

# Under 65 - Frequently Asked Questions

**Q. I am under the age of 65, but enrolled for Medicare Parts A & B due to disability. May I remain enrolled in my current plan?**

A. Yes, you can remain in the current plan until age 65, but Medicare will be the primary payor.

**Q. Are Over Age Dependents Eligible?**

A. A provision in the new Patient Protection and Affordable Care Act (PPACA) allows for a retiree's child to be covered under the retiree's healthcare plan through age 26. Coverage applies whether the child is/is not married or is/is not a student. For more information please visit the FAQs at [jacksonbenefits.org](http://jacksonbenefits.org). Your child's coverage may continue until the end of the calendar year the dependent reaches age 26.

In the State of Florida, anyone up to the age of 30 may be considered a dependent for the purposes of "health" insurance eligibility and access. For all health coverage offered under your employer's plan, you may continue to cover your dependent child under the medical plan until the end of the calendar year in which the child reaches the age of 30 if the child:

- Is age 26-30, unmarried and does not have a dependent of his or her own;
- Is a resident of Florida or a full-time or part-time student;
- Is not provided coverage as a named subscriber, insured, enrollee, or covered person under any other group, blanket, or franchise health insurance policy or individual health benefits plan, or is not entitled to benefits under Title XVIII of the Social Security Act; and
- Has not had a gap in "creditable coverage" of more than 63 days.

\* Please Note: If you reside outside of the State of Florida and have a dependent who meets the above criteria, they are eligible for coverage. However, NEW dependents cannot be added. Any dependents covered, regardless of the above, will remain insured until the end of the calendar year in which the dependent reaches age 26.

**Q. If enrolled in an HMO plan, may I utilize providers outside the South Florida network and still receive HMO coverage?**

A. Yes, if enrolled under the Standard HMO or Select HMO. AvMed contracts with PHCS National Network to provide nationwide coverage for members residing outside of the service area. As a retiree, if you utilize a participating provider within the appropriate network, you will receive the same HMO benefits.

Go to [www.avmed.org/jhs](http://www.avmed.org/jhs) to check on the participating status of your providers.

**Q. What benefits am I eligible for if I am under 65 and receiving disability benefits through the Social Security Administration?**

A. If you are under age 65, deemed disabled by the Social Security Administration and have qualified for Medicare Parts A, B and D, you may be eligible for the options available to Medicare eligible retirees. For more information, contact your Benefits Specialist at 305-585-6512. Be aware that once you qualify for Medicare, your retiree medical coverage becomes secondary, even if you elect to continue with your current coverage (HMO or POS) until age 65 instead of enrolling in one of the Medicare supplement plans.

**Q. What happens to the medical, dental, or vision coverage for my covered dependent(s) in the event of my death?**

A. If you pass away, dependents covered under your retiree medical insurance may continue their coverage, as long as timely premium payments are received. Your spouse/DP can continue indefinitely and/or your dependent children until the limiting age. Dependents covered under your retiree dental or vision insurance, may continue their coverage under COBRA up to 36 months.

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## **Q. What happens to the medical, dental, or vision coverage for my covered dependent(s) if I cancel only my coverage upon becoming eligible for Medicare?**

A. If you cancel your coverage upon becoming eligible for Medicare, dependents covered under your retiree medical insurance may continue their coverage, as long as timely premium payments are received. Your under age 65 spouse/DP can continue indefinitely and your dependent children until the limiting age. Dependents covered under your retiree dental insurance may continue their coverage under COBRA up to 18 months.

## **Q. May I change my medical, dental, or vision plan if I relocate outside the Tri-County area?**

A. If you plan to relocate, be aware that DeltaCare DHMO is not available outside Florida. If relocating your permanent address, please go to [www.avmed.org/jhs](http://www.avmed.org/jhs) to check on the participating status of your providers. If in-network benefits are not available in your area, your only option is to switch to the Point-of Service (POS) medical and Delta Dental PPO Plan, to access out-of-network benefits. You must request a Change in Status form within 30 days from the relocation date. Proof of permanent residence change will be required (new service utility bill, rental agreement, etc). Retirees traveling outside their geographic service areas for extended periods should contact the insurance carrier's Member Services at 844-439-5378 to inquire about the "Away From Home Program."

## **Q. How do I update my Life Insurance Beneficiary information?**

A. To update your beneficiary information call the On-site FBMC Service Center at 305-585-6512 or email [JHSretiree@fbmc.com](mailto:JHSretiree@fbmc.com) and request a Retiree Life Insurance Beneficiary Form, which must be notarized.

## **Q. Can my insurance under the Retiree Group be canceled?**

A. You may cancel your medical, dental, vision or life insurance coverage at any time. The insurance carriers and/or Jackson Health System will not cancel your coverage unless:

- Any premiums payable by you are not received within 30 days following the premium due date. If this happens, a cancellation notice will be mailed to you. You are responsible for notifying FBMC Service Center 855-56JHS4U (855-565-4748) if there is a change in your mailing address.
- The group insurance coverage under the Master Contract for your particular type of insurance is canceled.
- You are enrolled in an HMO or pre-paid dental plan and move out of the service area.
- You do not enroll under a Medicare Plan when you become age 65 and Medicare eligible.
- All cancellations are irrevocable. Once canceled, coverage may not be requested again.

## **Q. If I cancel my medical coverage, may I retain the dental, vision, and life insurance? When will the change in premium take effect?**

A. Yes, you may cancel the medical coverage without disrupting your dental, vision, or life insurance. Simply email [JHSretiree@fbmc.com](mailto:JHSretiree@fbmc.com) submit a written request via fax to 305-355-2324 to the On-site FBMC Service Center at 1611 N.W. 12<sup>th</sup> Ave., Park Plaza West L-109B, Miami, FL 33136-1096, indicating

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the plan (or plans) you wish to cancel. The premium reduction will take effect the first of the month following receipt of your cancellation request. Premiums must be paid through the cancellation date. Cancellations are irrevocable. Once canceled, the coverage will not be reinstated.

## **Q. May I add a dependent during the retiree open enrollment?**

A. No. During the annual open enrollment you will only be allowed to change plans, and only eligible enrolled dependents will be allowed to continue coverage under the retiree group.

## **Q. May I add or drop an eligible dependent during the year?**

A. Yes, you may add eligible dependents only to your existing coverage in cases of qualifying events (QE) such as marriage, entering into a new domestic partnership, birth (or adoption/ placement) of a child, eligible dependent's loss of employment, or loss of other coverage, etc. You must request a Change in Status form within 30 days of the date of the qualifying event at the On-site FBMC Service Center or by calling 305-585-6512. To add the dependent, original documentation of eligibility (i.e. marriage certificate, certificate of domestic partnership, birth certificate or adoption papers, letter from spouse/DP's employer certifying termination of

insurance benefits, etc.) must be presented to the On-site FBMC Service Center at 1611 N.W. 12<sup>th</sup> Ave., Park Plaza West L-109B, Miami, FL 33136-1096. Dependents cannot be added during the retiree Open Enrollment.

Note: You may make a written request to delete your dependent(s) at anytime. This change will be effective at the end of the month the request is made or received in the FBMC Service Center. If canceling coverage due to divorce, your spouse will be eligible for continuation of coverage under COBRA.

## **Q. May I make a change to my enrollment after I have completed and returned my enrollment form?**

A. Throughout the Open Enrollment period, you may obtain an enrollment form by emailing [JHSretiree@fbmc.com](mailto:JHSretiree@fbmc.com) or calling 305-585-6512 or visit the On-site FBMC Service Center at 1611 N.W. 12<sup>th</sup> Ave., Park Plaza West L-109B Miami, FL 33136-1096 to request and complete a new enrollment form. No changes will be accepted after the deadline unless you experience a qualifying event.

# Over 65 - Frequently Asked Questions

## **Q. Are over age dependents eligible?**

A. A provision in the new Patient Protection and Affordable Care Act (PPACA) allows for a retiree's child to be covered under the retiree's healthcare plan through age 26.

In the State of Florida, anyone up to the age of 30 may be considered a dependent for the purposes of "health" insurance eligibility and access. For all health coverage offered under your employer's plan, **you may continue to cover your dependent child under the medical plan until the end of the calendar year in which the child reaches the age of 30 if the child:**

- Is age 26 - 30, unmarried and does not have dependent child(ren) of his or her own;
- Is a resident of Florida or a full-time or part-time student;
- Is not provided coverage as a named subscriber, insured, enrollee, or covered person under any other group, blanket, or franchise health insurance policy or individual health benefits plan, or is not entitled to benefits under Title XVIII of the Social Security Act; and
- Has not had a gap in "creditable coverage" of more than 63 days.

**Please Note:** If you reside outside of the State of Florida and have dependents who meet the above criteria, they are eligible for coverage. However, NEW dependents cannot be added. Any dependents covered, regardless of the above, will remain insured until the end of the calendar year in which the dependent reaches age 26.

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## **Q. May I change my medical and dental plan if I relocate outside the Tri-County area?**

A. If you plan to relocate, be aware that Delta Dental is not available outside Florida. If in-network benefits are not available in your area, your only option is to switch to the Delta PPO Dental Plan, to access out-of-network benefits. You must request a Change in Status form within 30 days from the relocation date. Proof of permanent residence change will be required (new service utility bill, rental agreement, etc).

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## **Q. If I cancel my medical coverage, may I retain the dental, vision and/or life insurance? When will the change in premium take effect?**

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