSURANCE

## DENTAL CARE THAT MAKES YOU SMILE

	Silver PPO		Gold PPO		Platinum PPO		DMO Plan (DeltaCare)	
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 one of the Delta Dental networks. Delta PPO: Your lowest cost for coverage. Delta Premier Network: Higher cost, no balance billing. Out-of-Network: Highest cost plus balance billing.						In-Network care only The DMO plan requires you to choose a Delta Dental dentist as your primary care dentist.	
MAXIMUM BENEFIT	\$1,500 per person per year		\$2,000 per person per year		\$5,000 per person per year		Not Applicable	
DEDUCTIBLE <b>DED</b>	\$50 per person; \$150 family max		\$100 per person; \$300 family max		\$500 per person; \$1,500 family max		Not Applicable	
Delta PPO Coverage   Delta Premier and Out-of-Network coverage (Premier dentists do not balance bill)								
PREVENTIVE CARE	100% covered	20%	100% covered	100% covered	100% covered	80% covered	ROUTINE OFFICE VISIT (9430) \$5	
							TEETH CLEANING (1110) no charge	
							FULL MOUTH X -RAYS (0330) no charge	
BASIC SERVICES	<b>DED</b> then 20%	<b>DED</b> then 50%	<b>DED</b> then 20%	<b>DED</b> then 20%	<b>DED</b> then 20%	<b>DED</b> then 20%	FILLINGS (2140) no charge	
							EXTRACTIONS (7140) \$5	
MAJOR SERVICES	<b>DED</b> then 50%	<b>DED</b> then 50%	<b>DED</b> then 50%	<b>DED</b> then 50%	<b>DED</b> then 50%	<b>DED</b> then 50%	ENDODONTICS (3330) \$335	
							PERIODONTAL SCALING (4341) \$50	
							FULL / PARTIAL DENTURES (5110) \$285	
							CROWNS (2752) \$295	
ORTHODONTIA	Not Covered		50%; \$2,000 lifetime maximum		50%; \$5,000 lifetime maximum		CHILD: \$1,900   ADULT: \$2,100	



**Brittany Thomas**

904-630-1212 ext. 2779

**DELTA  
DENTAL**

**PPO Group:** FL 18491

**PPO Website:** [www.DeltaDental.com](http://www.DeltaDental.com)

**PPO Phone:** 1-800-521-2651

**DMO Group:** FL 78758

**DMO Website:** [www.DeltaDental.com](http://www.DeltaDental.com)

**DMO Phone:** 1-800-422-4234



# VISION COVERAGE

## FOCUS ON YOUR VISION

		Basic Plan (group 1002767)		Premier Plan (group 1002768)	
		In-Network (EyeMed Insight Network)	Out-of-Network (allowance)	In-Network (EyeMed Insight Network)	Out-of-Network (allowance)
Copays	Eye Examination	\$10 Copay (12 months)	Up to \$50	\$10 Copay (12 months)	Up to \$53
	Materials	\$20 Copay (lenses & frames)	Does not apply	\$20 Copay (lenses & frames)	Does not apply
Glasses	Lenses - Single	Covered after copay (24 months)	Up to \$50	Covered after copay (12 months)	Up to \$50
	Lenses - Bifocal	Covered after copay (24 months)	Up to \$75	Covered after copay (12 months)	Up to \$75
	Lenses - Trifocal	Covered after copay (24 months)	Up to \$100	Covered after copay (12 months)	Up to \$100
	Frames	\$110 allowance; 20% off balance (24 months)	Up to \$70	\$130 allowance; 20% off balance (24 months)	Up to \$70
Contacts	Elective ⓘ	\$110 allowance; 15% off balance (24 months)	Up to \$105	\$130 allowance; 15% off balance (12 months)	Up to \$105
	Medically Necessary	Covered in full	Up to \$210	Covered in full	Up to \$210



Elective contact lenses are available instead of your glasses (lenses and/or frames) benefit.

**EYEMED**

**Group:** See chart above

**Website:** [www.eyemed.com](http://www.eyemed.com)

**Phone:** 1-866-800-5457



# 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 Discovery Benefits.

#### Health Care FSA

Pay for qualifying medical, pharmacy, dental, and vision expenses using pre-tax funds with a Health Care FSA.

<b>Contribution Maximum</b>	<b>\$2,650</b> (\$110.42 per paycheck)
<b>Time period for claims</b>	<b>January 2018 through March 15, 2019</b>
<b>Time period to submit claims</b>	<b>through March 31, 2019</b>

#### Dependent Care FSA

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

<b>Contribution Maximum</b>	<b>\$5,000</b> (\$208.33 per paycheck) <b>\$2,500</b> if married filing separately
<b>Time period for claims</b>	<b>January through December</b>

#### 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 Discovery Benefits

#### Transit Benefits

Save money for public transportation taken to and from work.

#### Parking Benefits

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

#### 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 Discovery Benefits debit card to pay.

#### WILL THIS PLAN HELP YOU?

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

**DISCOVERY  
BENEFITS**

**Website:** [www.discoverybenefits.com](http://www.discoverybenefits.com)

**Phone:** 1-866-451-3399

# EMPLOYEE ASSISTANCE PROGRAM (EAP)

## CONFIDENTIAL ASSISTANCE WHEN YOU NEED IT

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**

**Website:** [www.healthadvocate.com](http://www.healthadvocate.com)

**Phone:** 1-877-240-6863  
904-296-9436

# LIFE INSURANCE

## COVERAGE FOR THE UNEXPECTED

### Paid for by the City

As an employee of the City of Jacksonville working at least **30 hours** per week, you are provided with life insurance and accidental death and dismemberment (AD&D) coverage at no cost to you through Standard.

#### COVERAGE AMOUNTS:

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

Make sure you designate a beneficiary who will receive your life insurance payment if you pass away while covered under this policy. Forms are available on the Compensation and Benefits website ([www.coj.net/benefits](http://www.coj.net/benefits)).

### Additional Coverage Options

#### FOR YOU

Please refer to the Certificate of Coverage for your Bargaining Unit to identify your additional life insurance coverage options through Standard.

#### FOR YOUR DEPENDENTS

If you work at least 30 hours per week, you have two life insurance options for your eligible dependents:

Option	For your Spouse	For your Child(ren)
One	\$10,000	\$5,000
Two	\$20,000	\$10,000

*Children live birth to under 6 months of age:*  
**\$1,000**

### INTRODUCING 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 an 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 an 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, retiring, or reducing your hours, you may choose to continue your life insurance coverage. Contact Standard within 31 days of the date you lose eligibility for details and to begin the process.

**STANDARD**

**Group:** 750973

**Website:** [www.standard.com](http://www.standard.com)

**Phone:** 1-800-628-8600

# RETIREMENT BENEFITS

## PLANNING FOR THE FUTURE

### City of Jacksonville Retirement System

The Retirement System Administrative Office administers the General Employees Pension Plan (GEPP) and the Corrections Officers Pension Plan (COPP). The office processes members' requests and retirement information, as well as services for all existing retirees.

We are dedicated to a high level of customer satisfaction and understanding of retirement benefits. Please visit <http://www.coj.net/departments/finance/retirement-system.aspx> for more information about your pension benefits.

#### Retirement System Administrative Office

*City Hall, St. James Building*

*117 West Duval Street, Suite 330*

*Jacksonville, Florida 32202*

*Phone: 904-255-7280*

*FAX: 904-588-0524*

### Jacksonville Police and Fire Pension Fund

The Jacksonville Police and Fire Pension Fund (the 'Fund') is a single-employer contributing defined benefit pension plan covering all full-time police officers and firefighters of the Consolidated City of Jacksonville. The Fund was created in 1937 and is structured as an independent agency of the City of Jacksonville. The Fund is administered solely by a five member board of trustees.

*One West Adams St., Suite 100*

*Jacksonville, FL 32202-3616*

*Phone: 904-255-7373*

*Fax: 904-353-8837*

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



### Effective October 1, 2017

#### Per ord code 2007-1136-E§2

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

*City Hall, St. James Building*

*117 West Duval Street, Suite 150*

*Jacksonville, Florida 32202*

*Phone: 904-630-1212 x 4304*

*Fax: 904-630-1294*



**EMPOWER  
RETIREMENT**

**Website:** [www.cojdcp.com](http://www.cojdcp.com)

**Phone:** 904-630-1212 ext. 4304



# ANNUAL NOTICES

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

**HIPAA Special Enrollment Rights** – 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 toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, 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.

To request special enrollment or obtain more information, contact your Benefits or HR Administrator.

**Section 111** – Effective January 1, 2009 Group Health Plans are required by the Federal government to comply with Section 111 of the Medicare, Medicaid, and SCHIP Extension of 2007's new Medicare Secondary Payer regulations. This mandate is designed to assist in establishing financial liability of claim assignments. In other words, it will help to establish who pays first. The mandate requires Group Health Plans to collect additional information such as social security numbers for all enrollees, including dependents aged six months or older. Please be prepared to provide this information on your Benefit Enrollment Form when enrolling into benefits.

**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.

**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 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** – If your group health plan requires or 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 family members. If the plan or health insurance coverage designates a primary care provider automatically, until you make this designation, the group health plan will make one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the health plan. For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from the group health plan 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, or for information on how to select a primary care provider, and for a list of the participating primary care providers, contact the Plan Administrator or refer to the carrier website.

It is your responsibility to ensure that the information provided on your application for coverage is accurate and complete. Any omissions or incorrect statements made by you on your application may invalidate your coverage. The carrier has the right to rescind coverage on the basis of fraud or misrepresentation.

**Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)** – If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

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

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

**If you live in one of the following states [see following pages], you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of August 10, 2017. Contact your State for more information on eligibility.**

# PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

## State Contact Information:

<b>Alabama</b> Medicaid	<b>Website:</b> <a href="http://myalhipp.com/">http://myalhipp.com/</a> <b>Phone:</b> 1-855-692-5447
<b>Alaska</b> Medicaid	<b>The AK Health Insurance Premium Payment Program Website:</b> <a href="http://myakhipp.com/">http://myakhipp.com/</a> <b>Phone:</b> 1-866-251-4861   <b>Email:</b> <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> <b>Medicaid Eligibility:</b> <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.asp">http://dhss.alaska.gov/dpa/Pages/medicaid/default.asp</a>
<b>Arkansas</b> Medicaid	<b>Website:</b> <a href="http://myarhipp.com/">http://myarhipp.com/</a> <b>Phone:</b> 1-855-MyARHIPP (855-692-7447)
<b>Colorado</b> Medicaid Child Health Plan Plus	<b>Medicaid Website:</b> <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> <b>Medicaid Phone:</b> : 1-800-221-3943/ State Relay 711 <b>CHP+ Website:</b> <a href="http://Colorado.gov/HCPF/Child-Health-Plan-Plus">Colorado.gov/HCPF/Child-Health-Plan-Plus</a> <b>CHP+ Phone:</b> 1-800-359-1991/ State Relay 711
<b>Florida</b> Medicaid	<b>Website:</b> <a href="http://flmedicaidtprecovery.com/hipp/">http://flmedicaidtprecovery.com/hipp/</a> <b>Phone:</b> 1-877-357-3268
<b>Georgia</b> Medicaid	<b>Website:</b> <a href="http://dch.georgia.gov/medicaid">http://dch.georgia.gov/medicaid</a> Click on Health Insurance Premium Payment (HIPP) <b>Phone:</b> 404-656-4507
<b>Indiana</b> Medicaid	<i>Healthy Indiana Plan for low-income adults 19-64:</i> <b>Website:</b> <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a>   <b>Phone:</b> 1-877-438-4479 <i>All other Medicaid:</i> <b>Website:</b> <a href="http://www.indianamedicaid.com">http://www.indianamedicaid.com</a> <b>Phone</b> 1-800-403-0864
<b>Iowa</b> Medicaid	<b>Website:</b> <a href="http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp/">http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp/</a> <b>Phone:</b> 1-888-346-9562
<b>Kansas</b> Medicaid	<b>Website:</b> <a href="http://www.kdheks.gov/hcf/">http://www.kdheks.gov/hcf/</a> <b>Phone:</b> 1-785-296-3512
<b>Kentucky</b> Medicaid	<b>Website:</b> <a href="http://chfs.ky.gov/dms/default.htm">http://chfs.ky.gov/dms/default.htm</a> <b>Phone:</b> 1-800-635-2570
<b>Louisiana</b> Medicaid	<b>Website:</b> <a href="http://dhh.louisiana.gov/index.cfm/subhome/1/n/331">http://dhh.louisiana.gov/index.cfm/subhome/1/n/331</a> <b>Phone:</b> 1-888-695-2447
<b>Maine</b> Medicaid	<b>Website:</b> <a href="http://www.maine.gov/dhhs/ofi/public-assistance/index.html">http://www.maine.gov/dhhs/ofi/public-assistance/index.html</a> <b>Phone:</b> 1-800-442-6003   <b>TTY:</b> Maine relay 711
<b>Massachusetts</b> Medicaid & CHIP	<b>Website:</b> <a href="http://www.mass.gov/eohhs/gov/departments/masshealth/">http://www.mass.gov/eohhs/gov/departments/masshealth/</a> <b>Phone:</b> 1-800-862-4840
<b>Minnesota</b> Medicaid	<b>Website:</b> <a href="http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp">http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp</a> <b>Phone:</b> 1-800-657-3739
<b>Missouri</b> Medicaid	<b>Website:</b> <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> <b>Phone:</b> 573-751-2005
<b>Montana</b> Medicaid	<b>Website:</b> <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> <b>Phone:</b> 1-800-694-3084
<b>Nebraska</b> Medicaid	<b>Website:</b> <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a> <b>Phone:</b> (855) 632-7633   <b>Lincoln:</b> (402) 473-7000 <b>Omaha:</b> (402) 595-1178
<b>Nevada</b> Medicaid	<b>Website:</b> <a href="http://dwss.nv.gov/">http://dwss.nv.gov/</a> <b>Phone:</b> 1-800-992-0900
<b>New Hampshire</b> Medicaid	<b>Website:</b> <a href="http://www.dhhs.nh.gov/oii/documents/hippapp.pdf">http://www.dhhs.nh.gov/oii/documents/hippapp.pdf</a> <b>Phone:</b> 603-271-5218
<b>New Jersey</b> Medicaid & CHIP	<b>Website:</b> <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a>   <b>Medicaid Phone:</b> 609-631-2392 <b>Website:</b> <a href="http://www.njfamilycare.org/index.htm">http://www.njfamilycare.org/index.htm</a> <b>CHIP Phone:</b> 1-800-701-0710
<b>New York</b> Medicaid	<b>Website:</b> <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> <b>Phone:</b> 1-800-541-2831
<b>North Carolina</b> Medicaid	<b>Website:</b> <a href="https://dma.ncdhhs.gov/">https://dma.ncdhhs.gov/</a> <b>Phone:</b> 919-855-4100
<b>North Dakota</b> Medicaid	<b>Website:</b> <a href="http://www.nd.gov/dhs/services/medicalserv/Medicaid">http://www.nd.gov/dhs/services/medicalserv/Medicaid</a> <b>Phone:</b> 1-844-854-4825
<b>Oklahoma</b> Medicaid & CHIP	<b>Website:</b> <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> <b>Phone:</b> 1-888-365-3742
<b>Oregon</b> Medicaid	<b>Website:</b> <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a> <b>Phone:</b> 1-800-699-9075
<b>Pennsylvania</b> Medicaid	<b>Website:</b> <a href="http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm">http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm</a> <b>Phone:</b> 1-800-692-7462

## State Contact Information (continued):

<b>Rhode Island</b> Medicaid	<b>Website:</b> <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> <b>Phone:</b> 855-697-4347
<b>South Carolina</b> Medicaid	<b>Website:</b> <a href="http://www.scdhhs.gov">http://www.scdhhs.gov</a> <b>Phone:</b> 1-888-549-0820
<b>South Dakota</b> Medicaid	<b>Website:</b> <a href="http://dss.sd.gov">http://dss.sd.gov</a> <b>Phone:</b> 1-888-828-0059
<b>Texas</b> Medicaid	<b>Website:</b> <a href="https://www.gethipptexas.com/">https://www.gethipptexas.com/</a> <b>Phone:</b> 1-800-440-0493
<b>Utah</b> Medicaid & CHIP	<b>Medicaid Website:</b> <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> <b>CHIP Website:</b> <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a>   <b>Phone:</b> 1-877-543-7669
<b>Vermont</b> Medicaid	<b>Website:</b> <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> <b>Phone:</b> 1-800-250-8427
<b>Virginia</b> Medicaid & CHIP	<b>Website:</b> <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> <b>Medicaid Phone:</b> 1-800-432-5924   <b>CHIP Phone:</b> 1-855-242-8282
<b>Washington</b> Medicaid	<b>Website:</b> <a href="http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program">http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program</a> <b>Phone:</b> 1-800-562-3022 ext. 15473
<b>West Virginia</b> Medicaid	<b>Website:</b> <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> <b>Phone:</b> 1-855-MyWVHIPP (1-855-699-8447)
<b>Wisconsin</b> Medicaid & C HIP	<b>Website:</b> <a href="https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf">https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf</a> <b>Phone:</b> 1-800-362-3002
<b>Wyoming</b> Medicaid	<b>Website:</b> <a href="https://wyequalitycare.acs-inc.com/">https://wyequalitycare.acs-inc.com/</a> <b>Phone:</b> 307-777-7531

To see if any more States have added a premium assistance program since August 10, 2017 or for more information on special enrollment rights, you can contact either:

### U. S. Department of Labor

#### Employee Benefits Security Administration

[www.dol.gov/ebsa](http://www.dol.gov/ebsa) | 1-866-444-EBSA (3272)

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

#### Centers for Medicare & Medicaid Services

[www.cms.hhs.gov](http://www.cms.hhs.gov) | 1-877-267-2323, Menu Option 4, Ext. 61565

# MEDICARE 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.

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

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

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

#### **For more information about Medicare prescription drug coverage:**

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

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

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

**Date:** January 1, 2018

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

**Contact / Title:** Compensation and Benefits

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

**Phone Number:** (904) 630-1314

# 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 Department at 904-630-1314 , or
- Logging onto [www.coj.net/benefits](http://www.coj.net/benefits)