



Email: JHSretiree@FBMC.com or Fax: 305-355-2324

# 2023 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

☐ MALE☐ FEMALE

☐ MARRIED☐ SINGLE

EFFECTIVE DATE (MM/DD/YYYY)

CELLPHONE

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, 2023. 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. Enrollment in an AvMed or Humana Medicare is handled by the carrier directly. Please refer to your retiree packet for carrier contact information.

SECTION 3: RETIREE MEDICAL

(Please mark one box only)

☐ CANCEL MEDICAL

NOTE: IN ELECTING THE SUPPLEMENTAL PLAN FOR MYSELF AND ELIGIBLE DEPENDENT, I UNDERSTAND THAT ENROLLMENT IN PART B AND PART D IS REQUIRED.

MONTHLY RATES FOR:

Retiree 65 and Over Only

Retiree 65 and Over & Spouse/DP 65 and Over†

Retiree 65 and Over & Spouse/DP Over 65† plus Child(ren) † on AvMed POS Plan

Retiree 65 and Over & Spouse/DP Over 65† plus Child(ren) † on AvMed Standard HMO

Retiree 65 and Over & Child(ren)† on AvMed POS Plan

Retiree 65 and Over & Child(ren)† on AvMed Standard HMO

Retiree 65 and Over & Spouse/DP Under 65†, Child(ren)† on AvMed POS Plan

Retiree 65 and Over & Spouse/DP Under 65†, Child(ren)† on AvMed Standard HMO

Retiree 65 and Over & Spouse/DP Under 65 on AvMed POS Plan

Retiree 65 and Over & Spouse/DP Under 65 on AvMed Standard HMO

MEDICAL

HIGH PLAN

HIGH WITH NO RX PLAN

☐ \$1,261.49

☐ \$2,161.17

☐ \$3,449.68

☐ \$3,170.50

☐ \$2,550.00

☐ \$2,270.82

☐ \$4,067.50

☐ \$2,946.90

☐ \$2,987.61

☐ \$2,442.14

☐ \$548.33

☐ \$939.40

☐ \$2,227.91

☐ \$1,948.73

☐ \$1,836.84

☐ \$1,446.21

☐ \$3,353.34

☐ \$2,233.74

☐ \$2,274.45

☐ \$1,728.98

DEPENDENT COVERAGE ONLY

(Please mark one box only)

MONTHLY RATES FOR RETIREE 65 & OVER WITH NON-JHS MEDICAL PLAN:

JACKSON FIRST HMO PLAN

JACKSON SELECT HMO PLAN

JACKSON STANDARD HMO PLAN

JACKSON POS PLAN

Spouse/DP Under 65†

Child(ren)†

Spouse/DP Under 65† and Child(ren)†

☐ \$801.77

☐ \$688.81

☐ \$1,137.96

☐ \$844.82

☐ \$725.83

☐ \$1,199.12

☐ \$1,180.65

☐ \$1,009.33

☐ \$1,685.41

☐ \$1,726.12

☐ \$1,288.51

☐ \$2,806.01

+ 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)

☐ CANCEL DENTAL

☐ NOT ENROLLED

\* Delta DHMO plans are not available outside of Florida.

NOTE: DENTAL COVERAGE IS NOT PROVIDED TO ADULT CHILDREN (AC).

MONTHLY RATES FOR:

- STANDARD -

DELTA DHMO\*

DELTA PPO

- ENRICHED -

DELTA DHMO\*

DELTA PPO

Retiree Only

Retiree & One Dependent

Retiree & Family

☐ \$9.97

☐ \$16.48

☐ \$25.17

☐ \$38.88

☐ \$76.92

☐ \$123.98

☐ \$18.15

☐ \$30.07

☐ \$47.81

☐ \$50.90

☐ \$100.63

☐ \$162.27

SECTION 5: RETIREE VISION

(Please mark one box only)

☐ CANCEL VISION

☐ NOT ENROLLED

NOTE: VISION COVERAGE IS NOT PROVIDED TO ADULT CHILDREN (AC).

Monthly RATES FOR:

BASE PLAN

PREMIER PLAN

Retiree Only

Retiree & One Dependent

Retiree & Family

☐ \$4.14

☐ \$8.30

☐ \$15.23

☐ \$9.95

☐ \$21.39

☐ \$41.29

SECTION 6: RETIREE & DEPENDENT INFORMATION

| Relationship | M/F | Last Name/First Name | Social Security Number | ✓**                      | Coverage Desired |        |        |                 | Date of Birth | Check One* |    |
|--------------|-----|----------------------|------------------------|--------------------------|------------------|--------|--------|-----------------|---------------|------------|----|
|              |     |                      |                        |                          | Medical          | Dental | Vision | Constant Credit | MM/DD/YY      | 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)

ARAG Legal - UltimateAdvisor

ARAG Legal - UltimateAdvisor Plus

Ocenture ID Commander

Ocenture ConstantCredit

Pet Assure

PetPlus

Pet Assure/PetPlus

Life Insurance

Life Insurance Benefit/Rates:

AGE 65-69

AGE 70-74

AGE 75+

☐ Retiree Only \$13.43

☐ Retiree Only \$18.07

☐ Retiree Only \$10.50

☐ Retiree Only \$11.50

☐ Retiree Only \$8.00

☐ Retiree + Spouse\* \$23.00

☐ Retiree + Family \$17.73

☐ Retiree + Family \$23.84

☐ Retiree + Family \$22.50

☐ Retiree + Spouse\* \$23.00

☐ Single Pet \$4.50

☐ Multiple Pet \$8.50

☐ Single Pet \$12.50

☐ Multiple Pet \$16.50

☐ Cancel

☐ Continue LIFE INSURANCE

☐ Decrease coverage to \$15,000

☐ Cancel LIFE INSURANCE

☐ \$15,000.00

☐ \$20,000.00

\$8.55

\$11.40

\$14.10

\$18.80

\$19.50

\$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

FBMC/JHS\_RET\_OVER65/1022