City of Jacksonville 2017 Employee Benefits Guide

If you have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please refer to the Medicare D notice in this benefit booklet for more details.

117 W. Duval St., Jacksonville, FL 32202 | (904) 630-City | www.coj.net

OVERVIEW

Introduction

The City of Jacksonville understands that your benefits are important to you and your family. This Benefits Guide provides a description of the City's benefit program.

Included in this guide are summary explanations of the benefits and costs, as well as contact information for each provider. It is important to remember that only those benefit programs for which you are eligible and have enrolled, apply to you.

We encourage you to review each section and to discuss your benefits with your family members. Be sure to pay close attention to applicable copayments and deductibles, how to file claims, preauthorization requirements, participating networks, and services that may be limited or not covered (exclusions).

This guide is not an employee/employer contract. It is not intended to cover all provisions of your plans, but rather a quick reference to help answer most of your questions. Please see your Summary Plan Description and/or carrier certificates for complete details. We hope this guide will give you an overview of your benefits and help you be better prepared for the enrollment process.

Enrolling in Benefits

If you are an eligible full-time employee regularly scheduled to work 30 or more hours per week, a qualified part-time employee, a retiree or an eligible dependent, you can enroll in benefits on the date of a qualifying event.

You can also enroll or change benefits during our annual Open Enrollment period each year.

Benefits Eligibility

Employee Eligibility

Benefit eligible employees are provided an opportunity to participate in The City of Jacksonville sponsored benefits programs on the 1st of the month following a 55 day wait and annually during Open Enrollment. Please refer to the following guidelines regarding eligibility and election changes.

Dependent Eligibility - *Medical Only*

A dependent is defined as a covered employee's legal spouse or dependent child of the employee or employee's spouse.

Dependent children will be covered until the day on which they reach age 26, unless they have access to group benefits through their own employer. A dependent child is defined as:

- A natural child
- A step-child
- A legally adopted child
- A child for whom legal guardianship has been awarded to the covered employee or the employee's spouse
- Unmarried children of any age who become mentally or physically disabled before reaching the age limit

FL Statute 627.6562 Dependent Coverage: Health insurance coverage is available for dependents age 26 to 30. Please visit the Compensation and Benefits website @ www.coj.net/benefits for more information.

FL Statute 627.641 Coverage for Newborn Children:
Newborn children of a covered family member other than the spouse of the insured or subscriber, will be covered until they reach 18 months of age. Example: Grandchildren

Dependent Eligibility - *Dental and Vision Only*

A dependent is defined as a covered employee's legal spouse or an unmarried dependent child of the employee or employee's spouse. Dependent children will be covered through the end of the year in which they turn age 25.

Qualifying Event

Coverage elections made at Open Enrollment cannot be changed until the next annual Open Enrollment period. The only exception to this IRS Section 125 Rule is if you experience a "Qualifying Event." A Qualifying Event allows you to make a change to your benefit elections within thirty –one days of the event.

Examples of Qualifying Events include, but are not limited to:

- Marriage
- Divorce or legal separation
- Birth, adoption, or legal custody of a dependent child
- Involuntary loss of other group insurance coverage
- Death
- Obtain other group coverage

If you experience a Qualifying Event, you must contact Employee Benefits within 31 days of the event to make changes to your benefit elections.

Your Responsibility

Before you enroll, make sure you understand the plans and ask questions. **After you enroll, you should always check your first payroll stub to make sure that the correct payroll deduction is being deducted and that all the benefits you elected are included.**

Any corrections must be made within the first 31 days of enrollment. You should also verify that all beneficiary information is up to date.

Medical Insurance

Florida Blue is our exclusive medical healthcare provider. You have the choice of one PPO and two HMO plans. Each option offers you the ability to choose the benefit plan that best meets your benefit and budgetary needs.

The Blue Care HMO - 48 and the BlueCare HDHP - 65 plans do require a Primary Care Physician (PCP) election. These plans do not require a referral to seek care from a contracted specialist. You may seek care directly from any contracted Florida Blue physician. Before scheduling an appointment with a physician, you should confirm his/her current participation status with the Florida Blue network.

You can locate a physician by contacting Florida Blue Member Services, or go to Florida Blue's website at www.floridablue.com. If you are enrolling in either of the HMO plans, you will need to select a primary care physician from the BlueCare network and provide the physician's full name and the Florida Blue Provider ID #.

Explanation of Calendar Year Deductible and Calendar Year Out-of-Pocket Maximum

Calendar Year Deductible
The Calendar Year Deductible is a specified dollar amount that you must pay for certain covered services per calendar year. There are individual and family deductibles. Once an individual or a family deductible has been satisfied, then coinsurance applies, if applicable. Coinsurance is your share of the costs of a health care service. It is the amount a member pays after the deductible has been met.

Calendar Year Out-of-Pocket Maximum
The Calendar Year Out-of-Pocket Maximum is the amount of covered expenses, (including deductible, coinsurance, and copayments) that must be paid by you, either individually or combined as a covered family.

After the individual/family out-of-pocket maximum has been satisfied in a calendar year, payment for in-network covered services requiring copayment and coinsurance for that covered individual/family will be payable by Florida Blue at the rate of 100% for the remainder of the plan year, subject to any other terms, limitation, and exclusions.

Medical Plan Comparison

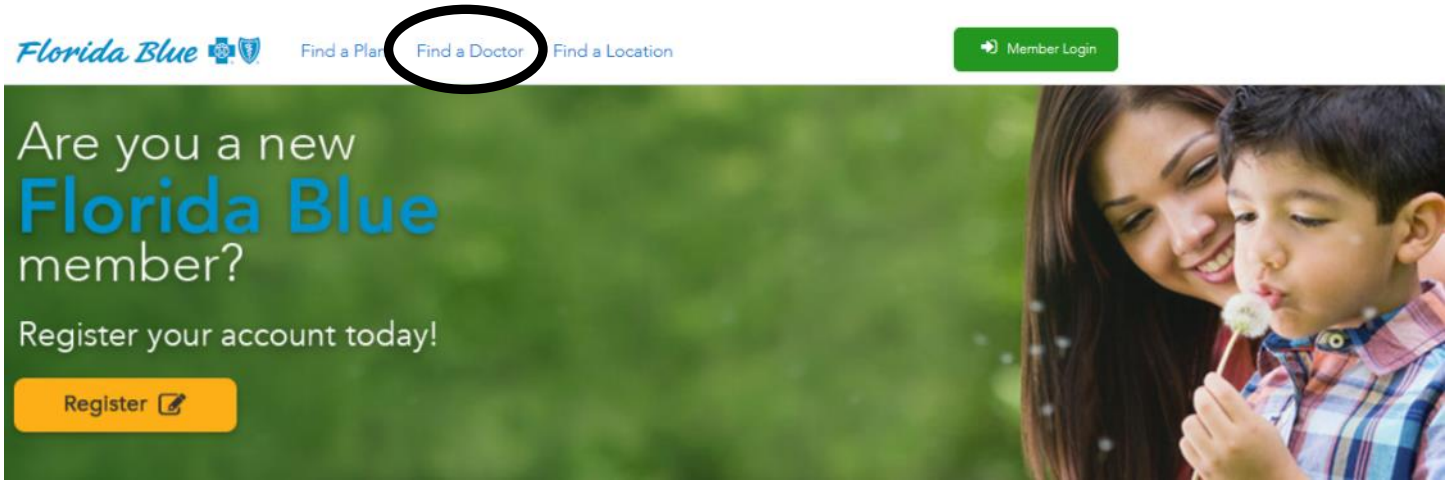
Carrier	Florida Blue			
Network Name	**Blue Care HMO 48**	**Blue Options PPO 05782**		**Blue Care HDHP 65**
Network Access	In-Network	In-Network	Out-of-Network*	In-Network
Calendar Year Deductibles (CYD)				
Individual	$300	$750	$1,000	$1,500
Family	$600	$1,500	$2,000	$3,000
Out-of-Pocket and Maximum Benefit				
Individual Out-Of-Pocket Plan Year Maximum	$2,500	$6,000	$9,000	$5,000
Family Out-Of-Pocket Plan Year Maximum	$5,000	$12,000	$18,000	$10,000
Lifetime Maximum Benefit	Unlimited	Unlimited		Unlimited
Physician Office Services				
Primary Care Physician (PCP) Office Visits	$25	$30	50% after ded	$25
Specialist Office Visits	$35	$40	50% after ded	30% after ded
Preventive Care	No Charge	No Charge	50%	No Charge
Urgent Care and Emergency Room				
Urgent Care Facility	$30	$35	$35 after ded	$25
Emergency Room Facility Services	$300 + 30%	$300 + 30%		30% after ded
Diagnostic Services				
Independent Lab / Independent X-Ray	$0 / $30	$0/$35	50% after ded	$0/30% after ded
MRI, MRA, CT Scans & PET Scans	$300	$300	50% after ded	30% after ded
Hospital / Facility Services				
In-patient Hospital (per admit)	30% after ded	30% after ded	50% after ded	30% after ded
Out-patient Hospital / Surgical Facility (per visit)	30% after ded	30% after ded	50% after ded	30% after ded
Pharmacy Services				
Generic	$10	$10	Ded+Coins	$10
Preferred Brand	$40	$40	Ded+Coins	$40
Non-Preferred	$75	$75	Ded+Coins	$75
Mail Order Pharmacy (90 Day Supply)	$20 / $80 / $150	$20/ $80/ $150	Not Covered	$20 / $80 / $150

*Out-of-Network Benefits are subject to Balance Billing for charges over the Florida Blue reimbursement schedule.

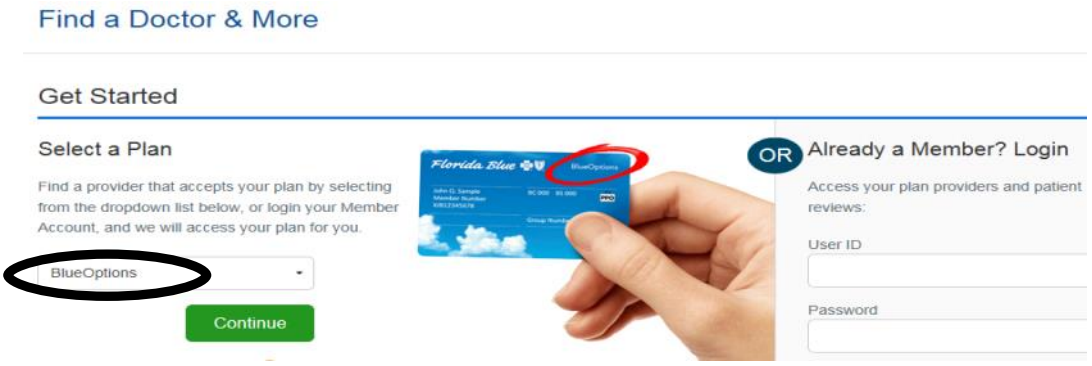
Florida Blue Provider Search

To look up a Participating (In-Network) Provider, Hospital & More visit www.floridablue.com.

Click on Find a Doctor

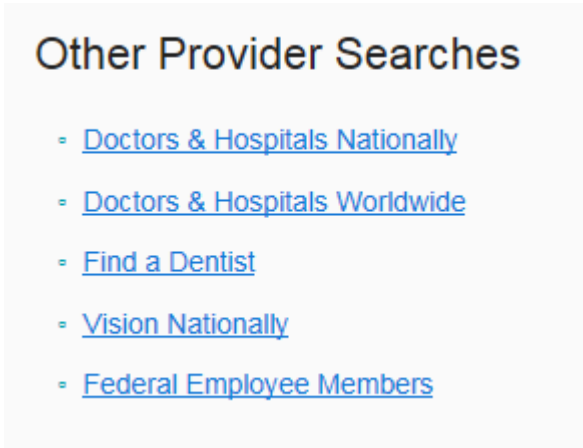


Florida Employees Select:
Medical:
Blue Care HMO 48
Blue Options PPO 05782
Blue Care HDHP 65



Employees outside of Florida:
- Click on Find a Doctor
- Scroll to the bottom of the page
- Go to Other Provider Searches

For Medical Select: Doctors & Hospitals Nationally
- click I Agree
- under Choose Your Network Select
  - BlueCard PPO/EPO

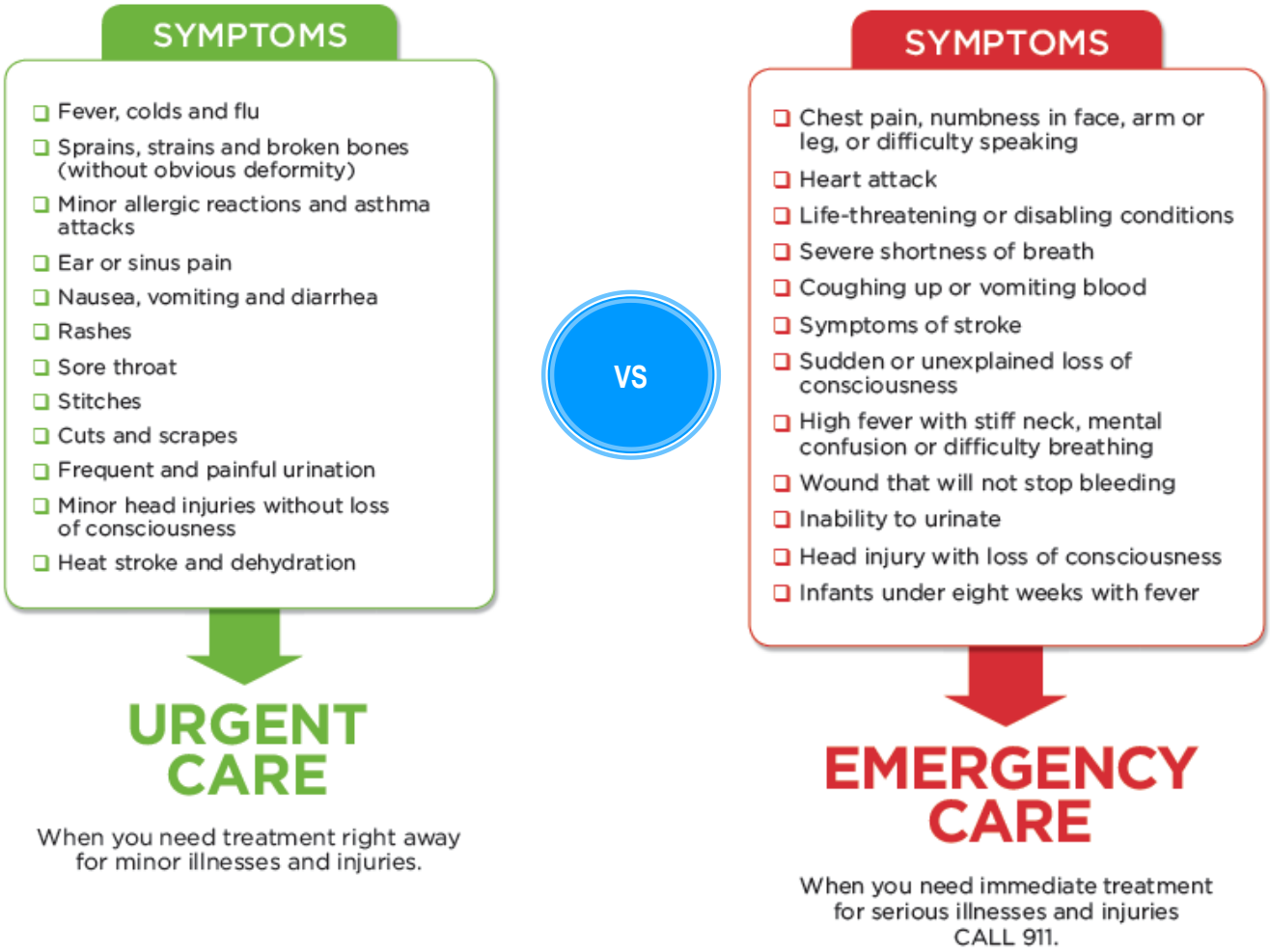


Urgent Care vs Emergency Care

Choosing the Right Health Care Setting - Emergency Room and Urgent Care

When an emergency strikes, you know you need medical care fast. But what if you're not sure if it's a true emergency?

While the answer is not always simple, knowing the difference between urgent care and emergency care and where to seek treatment could save you time and money.



Be prepared for medical care

Whether you're going to urgent care or the ER, take with you a list of all current prescription medications including dosages and any over-the-counter medications and vitamins. Many medications and even vitamins, can interact with the treatment options your physician recommends.

Also, take with you a list of any known allergies especially to medications. The list should include any previous invasive medical procedures and surgeries, the dates, and the names of the physicians or surgeons who treated you.

Dental Insurance

Delta Dental is new for 2017, and our exclusive dental provider. You have the choice between a DMO and three DPPO plans. The first option is a pre-paid DMO plan with In-Network benefits only. All benefits are subject to a comprehensive fee schedule that outlines copays and charges for services. For a complete summary of copays by procedure please contact Delta Dental.

The DPPO plans provide coverage for both In-Network (Delta PPO dentist/Delta Premier dentist) and Out-of-Network (non-contracted dentist) coverage. You will maximize your benefits and minimize your out of pocket expenses when you seek care from a contracted dentist. By choosing a Delta Dental PPO dentist you will find the most savings. You may also choose a Delta Premier dentist for a lesser discount, but will not be balance billed.

When you choose a dentist outside of the Delta Dental PPO network, your out-of-pocket costs will be higher and you may be subject to "balance billing" for provider fees that exceed the contracted or Usual, Customary, and Reasonable Allowances (UCR) allowed by Delta Dental's contract. You can locate participating (In-Network) dental providers by visiting Delta Dental's website at www.deltadental.com.

Plan	**DMO**	**Silver PPO Plan**	
Network Access	**In-Network**	**In-Network**	**Out-of-Network**
Calendar Year Maximum		$1,500	
	Your Responsibility	**Your Responsibility**	
Calendar Year Deductible			
Individual / Family	N/A	$50 / $150 (waived for Preventive)	
Dental Description		**Network**	**Delta Dental** Premier OR OON
Routine Office Visits - 9430	$5	100%	80%
Teeth Cleaning - 1110	No Charge	100%	80%
Full Mouth/Panoramic X-rays - 0330	No Charge	100%	80%
Fillings - 2140	No Charge	80% After CYD	50% After CYD
Extractions - 7140	$5	80% After CYD	50% After CYD
Endodontics - 3330	$335	50% After CYD	50% After CYD
Periodontal scaling - 4341	$50	50% After CYD	50% After CYD
Full or partial dentures - 5110	$285	50% After CYD	50% After CYD
Crowns - 2752	$295	50% After CYD	50% After CYD
Orthodontia		Not Covered	
Treatment Plan & Records	$270	N/A	
Child Ortho: Adult Ortho:	$1,900 $2,100		

Dental Insurance

Plan	Gold PPO Plan		Platinum PPO Plan	
Network Access	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**
Calendar Year Maximum	$2,000		$5,000	
	Your Responsibility		**Your Responsibility**	
Calendar Year Deductible				
Individual / Family	$100 / $300		$500 / $1,500 (waived for Preventive)	
Dental Description	Network	Delta Dental Premier OR OON	Network	Delta Dental Premier OR OON
Routine Office Visits - 9430	100%	100%	100%	80%
Teeth Cleaning - 1110	100%	100%	100%	80%
Full Mouth/Panoramic X-rays - 0330	100%	100%	100%	80%
Fillings - 2140	80% After CYD	80% After CYD	80% After CYD	80% After CYD
Extractions - 7140	80 % After CYD	80% After CYD	80 % After CYD	80% After CYD
Endodontics - 3330	50% After CYD	50% After CYD	50% After CYD	50% After CYD
Periodontal scaling - 4341	50% After CYD	50% After CYD	50% After CYD	50% After CYD
Full or partial dentures - 5110	50% After CYD	50% After CYD	50% After CYD	50% After CYD
Crowns - 2752	50% After CYD	50% After CYD	50% After CYD	50% After CYD
Orthodontia	**Child and Adult**		**Child and Adult**	
Benefit	50%	50%	50%	50%
Lifetime Maximum	$2,000	$2,000	$5,000	$5,000

Vision Program

Your vision is important to your health. Whether your vision is 20/20 or less than perfect, everyone needs to take good care of their eyes. The EyeMed vision program is being offered as a part of The City of Jacksonville's commitment to your well-being. The EyeMed vision program provides affordable quality vision care nationwide. Through EyeMed's Insight provider network, you can obtain a comprehensive vision examination, as well as eyeglasses (lenses and frames), or contact lenses.

Carefully review the vision care program summaries provided and take advantage of this very important benefit. You can call EyeMed's Customer Service Center at (866) 800-5457 for any questions about your coverage or contracted providers or you may visit their website at **www.eyemed.com.** You will receive the maximum level of benefits when utilizing an in-network contracted provider. Please refer to the following chart for an overview of your options.

Plan Name	**Insight Plan H**			
Plan Type	**Basic Option**		**Premier Option**	
Network Access	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**
Eye Care Wellness Copay	$10 copay		$10 copay	Reimbursed up to $53
Eye Exam	No charge after copay	Reimbursed up to $50	No charge after copay	Reimbursed up to $53
Frequency	12 Months		12 Months	
Lenses	**$20 copay**		**$20 copay**	
Single Vision	No charge after copay	Reimbursed up to $50	No charge after copay	Reimbursed up to $50
Bifocals		Reimbursed up to $75		Reimbursed up to $75
Trifocals		Reimbursed up to $100		Reimbursed up to $100
Standard Progressive	$80 Copay	Reimbursed up to $75	$20 Copay	Reimbursed up to $75
Frequency	Lenses or contacts: once every 24 Months		Lenses or contacts: once every 12 Months	
Frames	$0 copay		$0 copay	
Selected Frames	$110 allowance, 20% off balance over $110	Reimbursed up to $70	$130 allowance, 20% off balance over $130	Reimbursed up to $70
Frequency	Once every 24 Months		Once every 24 Months	
Contacts	**Does not include fit and follow up (materials only)**		**Does not include fit and follow up (materials only)**	
Elective	$110 allowance, 15% off balance over $110	Reimbursed up to $105	$130 allowance, 15% off balance over $130	Reimbursed up to $105
Medically Necessary	Paid in Full	Reimbursed up to $210	Paid in Full	Reimbursed up to $210
Frequency	24 Months		12 Months	

Basic Life Insurance

The City of Jacksonville provides you with Basic Life Insurance at no cost. You are automatically enrolled in Basic Life Insurance coverage upon becoming eligible for benefits. Please refer to your Certificate of Coverage for your benefit amount by Bargaining Unit.

The Plan will also match your Basic Life Insurance benefits for Accidental Death and Dismemberment (AD&D). The AD&D benefit will provide your beneficiary with an additional amount equal to the life insurance in force, if death is due to an accident. If the employee is dismembered (such as loss of an eye or limb), benefits will be paid to the employee as a percentage of the basic life amount.

All life insurance benefit amounts reduce to 65% on January 1st after you attain age 70.

Beneficiary Information

Please make sure that your beneficiary information is up to date and correct. For an updated beneficiary form, please go to the Compensation and Benefits website at **www.coj.net/benefits**.

Eligibility:

All active employees classified as full-time working 30 or more hours per week are eligible, including spouse and children up to age 26 are covered.

Supplemental Coverage:

Employee: Please refer to your Certificate of Coverage for your Supplemental benefit amount options by Bargaining Unit located on our website @www.coj.net/benefits.

Dependent Life Insurance: This benefit is available for full-time employees only. There are two options:

Spouse:	**Child:**
Option 1: $10,000	**Option 1:** from live birth but less than 6 months $1,000. Six months and over $5,000
Option 2: $20,000	**Option 2:** from live birth but less than 6 months $1,000. Six months and over $10,000

Portability: If you retire, leave the city or reduce your hours so you are no longer eligible, you may continue your term life coverage and make premium payments directly to The Standard. You must elect coverage within 31 days of termination and be under 80 years old.

Flexible Spending Account (FSA) Program

There are four types of Flexible Spending Accounts:
Health Care ($2,550 Limit)

Dependent Care ($5,000 limit if married; $2,500 if single)

Transit and Parking - Please visit the Wage Works website at www.takecarewageworks.com to see if your expenses qualify.

How a Medical FSA works

During Open Enrollment you decide how much money you want to contribute for the year. You have only one opportunity a year to enroll, unless you have a qualified "life change". The amount you designate for the year is deducted in equal installments each pay period and placed in an FSA account. As you incur qualified medical expenses that are not fully covered by your insurance, you may submit your expenses for reimbursements by obtaining a claim form from our website and using one of the following options:

1) You will receive a debit card from WageWorks which you can use instead of cash for copays at the pharmacy, doctor's office, or other facility. Keep a copy of your receipts.
2) Explanation of Benefits from your insurance carrier after a claim has been paid;
3) Detail claim from the provider (e.g: physician/dentist) on the services form with all information related to the service and expenses;
4) A prescription drug form that you receive from the pharmacy with the detailed information on each prescription you are submitting;
5) A computer form from a pharmacy for prescriptions filled at that pharmacy with all detailed information related to the prescriptions/date/costs.

How a Dependent Care FSA works

Dependent Care Flexible Spending Accounts may be used to pay for expenses you incur for the care of dependent children under age 13 or any disabled dependent who lives with you and who you claim on your taxes. If you use Dependent Care services for a child, you know how much you need to budget for this expense every month. With an FSA, you set aside money to pay this expense with pre-tax dollars.

A way to save taxes

Enrolling in an FSA can save you money by reducing your taxable income. Your total savings will depend upon your family income, tax status and expected amount of health and dependent care costs.

The contributions you make to a Flexible Spending Account are deducted from your wages before your Federal, State or Social Security Taxes are calculated and are never reported to the IRS.

Flexible Spending Accounts (FSA) help you save money by providing a way to pay for certain types of health care and dependent care benefits on a pre-tax basis.

Estimate expenses carefully

To receive the greatest savings, you must carefully estimate the amount of eligible out-of-pocket expenses you will have for the year. Once you have estimated the total annual amount, divide it by 24. That amount is what you may want to have deducted from your gross pay (before taxes) each pay period to be used to fund your Flexible Spending Account.

Do not over estimate

Be conservative in your calculations. If you do not incur eligible expenses for the full amount you elected to put in your FSA, the remaining balance in your account will be forfeited according to IRS regulations. Use it or lose it!

Employee Assistance Program

From time to time many of us will face problems at work or at home that we are not sure how to solve. These can range from employer problems to marital problems or even substance abuse. That's why The City of Jacksonville is pleased to offer its employees a confidential Employee Assistance Program administered by CCW.

This program offers you professional assistance in dealing with almost any life issue. From stress or depression to legal or financial issues, The City of Jacksonville's EAP can help!

These services are available to you and your dependents by calling a toll free phone line open 24 hours a day / 7 days a week. All conversations are confidential and private. In addition to telephonic support, employees can receive up to six face-to-face visits with a counselor per family member, per occurrence each calendar year.

Types of issues for which you can obtain support:

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

24 Hour EAP Help Line: (800) 327-9757

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 our website at 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

Who we are

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

City of Jacksonville – Mayor Lenny Curry

CONTACT INFORMATION

Resource / Service Provider	Contact Source	Details
Florida Blue (Medical Insurance)	Member Services Denis Woods Website Group	(800) 664-5295 (904) 630-1212 ext. 5763 www.floridablue.com B3267
Delta Dental (Dental Insurance)	Member Services Website	(800) 521-2651 www.deltadental.com
EyeMed (Vision Insurance)	Member Services Website Group #	(866) 800-5457 www.eyemed.com Basic: 1002767 Premier: 1002768
The Standard (Basic Life and AD&D Insurance)	Member Services Website Group #	(800) 628-8600 www.standard.com 750973
WageWorks (Flexible Spending Account)	Member Services Website	(800) 950-0105 www.takecarewageworks.com
CCW (Employee Assistance Program)	Member Services Website	(904) 296-9436 www.corporatecareworks.com
Empower (formerly Great West) (Retirement Services)	On Site Reps Website	(904) 630-1212 ext. 4304 www.cojdcp.com

ANNUAL DISCLOSURES

HIPAA Special Enrollment Rights – If you are declining enrollment for yourself and your dependents (including your spouse) because of other health insurance or group health 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 31 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the health 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 31 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact Employee Benefits.

Michelle's Law – The law allows for continued coverage for dependent children who are covered under your group health plan as a student if they lose their student status because of a medically necessary leave of absence from school. This law applies to medically necessary leaves of absence that begin on or after January 1, 2010.

If your child is no longer a student, as defined in your Certificate of Coverage, because he or she is on a medically necessary leave of absence, your child may continue to be covered under the plan for up to one year from the beginning of the leave of absence. This continued coverage applies if your child was (1) covered under the plan and (2) enrolled as a student at a post-secondary educational institution (includes colleges, universities, some trade schools and certain other post-secondary institutions).

Your employer will require a written certification from the child's physician that states that the child is suffering from a serious illness or injury and that the leave of absence is medically necessary.

Section 111 – Effective January 1, 2009 Group Health Plans are required by Federal government to comply with Section 111 of the Medicare, Medicaid, and SCHIP Extension of 2007's new Medicare Secondary Payer regulations. The mandate is designed to assist in establishing financial liability of claim assignments. In other words, it will help establish who pays first. The mandate requires Group Health Plans to collect additional information, more specifically Social Security Numbers for all enrollees, including dependents six months of age 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
- 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.

The Newborn's and Mother's Health Protection Act - Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and insurers may not, under Federal law, require that a provider obtain authorization from the plan or the insurer for prescribing a length of stay not more than 48 hours (or 96 hours).

Patient Protection: If the Group Health Plan generally requires the designation of a primary care provider, you have the right to designate any primary care provider who participates in the network and who is available to accept you or your family members. For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from the carrier 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 the 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**.

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

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2016. Contact your State for more information on eligibility .

ANNUAL DISCLOSURES

ALABAMA - Medicaid

Website: www.myalhipp.com
Phone: 1-855-692-5447

ALASKA - Medicaid

The AK Health Insurance Premium Payment Program
Website: http://myakhipp.com/
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx

ARKANSAS - Medicaid

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

COLORADO - Medicaid

Medicaid Website: http://www.colorado.gov/hcpf
Medicaid Customer Care Center: 1-800-221-3943

FLORIDA - Medicaid

Website: https://www.flmedicaidtplrecovery.com/hipp
Phone: 1-877-357-3268

GEORGIA - Medicaid

Website: http://dch.georgia.gov/medicaid
Click on Health Insurance Premium Payment (HIPP)
Phone: 1-404-656-4507

INDIANA - Medicaid

Healthy Indiana Plan for low-income adults 19-64
Website: http://www.hip.in.gov
Phone: 1-877-438-4479
All other Medicaid
Website: http://www.indianamedicaid.com
Phone 1-800-403-0864

IOWA - Medicaid

Website: www.dhs.state.ia.us/hipp/
Phone: 1-888-346-9562

KANSAS - Medicaid

Website: http://www.kdheks.gov/hcf/
Phone: 1-785-296-3512

KENTUCKY - Medicaid

Website: http://chfs.ky.gov/dms/default.htm
Phone: 1-800-635-2570

LOUISIANA - Medicaid

Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331
Phone: 1-888-695-2447

MAINE - Medicaid

Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html
Phone: 1-800-442-6003
TTY: Maine relay 711

MASSACHUSETTS - Medicaid and CHIP

Website: http://www.mass.gov/MassHealth
Phone: 1-800-462-1120

MINNESOTA - Medicaid

Website: http://mn.gov/dhs/ma
Phone: 1-800-657-3739

MISSOURI - Medicaid

Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm
Phone: 573-751-2005

MONTANA - Medicaid

Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP
Phone: 1-800-694-3084

NEBRASKA - Medicaid

Website: http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx
Phone: 1-855-632-7633

NEVADA - Medicaid

Medicaid Website: http://dwss.nv.gov/
Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE - Medicaid

Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf
Phone: 603-271-5218

NEW JERSEY - Medicaid and CHIP

Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/
Medicaid Phone: 609-631-2392
CHIP Website: http://www.njfamilycare.org/index.html
CHIP Phone: 1-800-701-0710

NEW YORK - Medicaid

Website: http://www.nyhealth.gov/health_care/medicaid/
Phone: 1-800-541-2831

NORTH CAROLINA - Medicaid

Website: http://www.ncdhhs.gov/dma
Phone: 919-855-4100

NORTH DAKOTA - Medicaid

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

OKLAHOMA - Medicaid and CHIP

Website: http://www.insureoklahoma.org

OREGON - Medicaid

Website: http://www.oregonhealthykids.gov
http://www.hijossaludablesoregon.gov

PENNSYLVANIA - Medicaid

Website: http://www.dhs.pa.gov/hipp
Phone: 1-800-692-7462

RHODE ISLAND- Medicaid

Website: www.eohhs.ri.gov

SOUTH CAROLINA - Medicaid

Website: http://www.scdhhs.gov
Phone: 1-888-549-0820

SOUTH DAKOTA - Medicaid

Website: http://dss.sd.gov
Phone: 1-888-828-0059

TEXAS - Medicaid

Website: https://www.gethipptexas.com/
Phone: 1-800-440-0493

UTAH - Medicaid and CHIP

Website: http://health.utah.gov/medicaid
CHIP: http://health.utah.gov/chip

VERMONT - Medicaid

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

VIRGINIA - Medicaid and CHIP

Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm
Medicaid Phone: 1-800-432-5924
CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm

WASHINGTON - Medicaid

Website: http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx
Phone: 1-800-562-3022 ext. 15473

WEST VIRGINIA - Medicaid

Website: http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx
Phone: 1-877-598-5820, HMS Third Party Liability

WISCONSIN - Medicaid and CHIP

Website:
https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf
Phone: 1-800-362-3002

WYOMING - Medicaid

Website: https://wyequalitycare.acs-inc.com/

To see if any more States have added a premium assistance program since July 31, 2016, 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
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

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.

Important Notice from The City of Jacksonville About Your Prescription Drug Coverage and Medicare (continued)

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 the person listed below 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
- 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 non-creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	January 1, 2017
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

The information in this guide is a summary of the benefits available to you and should not be intended to take the place of the official carriers' Member Certificates or our plan's Summary Plan Descriptions (SPD). This guide contains a general description of the benefits to which you and your eligible dependents may be entitled as a full -time employee. This guide does not change or otherwise interpret the terms of the official plan documents. To the extent that any of the information contained in this guide is inconsistent with the official plan documents, the provisions of the official documents will govern in all cases and the plan documents and carrier certificates will prevail.

The City of Jacksonville reserves the right, in its sole and absolute discretion, to amend, modify or terminate, in whole or in part, any or all of the provisions of the benefit plans.

This Benefits Guide is a Presentation Prepared by

Arthur J. Gallagher & Co.
BUSINESS WITHOUT BARRIERS™

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