



Retiree and Direct Bill Department • PO Box 10789 • Tallahassee, FL 32302  
 Service Center: 855-56JHS4U (855-565-4748) Direct Bill Fax: 866-836-9943

# 2020 RETIREE ENROLLMENT FORM

## JHS BENEFIT SELECTION FORM FOR RETIREES 65 & OVER AND/OR MEDICARE ELIGIBLE

SECTION 1: RETIREE INFORMATION				PLEASE WRITE IN ALL CAPITAL LETTERS												
LAST NAME				FIRST NAME				MI	SS#							
ADDRESS [STREET, CITY, STATE]												ZIP				
EMAIL ADDRESS								HOME PHONE								
BIRTH DATE				<input type="checkbox"/> MALE	<input type="checkbox"/> MARRIED	EFFECTIVE DATE (MM/DD/YYYY)				CELLPHONE						
				<input type="checkbox"/> FEMALE	<input type="checkbox"/> SINGLE											

**SECTION 2: INSTRUCTIONS** RETIREES: You may continue, decrease or cancel coverage; you may not increase coverage. Unless HIPAA special enrollment rights apply, you may not increase or add coverage. Elections will continue in the following plan years unless you change them. Your selection will be effective January 1, 2020. Please note that all cancellations are IRREVOCABLE. The Jackson Standard HMO plan is grandfathered in and only available to current participants. Please remember to complete the Dependent Information section if you have coverage that includes dependents. If you do not participate in Open Enrollment, your current benefits and those of your eligible dependents will continue for the 2020 plan year.

SECTION 3: RETIREE MEDICAL (Please mark one box only) <input type="checkbox"/> CANCEL MEDICAL	MEDICAL	
	HIGH PLAN	HIGH WITH NO RX PLAN
NOTE: IN ELECTING THE SUPPLEMENTAL PLAN FOR MYSELF AND ELIGIBLE DEPENDENT, I UNDERSTAND THAT ENROLLMENT IN PART B AND PART D IS REQUIRED.		
<b>MONTHLY RATES FOR:</b>		
Retiree 65 and Over Only	<input type="checkbox"/> \$917.45	<input type="checkbox"/> \$398.78
Retiree 65 and Over & Spouse/DP 65 and Over†	<input type="checkbox"/> \$1,571.76	<input type="checkbox"/> \$683.20
Retiree 65 and Over & Spouse/DP Over 65† plus Child(ren) † on AvMed POS Plan	<input type="checkbox"/> \$2,621.97	N/A
Retiree 65 and Over & Spouse/DP Over 65† plus Child(ren) † on AvMed Standard HMO	<input type="checkbox"/> \$2,023.14	N/A
Retiree 65 and Over & Child(ren)† on AvMed POS Plan	<input type="checkbox"/> \$2,067.03	<input type="checkbox"/> \$1,548.36
Retiree 65 and Over & Child(ren)† on AvMed Standard HMO	<input type="checkbox"/> \$1,820.05	<input type="checkbox"/> \$1,301.38
Retiree 65 and Over & Spouse/DP Under 65†, Child(ren)† on AvMed POS Plan	<input type="checkbox"/> \$3,362.75	N/A
Retiree 65 and Over & Spouse/DP Under 65†, Child(ren)† on AvMed Standard HMO	<input type="checkbox"/> \$2,424.63	N/A
Retiree 65 and Over & Spouse/DP Under 65 on AvMed POS Plan	<input type="checkbox"/> \$2,312.54	<input type="checkbox"/> \$1,793.87
Retiree 65 and Over & Spouse/DP Under 65 on AvMed Standard HMO	<input type="checkbox"/> \$1,973.25	<input type="checkbox"/> \$1,454.58

DEPENDENT COVERAGE ONLY (Please mark one box only)	MEDICAL			
	JACKSON FIRST HMO PLAN	JACKSON SELECT HMO PLAN	JACKSON STANDARD HMO PLAN	JACKSON POS PLAN
<b>MONTHLY RATES FOR RETIREE 65 &amp; OVER WITH NON-JHS MEDICAL PLAN:</b>				
Spouse/DP Under 65†	<input type="checkbox"/> \$652.44	<input type="checkbox"/> \$687.51	<input type="checkbox"/> \$838.94	<input type="checkbox"/> \$1,543.59
Child(ren)†	<input type="checkbox"/> \$615.97	<input type="checkbox"/> \$649.08	<input type="checkbox"/> \$902.60	<input type="checkbox"/> \$1,152.26
Spouse/DP Under 65† and Child(ren)†	<input type="checkbox"/> \$1,017.63	<input type="checkbox"/> \$1,072.31	<input type="checkbox"/> \$1,507.18	<input type="checkbox"/> \$2,509.29

† Option also applies to Adult Children (AC) between 26 through 30 years of age, children of a Domestic Partner and/or eligible dependents. \* Jackson Standard HMO is a grandfathered-in plan and is only available to current participants.

SECTION 4: RETIREE DENTAL (Please mark one box only) <input type="checkbox"/> CANCEL DENTAL <input type="checkbox"/> NOT ENROLLED * Delta DHMO plans are not available outside of Florida.	- STANDARD -		- ENRICHED -	
	DELTA DHMO*	DELTA PPO	DELTA DHMO*	DELTA PPO
NOTE: VISION COVERAGE IS NOT PROVIDED TO ADULT CHILDREN (AC).				
<b>MONTHLY RATES FOR:</b>				
Retiree Only	<input type="checkbox"/> \$9.97	<input type="checkbox"/> \$38.88	<input type="checkbox"/> \$18.15	<input type="checkbox"/> \$50.90
Retiree & One Dependent	<input type="checkbox"/> \$16.48	<input type="checkbox"/> \$76.92	<input type="checkbox"/> \$30.07	<input type="checkbox"/> \$100.63
Retiree & Family	<input type="checkbox"/> \$25.17	<input type="checkbox"/> \$123.98	<input type="checkbox"/> \$47.81	<input type="checkbox"/> \$162.27

SECTION 5: RETIREE VISION (Please mark one box only)	Monthly rates for:		BASE PLAN	PREMIER PLAN
	<input type="checkbox"/> CANCEL VISION <input type="checkbox"/> NOT ENROLLED			
NOTE: VISION COVERAGE IS NOT PROVIDED TO ADULT CHILDREN (AC).				
Retiree Only			<input type="checkbox"/> \$4.14	<input type="checkbox"/> \$9.95
Retiree & One Dependent			<input type="checkbox"/> \$8.30	<input type="checkbox"/> \$21.39
Retiree & Family			<input type="checkbox"/> \$15.23	<input type="checkbox"/> \$41.29

SECTION 6: RETIREE & DEPENDENT INFORMATION											
Relationship	M/F	Last Name/First Name	Social Security Number	✓**	Coverage Desired				Date of Birth MM/DD/YY	Check One*	
					Medical	Dental	Vision	Constant Credit		DP/CDP	AC
				<input type="checkbox"/>							
				<input type="checkbox"/>							
				<input type="checkbox"/>							
				<input type="checkbox"/>							

\* If enrolling a Domestic Partner, Child of a Domestic Partner or Adult Child(ren), please select the appropriate box. NOTE: You may only continue or cancel dependent coverage. You may not add new dependents.  
 \*\* Please check mark (✓) dependent who resides outside Miami-Dade, Broward, and Palm Beach.

SECTION 7: LIFE INSURANCE AND VOLUNTARY BENEFITS (Monthly Rates)					
<b>ARAG Legal - UltimateAdvisor</b>		<input type="checkbox"/> Retiree Only \$13.33	<input type="checkbox"/> Retiree + Family \$17.60	<input type="checkbox"/> Cancel	
<b>ARAG Legal - UltimateAdvisor Plus</b>		<input type="checkbox"/> Retiree Only \$17.30	<input type="checkbox"/> Retiree + Family \$22.82	<input type="checkbox"/> Cancel	
<b>Ocature ID Commander</b>		<input type="checkbox"/> Retiree Only \$10.50	<input type="checkbox"/> Retiree + Family \$22.50	<input type="checkbox"/> Cancel	
<b>Ocature ConstantCredit</b>		<input type="checkbox"/> Retiree Only \$11.50	<input type="checkbox"/> Retiree + Spouse* \$23.00	<input type="checkbox"/> Cancel	*Please provide dependent information in Section two if electing dependent coverage.
<b>Pet Assure</b> <input type="checkbox"/> \$8.00	<b>PetPlus</b> <input type="checkbox"/> Single Pet \$4.50 <input type="checkbox"/> Multiple Pet \$8.50	<b>Pet Assure/PetPlus</b> <input type="checkbox"/> Single Pet \$12.50 <input type="checkbox"/> Multiple Pet \$16.50 <input type="checkbox"/> Cancel			
<b>Life Insurance</b>		<b>Life Insurance Benefit/Rates:</b>		<b>AGE 65-69</b>	<b>AGE 70-74</b>
<input type="checkbox"/> Continue LIFE INSURANCE					
<input type="checkbox"/> Decrease coverage to \$15,000		<input type="checkbox"/> \$15,000.00		\$8.55	\$14.10
<input type="checkbox"/> Cancel LIFE INSURANCE		<input type="checkbox"/> \$20,000.00		\$11.40	\$18.80
					\$26.00

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree. I understand and agree that JHS and FBMC Benefits Management, Inc. will be held harmless from any liability resulting from either my participation in any of the benefits herein or my failure to sign or accurately complete this enrollment form. F.S. Section 817.234 (1) (b)

RETIREE SIGNATURE	DATE
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