JACKSONVILLE UNIVERSITY

EMPLOYEE BENEFITS GUIDE
PLAN YEAR 2027



OPEN ENROLLMENT

Benefits *Enrollment*

Jacksonville University
Elections effective January 1, 2027

2027



TABLE OF CONTENTS

Benefits Overview	4
Medical Benefits	5
How Your Plans Work	13
Dental Benefits	15
Vision Benefits	17
Flexible Spending Account	18
Life and Accidental Death & Dismemberment Insurance	19
Voluntary Life and AD&D Insurance	19
Short Term Disability	20
Long Term Disability	20
Pet Insurance	21
Legal Insurance	21
Accident Insurance	25
Critical Illness Insurance	25
Hospital Indemnity Insurance	26
Employee Assistance Program	27
Contact Information	29
Legal Notices	30

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 see pages 31-32 for more details.

This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.

PRESIDENT'S WELCOME MESSAGE

Welcome to Jacksonville University. We are very pleased to have you join us! As a new staff member, you will be joining a team of dedicated employees who are committed to the University's mission of preparing students for life-long success in learning, achieving, leading and serving. You will play a vital role in helping JU accomplish this mission.

JU is an open, friendly, and inclusive place to work. We strive to provide each person with meaningful employment, career opportunities, excellent benefits and a superior working environment. Working together and finding creative solutions to problems can only strengthen us, so please feel free to offer new ideas, suggestions or comments.

Remember, the support you lend faculty and students on a daily basis helps maintain the JU tradition of a caring, personal, high-quality university. Recently, U. S. News & World Report ranked JU as one of the top schools in America. This honor, along with others we've received, is the direct result of collaboration and cooperation among staff, faculty and students. We have a lot to be proud of here at JU.

Just as our students grow and progress, we want all of our employees to thrive at JU. You are encouraged to take advantage of self-development activities, educational courses and the various campus events available to you.

For detailed information about the benefits and University policies and procedures, please refer to the Employee Handbook. Our program is based on respect for each individual, and recognizing that every member of the University community is important to achieving our mission and vision.

Again, welcome to our University family. We're proud to have you join us. Challenge yourself to be the best at what you do. And, above all, enjoy your employment at JU.

Sincerely,

Dr. Lisa Sutherland
Interim President
Jacksonville University

BENEFITS OVERVIEW

Jacksonville University is proud to offer a comprehensive benefits package to eligible, full-time employees who work 30 hours or more per week. The complete benefits package is briefly summarized in this booklet. You will receive plan booklets, which give you more detailed information about each of these programs.

You share the costs of some benefits (medical, dental and vision), and Jacksonville University provides other benefits at no cost to you (life, accidental death & dismemberment). In addition, there are voluntary benefits with reasonable group rates that you can purchase through payroll deductions.



Benefits Offered

- Medical
- Dental
- Vision
- Flexible Spending Account (FSA)
- Life Insurance
- Accidental Death & Dismemberment (AD&D) Insurance
- Voluntary Life and AD&D
- Short Term Disability
- Long Term Disability
- Accident Insurance
- Critical Illness Insurance
- Hospital Indemnity Insurance
- Employee Assistance Program
- Pet Insurance
- Legal Insurance

Eligibility

You and your dependents are eligible for Jacksonville University benefits on the first of the month following 30 days of continuous employment.

Eligible dependents are your spouse, domestic partner, children under age 26, disabled dependents of any age, or Jacksonville University eligible dependents.

Elections made now will remain until the next open enrollment unless you or your family members experience a qualifying event. If you experience a qualifying event, you must contact HR within 30 days.

Jacksonville University

MEDICAL BENEFITS

Administered by Florida Blue



Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of unexpected illness and injury. A little prevention usually goes a long way—especially in healthcare. Routine exams and regular preventive care provide an inexpensive review of your health. Small problems can potentially develop into large expenses. By identifying the problems early, often they can be treated at little cost.

Comprehensive healthcare also provides peace of mind. In case of an illness or injury, you and your family are covered with an excellent medical plan through Jacksonville University.

Jacksonville University offers you a choice of two (2) HMO, one (1) PPO, and one (1) PPO HDHP that is HSA compatible. With the PPO plans, you may select where you receive your medical services. If you use in-network providers, your costs will be less.

	BlueCare HMO 48
	In-Network
Lifetime Benefit Maximum	Unlimited
Calendar Year Deductible	$2,000 single / $6,000 family
Calendar Year Out-of-Pocket Maximum	$5,800 single / $11,600 family
Coinsurance	20%
DOCTOR'S OFFICE	
Primary Care Office Visit	$35 copay per visit / Sanitas $0 copay
Specialist Office Visit	$65 copay per visit / Sanitas $0 copay
Preventive care (screening, immunization)	0%
Diagnostic test (x-ray, blood work)	Value Choice Specialist: 0%; Independent Clinical Lab: 0%; Independent Diagnostic Testing Center: $50 copay per Visit
Imaging (CT/PET scans, MRIs)	$300 copay per visit
PRESCRIPTION DRUGS	
Retail—Generic Drugs (30-day supply)	$15 copay per prescription
Retail—Preferred Brand Drugs (30-day supply)	$30 copay per prescription
Retail—Non-Preferred Brand Drugs (30-day supply)	$50 copay per prescription
Specialty Drugs (30-day supply)	$250 copay per prescription
Mail Order—Generic Drugs (90-day supply)	$40 copay per prescription
Mail Order—Preferred Brand Drugs (90-day supply)	$75 copay per prescription
Mail Order—Non-Preferred Brand Drugs (90-day supply)	$125 copay per prescription

MEDICAL BENEFITS (Continued)

Administered by Florida Blue

	BlueCare HMO 48
	In-Network
HOSPITAL SERVICES	
Emergency Room	Physician Services: 20% after deductible; Facility: $300 copay per visit
Inpatient	$100 PAD plus 20% after deductible
Outpatient Surgery	Ambulatory Surgical Center: $250 copay per visit; Hospital: 20% after deductible
Ambulance Service	20% after deductible
MENTAL HEALTH SERVICES	
Inpatient Services	0%
Office Visits	0%
SUBSTANCE ABUSE SERVICES	
Inpatient Services	0%
Office Services	0%
OTHER SERVICES	
Maternity Services	$65 copay on initial visit
All other maternity hospital/ physician services	$100 PAD plus 20% after deductible
Muscle Manipulation Services (Limited to 35 visits)	Covered
Physical, Occupational and Speech Therapy Services (Coverage limited to 35 visits, including 26 manipulations)	$65 copay per visit
Skilled Nursing 60-day calendar year maximum	20% after deductible

Benefit Plan	Monthly Rates
BLUECARE HMO 48	
Employee	$108.02
Employee + Spouse	$407.00
Employee + Child(ren)	$202.95
Family	$592.23

NOTE: Mayo Clinic is covered under the HMO plans for facility access and specialist care only if the member qualifies for service. Mayo PCP panels are closed.

MEDICAL BENEFITS (Continued)

Administered by Florida Blue



	BlueOptions HDHP PPO 03160 / 03161 HSA Compatible	
	In-Network	Out-of-Network
Lifetime Benefit Maximum	Unlimited	
Calendar Year Deductible	$4,000 per person $6,000 per family (non-embedded)	$4,000 per person $8,000 per family (non-embedded)
Calendar Year Out-of-Pocket Maximum	$8,000 per person $15,000 per family (non-embedded)	$11,000 per person $15,000 per family (non-embedded)
Coinsurance	20%	40%
DOCTOR'S OFFICE		
Primary Care Office Visit	20% after deductible	40% after deductible; Virtual Visits: Not Covered
Specialist Office Visit	20% after deductible	40% after deductible; Virtual Visits: Not Covered
Preventive care (screening, immunization)	0%	40% after deductible
Diagnostic test (x-ray, blood work)	Value Choice Specialist: 0% after deductible; Independent Clinical Lab: 0% after deductible; Independent Diagnostic Testing Center: 20% after deductible	40% after deductible
Imaging (CT/PET scans, MRIs)	20% after deductible	40% after deductible
PRESCRIPTION DRUGS		
Retail—Generic Drugs (30-day supply)	$15 copay per prescription after deductible	$15 copay per prescription after deductible
Retail—Preferred Brand Drugs (30-day supply)	$30 copay per prescription after deductible	$30 copay per prescription after deductible
Retail—Non-Preferred Brand Drugs (30-day supply)	$50 copay per prescription after deductible	$50 copay per prescription after deductible
Specialty Drugs (30-day supply)	$250 copay per prescription after deductible	Specialty drugs are subject to the cost share based on applicable drug tier
Mail Order—Generic Drugs (90-day supply)	$40 copay per prescription after deductible	$40 copay per prescription after deductible
Mail Order—Preferred Brand Drugs (90-day supply)	$75 copay per prescription after deductible	$75 copay per prescription after deductible
Mail Order—Non-Preferred Brand Drugs (90-day supply)	$125 copay per prescription after deductible	$125 copay per prescription after deductible

MEDICAL BENEFITS (Continued)

Administered by Florida Blue

	BlueOptions HDHP PPO 03160 / 03161 HSA Compatible	
	In-Network	Out-of-Network
HOSPITAL SERVICES		
Emergency Room	20% after deductible	20% after deductible
Inpatient	20% after deductible	40% after deductible
Outpatient Surgery	20% after deductible	40% after deductible
Ambulance Service	20% after deductible	20% after deductible
MENTAL HEALTH SERVICES		
Inpatient Services	20% after deductible	Physician Services: 20% after deductible; Hospital: 40% after deductible
Office Services	20% after deductible	Deductible + 40% after deductible; Specialist Virtual Visits: Not Covered
SUBSTANCE ABUSE SERVICES		
Inpatient Services	20% after deductible	Physician Services: 20% after deductible; Hospital: 40% after deductible
Office Services	20% after deductible	Deductible + 40% after deductible; Specialist Virtual Visits: Not Covered
OTHER SERVICES		
Maternity Services	20% after deductible	40% after deductible
All other maternity hospital/ physician services	20% after deductible	40% after deductible
Muscle Manipulation Services (Limited to 35 visits)	Covered	Covered
Physical, Occupational and Speech Therapy Services (Coverage limited to 35 visits, including 26 manipulations)	20% after deductible	40% after deductible
Skilled Nursing 60-day calendar year maximum	20% after deductible	40% after deductible

Benefit Plan	Monthly Rates
BLUEOPTIONS HDHP PPO 03160 / 03161 HSA COMPATIBLE	
Employee	$121.42
Employee + Spouse	$448.56
Employee + Child(ren)	$234.40
Family	$700.25

MEDICAL BENEFITS

Administered by Florida Blue



	BlueCare HMO 60
	In-Network
Lifetime Benefit Maximum	Unlimited
Calendar Year Deductible	$500 single / $1,000 family
Calendar Year Out-of-Pocket Maximum	$2,000 single / $4,000 family
Coinsurance	20%
DOCTOR'S OFFICE	
Primary Care Office Visit	$15 copay per visit Sanitas $0 copay per visit
Specialist Office Visit	$30 copay per visit Sanitas $0 copay per visit
Preventive care (screening, immunization)	0%
Diagnostic test (x-ray, blood work)	0%
Imaging (CT/PET scans, MRIs)	$300 copay per visit
PRESCRIPTION DRUGS	
Retail—Generic Drugs (30-day supply)	$15 copay per prescription
Retail—Preferred Brand Drugs (30-day supply)	$30 copay per prescription
Retail—Non-Preferred Brand Drugs (30-day supply)	$50 copay per prescription
Specialty Drugs (30-day supply)	$250 copay per prescription
Mail Order—Generic Drugs (90-day supply)	$40 copay per prescription
Mail Order—Preferred Brand Drugs (90-day supply)	$75 copay per prescription
Mail Order—Non-Preferred Brand Drugs (90-day supply)	$125 copay per prescription

MEDICAL BENEFITS (Continued)

Administered by Florida Blue

	BlueCare HMO 60
	In-Network
HOSPITAL SERVICES	
Emergency Room	Physician Services: 0%; Facility: $300 copay per visit
Inpatient	20% after deductible
Outpatient Surgery	20% after deductible
Ambulance Service	0%
MENTAL HEALTH SERVICES	
Inpatient Services	0%
Office Services	0%; Specialist Virtual Visits: $30 copay per visit
SUBSTANCE ABUSE SERVICES	
Inpatient Services	0%
Office Services	0%; Specialist Virtual Visits: $30 copay per visit
OTHER SERVICES	
Maternity Services	$30 copay on initial visit
All other maternity hospital/ physician services	20% after deductible
Muscle Manipulation Services (Unlimited visits)	Covered
Physical, Occupational and Speech Therapy Services (Unlimited visits, including unlimited manipulations)	$15 copay per visit
Skilled Nursing 30-day calendar year maximum	0%

Benefit Plan	Monthly Rates
BLUECARE HMO 60	
Employee	$130.92
Employee + Spouse	$723.52
Employee + Child(ren)	$532.74
Family	$796.49

NOTE: Mayo Clinic is covered under the HMO plans for facility access and specialist care only if the member qualifies for service. Mayo PCP panels are closed.

MEDICAL BENEFITS (Continued)

Administered by Florida Blue



	BlueOptions PPO 03559	
	In-Network	Out-of-Network
Lifetime Benefit Maximum	Unlimited	
Calendar Year Deductible	$500 single / $1,500 family	$500 single / $1,500 family
Calendar Year Out-of-Pocket Maximum	$3,000 single / $9,000 family	$3,000 single / $9,000 family
Coinsurance	0%	0%
DOCTOR'S OFFICE		
Primary Care Office Visit	$15 copay per visit; Sanitas Office -$0 copay per visit	40% after deductible; Virtual Visits: Not covered
Specialist Office Visit	$30 copay per visit Sanitas Office - $0 copay per visit	40% after deductible; Virtual Visits: Not covered
Preventive care (screening, immunization)	0%	40% after deductible
Diagnostic test (x-ray, blood work)	Value Choice Specialist: 0%; Independent Clinical Lab: 0%; Independent Diagnostic Testing Center: $100 copay per visit	40% after deductible
Imaging (CT/PET scans, MRIs)	$300 copay per visit	40% after deductible
PRESCRIPTION DRUGS		
Retail—Generic Drugs (30-day supply)	$15 copay per prescription	$15 copay per prescription
Retail—Preferred Brand Drugs (30-day supply)	$30 copay per prescription	$30 copay per prescription
Retail—Non-Preferred Brand Drugs (30-day supply)	$50 copay per prescription	$50 copay per prescription
Specialty Drugs (30-day supply)	$250 copay per prescription	Specialty drugs are subject to the cost share based on applicable drug tier
Mail Order—Generic Drugs (90-day supply)	$40 copay per prescription	$40 copay per prescription
Mail Order—Preferred Brand Drugs (90-day supply)	$75 copay per prescription	$75 copay per prescription
Mail Order—Non-Preferred Brand Drugs (90-day supply)	$125 copay per prescription	$125 copay per prescription

MEDICAL BENEFITS (Continued)

Administered by Florida Blue

	BlueOptions PPO 03559	
	In-Network	Out-of-Network
HOSPITAL SERVICES		
Emergency Room	Physician Services: 20% after deductible; Facility: $300 copay per visit	Physician Services: 20% after deductible; Facility: $300 copay per visit
Inpatient	$500 copay per admission	$1,750 copay per admission
Outpatient Surgery	Ambulatory Surgical Center: $100 copay per visit; Hospital: $150 copay per visit	Ambulatory Surgical Center: 40% after deductible; Hospital: $350 copay per visit
Ambulance Service	20% after deductible	20% after deductible
MENTAL HEALTH SERVICES		
Inpatient Services	0%	Physician Services: 0%; Hospital: $1,750 copay per admission
Outpatient Services	0%; Specialist Virtual Visits: $30 copay per visit	Physician Office: 40% after deductible; Specialist Virtual Visits: Not Covered; Hospital: $350 copay per visit
SUBSTANCE ABUSE SERVICES		
Inpatient Services	0%	Physician Services: 0%; Hospital: $1,750 copay per admission
Outpatient Services	0%; Specialist Visits: $30 copay per visit	Physician Office: 40% after deductible; Specialist Virtual Visits: Not Covered; Hospital: $350 copay per visit
OTHER SERVICES		
Maternity Services	$30 copay on initial visit	40% after deductible
All other maternity hospital/ physician services	$500 copay per admission	$1,750 copay per admission
Muscle Manipulation Services (Limited to 35 visits)	Covered	Covered
Physical, Occupational and Speech Therapy Services (Coverage limited to 35 visits, including 26 manipulations)	$30 copay per visit	40% after deductible
Skilled Nursing 60-day calendar year maximum	20% after deductible	40% after deductible

Benefit Plan	Monthly Rates
MEDICAL/RX BLUEOPTIONS PPO 03559	
Employee	$255.78
Employee + Spouse	$984.75
Employee + Child(ren)	$687.30
Family	$1,084.16

Jacksonville University

HOW THE PLANS WORK

All plans use the Florida Blue network and cover 100% of the cost for preventive care services like calendar year physicals and routine immunizations. The way you pay for care is different with each plan.

With the HDHP, you pay the full negotiated cost for medical services and prescription drugs until you meet your calendar year deductible. If you meet the deductible, you and the plan share the costs (coinsurance) until you reach the calendar year out-of-pocket maximum. After that, the plan pays for 100% of your claims for the rest of the year. Your paycheck deductions for this plan are lower than the PPO plan.

The HMO and PPO plans have set copays for some services and a deductible and coinsurance for others. Copays do not apply toward your deductible, so you will pay copays until you reach your calendar year out-of-pocket maximum.

What Are the Tax Implications of an HSA?

Contributions to your HSA reduce your taxable income, and qualified medical expenses are never taxed. All money set aside in an HSA grows tax-deferred until age 65, when funds can be withdrawn for any non-medical purpose at ordinary tax rates, or tax-free when used for medical expenses. You may contribute additional funds to your HSA ($1,000 per tax year) if you will be 55 years or older by December 31. Learn more at https://www.irs.gov/publications/p969.

**You can no longer contribute to a HSA once you enroll in Medicare.

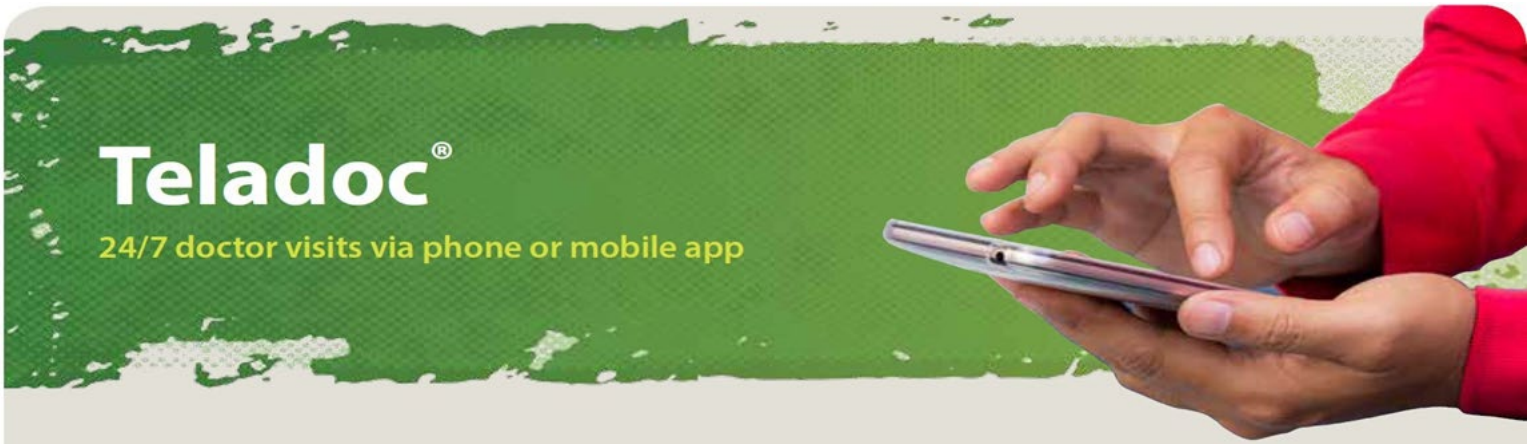


PAYING FOR HEALTH CARE

Jacksonville University offers several ways to set aside pre-tax dollars to pay for medical, prescription drug, dental and vision care expenses. The health care accounts available to you depend on the medical plan you choose.

*The FSA amount is at a projected amount for 2027.

	HSA	FSA
What medical plan can I choose?	HDHP	HMO or PPO plans
What expenses are eligible?	Medical, prescription, dental & vision care (See IRS publication 502 for the types of expenses that may be eligible)	Medical, prescription, dental & vision care (See IRS publication 502 for the types of expenses that may be eligible)
When can I use the funds?	Funds are available as you contribute to the account	All of the funds you elect for the year are available on January 1
Can I roll over funds each year?	Yes, funds roll over from year-to-year and are yours to keep (even if you change jobs)	No, you will lose any funds remaining in your account at the end of the year, unless your plan unless you have less than the $700* rollover amount.
How do I pay for eligible expenses?	With your Carrier debit card (You can also submit claims for reimbursement online at www.medcom.wealthcareportal.com)	With your Carrier debit card (You can also submit claims for reimbursement online at www.medcom.wealthcareportal.com)
How much can I contribute each year?	$4,500 for individual coverage or $9,000 for family coverage (this total includes company funding) and additional $1,000 for catch up contributions in 2027	You can contribute $3,500*for the healthcare FSA plan, and up to $7,500 for the Dependent Care plan ($3,750 if married filing separately in 2027
Can I change my contributions throughout the year?	Yes, you can log on to www.medcom.wealthcareportal.com to change your HSA contributions at any time	No, unless you have a qualifying life event



Teladoc gives you access 24 hours, 7 days a week to U.S. board certified doctors through the convenience of a phone, video, or mobile app. It's an affordable option for quality medical care. Set up your account in advance so when you need care, a Teladoc doctor is just a call or click away!

1

SET UP YOUR ACCOUNT

Set up your account by phone, web or mobile app.

Online:
Go to Teladoc.com and click **"set up account".**

Mobile app:
Download the app and click **"Activate account".** Visit teladoc.com/mobile to download the app.

Call Teladoc:
Teladoc can help you register your account over the phone.

2

PROVIDE MEDICAL HISTORY

Your medical history provides Teladoc doctors with the information they need to make an accurate diagnosis.

3

REQUEST A CONSULT

Once your account is set up, request a consult anytime you need care. And talk to a doctor by phone, web or mobile app.

Teladoc doctors can treat many medical conditions such as:
Cold & flu symptoms - Allergies - Pink eye - Respiratory infections - Sinus problems - Skin problems - & more

Talk to a doctor anytime

Teladoc.com
1-800-Teladoc

Available on the iPhone App Store

ANDROID APP ON Google play

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DENTAL BENEFITS – Copay Plan

Administered by Florida Combined Life Insurance Company



Good oral care enhances overall physical health, appearance and mental well-being. Problems with the teeth and gums are common and easily treated health problems. Keep your teeth healthy and your smile bright with the Jacksonville University dental benefit plan.

JU uses Florida Combined Life's Dental Choice Network.

Dental Copay Plan		
Services	**In-Network** (Blue Dental Choice)	**Out-of-Network**
Calendar Year Deductible (Basic & Major Services only)	$50 per person; $150 family limit	
Calendar Year Benefit Maximum	$1,500	
Preventive Dental Services periodic oral evaluation (0120) comprehensive oral evaluation (0150) bitewing x-rays two films (0272) cleanings - adult/child (1110, 1120) fluoride treatment - child (1206 1208) office visits (9430)	 $0 $0 $0 $10 $0 $0	70% / 30%
Basic Dental Services (space maintainers - fixed – unilateral (1510) x-rays - intraoral/complete series (0210) sealant – per tooth (1351) amalgam restorations silver fillings (2140) resin-based restorations - anterior (2330) extractions - routine and surgical (7140)	 $47 $17 $6 $15 $20 $17	50% / 50%
Major Dental Services root canal molar (3330) periodontal scaling & root planing-per quad (4341) osseous surgery – four or more contiguous teeth (4260) crowns - porcelain fused to noble metal (2752) complete dentures (5110 5120) pontic - porcelain fused to noble metal (6242) partial dentures (5213 5214) surgical placement of implant body – endosteal implant (6010) implant supported porcelain fused to metal crown titanium high noble metal (6066)	 $305 $61 $322 $302 $382 $302 $420 $512 $282	$35% / 65%
Orthodontia Services (covered to age 19)	50% to $1,000 lifetime maximum	

Note that you could be balance billed when going to out of network providers.

Benefit Plan	Monthly
DENTAL COPAY PLAN	
Employee	$16.00
Employee + Spouse	$38.62
Employee + Child(ren)	$41.46
Family	$60.30

DENTAL BENEFITS – PPO High Plan

Administered by Florida Combined Life Insurance Company



Dental PPO High Plan	
Services	**In-Network (Blue Dental Choice) and Out-of-Network**
Calendar Year Deductible (Basic & Major Services Only)	$50 per person; $150 family limit
Calendar Year Benefit Maximum	$1,500
Preventive Dental Services (Periodic Oral Evaluation (0120), Comprehensive Oral Evaluation (0150), Bitewing X-rays two films (0272), Cleanings - Adult/Child (1110, 1120), Fluoride Treatment - Child (1206, 1208), Office Visits (9430))	100%
Basic Dental Services (Space maintainers - fixed – unilateral (1510), x-rays - intraoral/complete series (0210), sealant – per tooth (1351), amalgam restorations silver fillings (2140), resin-based restorations - anterior (2330), extractions - routine and surgical (7140), root canal molar (3330) and Periodontal Scaling and root planing per quad (7140))	80%
Major Dental Services (Osseous Surgery – 4 or more contiguous teeth (4260), Crowns - Porcelain fused to noble metal (2752), Complete Dentures (5110, 5120), Pontic - Porcelain fused to noble metal (6242), Partial Dentures (5213, 5214), Surgical placement of implant body – endosteal implant (6010), Implant supported porcelain fused to metal crown titanium high noble metal (6066))	50%
Orthodontia Services (covered to age 19)	50% to $1,000 lifetime maximum

DENTAL BENEFITS

Note that you could be balance billed when going to out of network providers.



Benefit Plan	Monthly
DENTAL PPO HIGH PLAN	
Employee	$34.84
Employee + Spouse	$70.64
Employee + Child(ren)	$78.20
Family	$113.98

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VISION BENEFITS

Administered by Humana

Regular eye examinations can not only determine your need for corrective eyewear but also may detect general health problems in their earliest stages. Protection for the eyes should be a major concern to everyone.

Your coverage from a Humana Vision Provider.

	In-network (PLUS provider)	**In-Network** (any Insight Network provider)	**Out-of-Network** (any qualified non-network provider of your choice)
Eye Exam — once every 12 months	$10 copay	$10 copay	Reimburse up to $30
Lenses — once every 12 months			
Single Vision Lenses	$15 copay	$15 copay	Reimburse up to $25
Lined Bifocal Lenses	$15 copay	$15 copay	Reimburse up to $40
Lined Trifocal Lenses	$15 copay	$15 copay	Reimburse up to $60
Lenticular Lenses	$15 copay	$15 copay	Reimburse up to $100
Frames — **once every 24 months**	$180 allowance plus 20% off	$130 allowance plus 20% off	Reimburse up to $65
Contact Lenses — once every 12 months if you elect contacts instead of lenses/frames			
Allowance	Conventional: $130 allowance plus 15% off; Disposable: $130 allowance	Conventional: $130 allowance plus 15% off; Disposable: $130 allowance	Reimburse up to $104
Medically Necessary	Covered in full	Covered in full	Reimburse up to $200
Separate Fitting Allowance	Standard: Up to $40; Premium: 10% off retail	Standard: Up to $40; Premium: 10% off retail	Not Covered

- With the Plus plan, this fixed pricing will apply at any in-network provider, not just PLUS Providers

When members visit a PLUS Provider, they receive the enhanced benefits listed above. All **PLUS Providers** are part of the **Insight network**.

To locate a provider, members can: **Search the Humana Vision Plus Network > enter their ZIP code > identify Vision Plus providers marked in bright pink with a "Plus Provider" notation**.

Benefit Plan	**Monthly**
VISION PLAN	
Employee	$6.50
Family	$18.60



FLEXIBLE SPENDING ACCOUNTS

Administered by Medcom



You can save money on your healthcare and/or dependent day care expenses with an FSA. You set aside funds each pay period on a pretax basis and use them tax-free for qualified expenses. You pay no federal income or Social Security taxes on your contributions to an FSA. (That's where the savings comes in.) Your FSA contributions are deducted from your paycheck before taxes are withheld, so you save on income taxes and have more disposable income.

Healthcare Spending Limit: **$3,500 ***

Dependent Care Spending Limit: $7,500

The Health Care FSA is used to reimburse covered out-of-pocket medical, prescription, dental and vision expenses incurred by you and your dependents. The annual maximum that you can contribute to the Health Care Flexible Spending account for 2027 increased to **$3,500*.** Your full FSA election is available immediately.

The Dependent Care FSA is used to reimburse expenses related to care of eligible dependents 13 years of age or younger while you and your spouse work. The annual maximum that you can contribute to the Dependent Care Flexible Spending Account is $7,500 if you are a single employee or married filing jointly, or $3,750 if you are married and filing separately. Only the current balance in your account is available for reimbursement.

FSA payment or reimbursement for over-the-counter (OTC) drugs and medicines do not require a doctor's prescription. This means that participants in a health care FSA can now use the benefit to pay for OTC items like cold medicine, allergy medicine and pain relievers, without having to make an extra trip to the doctor for a prescription. This new guideline is retroactive to January 1, 2020.

Menstrual care products can now be paid for or reimbursed through your FSA Account. This will allow participants to use their benefit to pay for menstrual care products. These are now considered qualified expenses. This new guideline is effective immediately and is retroactive to January 1, 2020.

Contributions to your FSA are deducted from your paycheck before any taxes are taken out. This means that you don't pay federal income tax and Social Security tax. Your spendable income increases by the amount of your tax savings depending on your tax bracket. (For example, if you are in the 30% tax bracket, you save approximately $300 in taxes for every $1,000 you put in the FSA.) You would pay expenses out-of-pocket and submit the bill for reimbursement later.

However, if you do not use the money for eligible expenses incurred through December 31, 2027, you will be able to carry over up to $700 of your unused health FSA account funds to the next plan year as long as you re-enroll the following year. Keep all receipts – you may be asked to document eligible expenses. Claims must be filed no later than 90 days following end of plan year.

- For more information about using an FSA, see the educational material located on enrollment portal, or contact the Office of People and Culture. For a list of qualified expenses, please visit and search www.irs.gov.

Claims can be submitted at either :
Portal: https://medcom.wealthcareportal.com
Via smartphone: www.medcombenefitsolutions.com



LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

Administered by Standard Insurance Company

Life Insurance

Life insurance provides financial security for the people who depend on you. Your beneficiaries will receive a lump sum payment if you die while employed by Jacksonville University. The company provides basic life insurance of 1x annual earnings up to max $150,000 at no cost to you.

Accidental Death and Dismemberment (AD&D) Insurance

Accidental Death and Dismemberment (AD&D) insurance provides payment to you or your beneficiaries if you lose a limb or die in an accident. Jacksonville University provides AD&D coverage of 1x annual earnings up to max $150,000 at no cost to you. This coverage is in addition to your company-paid life insurance described above.

VOLUNTARY LIFE AND AD&D INSURANCE

Administered by Standard Insurance Company

You may purchase life and AD&D insurance in addition to the company-provided coverage. You may also purchase life and AD&D insurance for your dependents if you purchase additional coverage for yourself. You are guaranteed coverage (up to $150,000, and up to $25,000 for your spouse) without answering medical questions if you enroll when you are first eligible.

Employee— Increments of $1,000; 1x, 2x, 3x, annual earnings up to maximum $400,000

Spouse— Increments of $5,000 up to maximum $150,000, not to exceed 50% of EE's amount

Children— Increments of $2,000 up to maximum $10,000, not to exceed 50% off EE's amount





DISABILITY INSURANCE

Jacksonville University also provides disability insurance through Standard Insurance Company. This benefit replaces a portion of your income if you become disabled and are unable to work.

	How it Works	Who Pays for the Benefit
CORE Short-term Disability	You receive 40% of your income up to $500 per week. Benefits begin after 29 calendar days for illness and injury of absence from work and continue for up to 151 days.	Jacksonville University
BUY-UP Short-term Disability	You receive 60% of your income up to $2,500 per week. Benefits begin after 14 calendar days for illness and injury of absence from work and continue for up to 166 days.	Employee
Long-term Disability	You receive 70% of your income up to $10,000 per month. Benefits begin after 180 calendar days for illness and injury of absence from work and continue until you reach the Social Security Normal Retirement Age.	Jacksonville University

Short Term Disability — Core and Buy-up Options

Jacksonville University provides all full time employees a Core STD Plan of 40% of your gross weekly earnings up to a maximum of $500 per week at no cost to you. You are given the option to purchase additional STD insurance up to the level of 60% of your gross weekly earnings up to a maximum of $2,500 per week. The waiting period before benefits become payable are 29 days due to an accident /injury or 29 days due to any other disability such as sickness for the core plan, and 14/14 days for the buyup plan. The maximum benefit duration is 26 weeks after the elimination period. The plan minimum weekly benefit is $100. You are considered disabled if you are unable to perform with reasonable continuity the material duties of your own occupation or if you are unable to earn more than 60% of your pre-disability earning. The coverage is effective the first day of the month following thirty days of employment. If the additional coverage was not elected during the 2026 Open Enrollment period or when first eligible, satisfactory evidence of insurability will be required at this next Open Enrollment.

Long Term Disability

The Long Term Disability Insurance provided through The Standard will provide you with **70%** of your Basic **Monthly** Earnings, up to $10,000 per month, in the event that you become disabled for over 180 days. This benefit will be offset by other income sources, such as workers' compensation and social security. Should you become permanently disabled, this benefit would continue until age 65. **There is no cost to you!** The coverage is effective the first day of the month following thirty days of employment .

Jacksonville University

Voluntary Plans – Pet Insurance and Legal Insurance

PET INSURANCE

Jacksonville University is offering Total Pet Plan to employees.

Your pets are part of your family, and you'll do anything to keep them happy and healthy. But with the cost of pet care on the rise, it isn't always easy. That's why we're offering **Total Pet Plan** through Wishbone, which makes pet care more affordable. Enroll in Total Pet and get the same high-quality products and services your pets are used to, just at a lower price!

MONTHLY RATES:

$11.75/month for one pet or $18.50/month for a family plan

For more details and information, visit https://app.wishbone.pet/land/ju. Enroll in ADP.

Total Pet Plan includes:

Discounts on products and Rx

- Up to 40% off on products like prescriptions, pre-ventatives, food, toys and more.
- Shipping is always free and same day pickup is available for most human-grade prescriptions.

24/7 Pet Telehealth

- Access real-time vet support, even when your vet's office is closed.
- Unlimited support on your pet's health, wellness, behavior and more!

Discounts on Veterinary Care

- Instant 25% savings on all of your pet's in-house medical services at participating vets.
- No exclusions due to age, health, pre-existing conditions or type of pet.

Lost Pet Recovery Service

- Durable tag can be scanned from any smart phone to access your contact information, helping lost pets return home quicker than a microchip.
- Easily update your information online with no need to request a new tag.

LEGAL INSURANCE

You can't predict the future, but you can plan for it. Legal insurance isn't just for the serious issues, it's for your everyday needs, too. Legal insurance helps you address common situations like creating wills, buying a home or dealing with a traffic ticket. Benefit from a wide range of coverage and services to protect your family and better navigate life's legal challenges.

How legal insurance benefits you:

- Network attorney fees are 100% paid in full for most covered matters.
- Save hundreds, possibly thousands, when dealing with common legal matters.
- Work with a network of local, experienced attorneys who can provide advice, review documents and represent you.
- Use DIY Docs®, an online tool that helps you create a variety of legally valid documents, including state-specific templates.

What does Legal Insurance Cover? A wide range of legal needs like the examples below!:

Consumer Protection Matters
Criminal Situations
Family Law Events
Finance, Tax & Debt Related Matters
Services for Parents & Grandparents
Traffic Troubles
Wills & Estate Planning Needs
Identity Theft Protection
Home Ownership or Renter Matters
General Needs And More!

ARAG Legal Insurance

What does Legal Insurance Cost? $26.25 per month for Individual or Family Coverage

Questions? To talk with someone at ARAG, call 800-247-4184

For specific details about the JU plan, view a complete list of coverages by visiting **ARAGlegal.com/plans**, Access Code: **19133uni**



Additional Services with UltimateAdvisor®

More Protection, Added Peace of Mind

ARAG® legal insurance protects you when legal issues happen. And sometimes, legal matters are connected to other challenges you may face in life —whether it's personal, financial or caring for family members. That's why we offer the following services, in addition to our valuable coverage, for even greater plan protection.

Services for Parents and Grandparents

As your parents and grandparents age and deal with health issues, it's possible you will play a part in providing care for them. We offer the following services to help you prepare and be there for your loved ones:

Legal Advice

Your parents/grandparents can call a telephone network attorney to discuss elder law issues, such as Medicare eligibility, Social Security, estate planning and consumer protection issues.

Reduced Fee Services

Your parents/grandparents can meet with a network attorney and receive at least 25% off their normal rates for covered legal matters.

Caregiving Services and Resources

Receive personalized guidance from expert Care Coaches, digital educational and support tools – including a library of content to further your parents'/grandparents' care education, medication and provider tracking and resources to assist with planning and managing care.

Miscellaneous Legal Services

Your parents/grandparents receive up to four hours per year to meet with a network attorney.

Document Preparation

Your parents/grandparents can receive help preparing documents like deeds, mortgages, promissory notes, affidavits, lease contracts, demand letters, bills of sale and HIPAA authorization.

Document Review

Your parents/grandparents can ask a network attorney to review their personal legal documents.

Wills & Powers of Attorney

Your parents/grandparents can work with a network attorney to create an estate plan and prepare related documents, such as a will and powers of attorney.

For more information, call **800-247-4184**
Or visit **ARAGlegal.com/plans**, Access Code: **19133uni**

ARAG
Legal Insurance

Identity Theft Protection

Help protect you and your loved ones' identities and personal information – starting with Monitoring Services. Plus, you can access restoration services if you become a victim of fraud or identity theft.

Monitoring Services Include:

Internet Surveillance
Monitors thousands of websites and millions of data points, alerting you if your personal information is bought or sold online.

Single-Bureau Credit Monitoring
Monitors and informs you of changes to your credit file.

Child Identity Monitoring
Tracks your minor child's personal information and Social Security number for activity on the dark web.

Change of Address Monitoring
Alerts you if a change of address request has been submitted to the U.S. Postal Service for your address.

Senior Adult Services
Senior family members (up to four adults) are able to use these Identity Theft Protection benefits. They must be separately enrolled in Monitoring Services to use Full-Service Identity Restoration, Lost Wallet Services and Identity Theft Insurance.

Restoration Services Include:

Full-Service Identity Restoration
Restoration Specialists help clear your name and restore your identity by working on your behalf.

Lost Wallet Services
Restoration Specialists help you cancel and reissue personal and financial documents such as credit cards, driver's license, Social Security cards and more.

Identity Theft Insurance[1]
Coverage up to $1 million for expenses and cash recovery associated with restoring your identity.

Legal Help for Identity Theft

If your identity theft situation comes with legal complications, turn to a local network attorney for legal advice, as well as document drafting and review. Contact ARAG Customer Care to get started.

Additional Identity Theft Resources Include:

- Identity Theft Case Specialists: Talk to an experienced specialist who can provide you with documents to complete and guide you on what steps to take if your identity is stolen.
- Identity Theft Affidavit: An interactive tool available at identitytheft.gov to create a statement and complete a recovery plan.



[1]The Identity Theft Insurance is underwritten and administered by American Bankers Insurance Company of Florida, an Assurant company. Please refer to the actual policies for terms, conditions, and exclusions of coverage. Coverage may not be available in all jurisdictions. Please see the plan summary document for details.



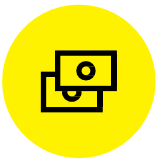
Tax Services

Stress less about taxes with this service that provides year-round access to experienced tax specialists. You can call for a one-on-one consultation if you have questions or need advice regarding personal, non-business related tax matters. Services include:

- Tips for state or federal filing of personal taxes
- Explanation of tax law changes
- Research on complex personal tax matters
- Advice regarding IRS audits and notifications
- Review of previous year's personal tax return
- Discounted personal tax return preparation

Common tax-related issues tax specialists address include:

- Determining how inheritance paid to beneficiaries will be taxed
- Retirement savings accounts and how Social Security benefits are taxed
- Deducting mortgage interest and property taxes after buying a new home



Financial Education and Counseling Services

If you're like most Americans, it can be a challenge to manage your debt while trying to save for the future. With this service, you can call an accredited financial counselor who will consult with you on financial issues, including:

- Cash and debt management
- Student loan debt
- Savings and budgeting
- Asset allocation
- Credit reports
- Insurance
- IRAs and 401(k)s
- Mortgage education
- Investments and risks

Debt Management Plan

Work with an accredited financial counselor to help you put together a plan to manage debt, which may include consolidating bill payments and negotiating lower payments.

Online Financial Tools

- Articles, newsletters and podcasts
- Money management tool
- Calculators
- Worksheets, checklists and charts

Limitations and exclusions apply. Depending upon a state's regulations, ARAG's legal insurance plan may be considered an insurance product or a service product. Insurance products are underwritten by ARAG Insurance Company of Des Moines, Iowa. Service products are provided by ARAG Services, LLC. This material is for illustrative purposes only and is not a contract. For terms, benefits or exclusions, contact us.

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Jacksonville University

Voluntary Benefits – The Standard

Voluntary Plans—Accident, Critical Illness, and Hospital Indemnity

The Standard Voluntary Benefits are designed to pay benefits directly to a member for covered conditions or occurrences. They help provide a layer of financial protection during times of need to help cover out-of-pocket expenses. All plans are Guarantee Issue, have no pre-ex, no health questions are asked when enrolling, and there are no benefit reductions based on age. These coverages are paid 100% by the employee.

GROUP ACCIDENT — 2 Plans Available!

- Pays benefits when member suffers accident on or off the job.
- **Enhanced Plan** pays $2,000/hospital admission, $600/day per hospital confinement admission up to 365 days per occurrence (ICU up to 31 days), $500 ER or Urgent Care benefit per accident within 72 hours, Physical Therapy $350 up to 6 visits, and payments per schedule for dislocations, fractures and lacerations, and MORE!
- **Premier Plan** pays $2,500/hospital admission, $700/day per hospital confinement admission up to 365 days per occurrence (ICU up to 31 days), $600 ER or Urgent Care benefit per accident within 72 hours, Physical Therapy $450 up to 6 visits, and payments per schedule for dislocations, fractures and lacerations, and MORE!
- Both Plans include $50 annual wellness benefit per insured.
- Pays Accidental Death Benefit, and Dismemberment benefits.
- Rates are Monthly:

Enhanced Plan	Employee:	$11.99	Employee/Spouse:	$18.89
	Employee/Child(ren):	$22.47	Family:	$35.38
Premier Plan	Employee:	$15.37	Employee/Spouse:	$24.09
	Employee/Children	$28.95	Family:	$45.50

GROUP CRITICAL ILLNESS

- $10,000, $20,000 or $30,000 Benefit payable to Employee for Select Conditions (Internal Cancer, Heart Attack, Major Organ Transplant, End Stage Renal Failure and Stroke. 25% for Severe Artery Disease recommended for Bypass and Carcinoma in situ. Spouse receives 50% of Employee elected amount when diagnosed with covered condition.
- Additional conditions covered: Coma, Advanced Alzheimers, Advanced MS, Advanced Parkinson's, ALS, Loss of Hearing/
  Sight/Speech, Paralysis, Benign Brain Tumor, Bone Marrow Transplant, as well as 21 Additional conditions for Children.
- Includes a $50 annual wellness benefit per insured.
- Rates are based on tobacco usage.
- You must be diagnosed with specified conditions after the effective date of coverage.
- **Rates are based on age at time of enrollment and change at 10-year age band intervals.**
- **NOTE THERE IS A REDUCTION IN THE RATES FOR 1-1-27.**

HOSPITAL INDEMNITY— 3 Plans Available!

A trip to the hospital can be costly - and many employees aren't prepared for the out of pocket expenses that come with a hospital stay, even with medical coverage. Hospital Indemnity insurance pays cash benefits to employees in the event of a hospitalization, regardless of treatment costs or other insurance coverage. It's an affordable way for employees to keep their finances on track.

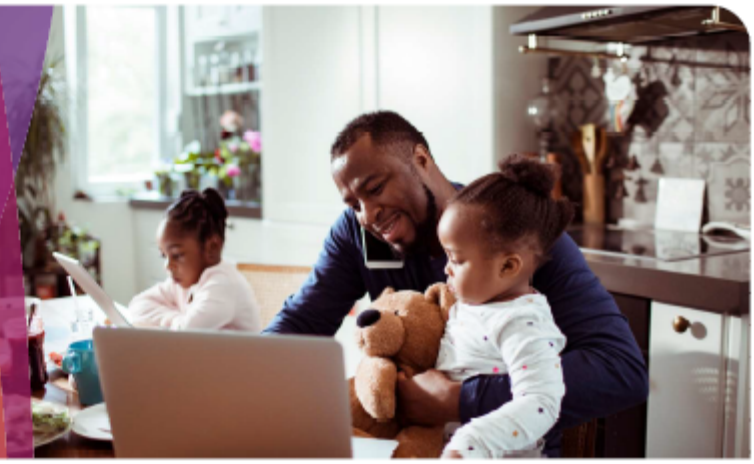
	Hospital Indemnity Plan
Hospital Confinement Benefit	$250/Day
Number of Covered Days per Hospital Confinement	31 Days
Hospital Admission	$1,000/Calendar year
Health Maintenance Screening	$50
Annual Open Enrollment	Included
Pre-existing Limitation	None

Monthly Rates	
	Hospital Indemnity Plan (Annual Maximum Benefit: $8,800)
Employee	$13.21
Employee and Spouse	$22.53
Employee and Child(ren)	$19.06
Employee and Family	$33.65

You will be able to enroll in the Standard Voluntary benefits in the ADP System.
Open Enrollment Elections will be effective January 1, 2027

Make sure you file for your annual wellness visits.

We're here when you need us most



Life can be complicated and juggling work and life responsibilities can be stressful. We've got you! Your employer has partnered with Health Advocate to offer you personalized support to find balance and gain control during life's challenges, **all at no cost to you!**

Emotional Support

Your Employee Assistance Program (EAP) offers confidential counseling support from an EAP Professional to help you work through issues impacting your life and well-being.

Our Counselors can help address:

- Anxiety and depression
- Anger
- Grief and loss
- Job stress, burnout, and work conflicts
- Marital and family issues
- Substance abuse and addiction

Work and Life Balance

You can also access a team of Life & Work Specialists to help find resources to better balance work and life and feel more productive.

Our Life & Work Specialists can help with:

- Time management
- Locating childcare and eldercare resources, and addressing related concerns
- Personal/family/elder law, identity theft
- Financial resources for debt management, budgeting, credit issues
- Plus, we can connect you to financial and legal consultants

Simply call us. We offer compassionate support over the phone and can review other options for counseling. If needed, we'll help you connect with the appropriate professionals for long-term support.

Health Advocate is completely confidential and available to you, your spouse/partner, dependents, parents and parents-in-law at no cost to you. **In a crisis, help is available 24/7.**

877-240-6863

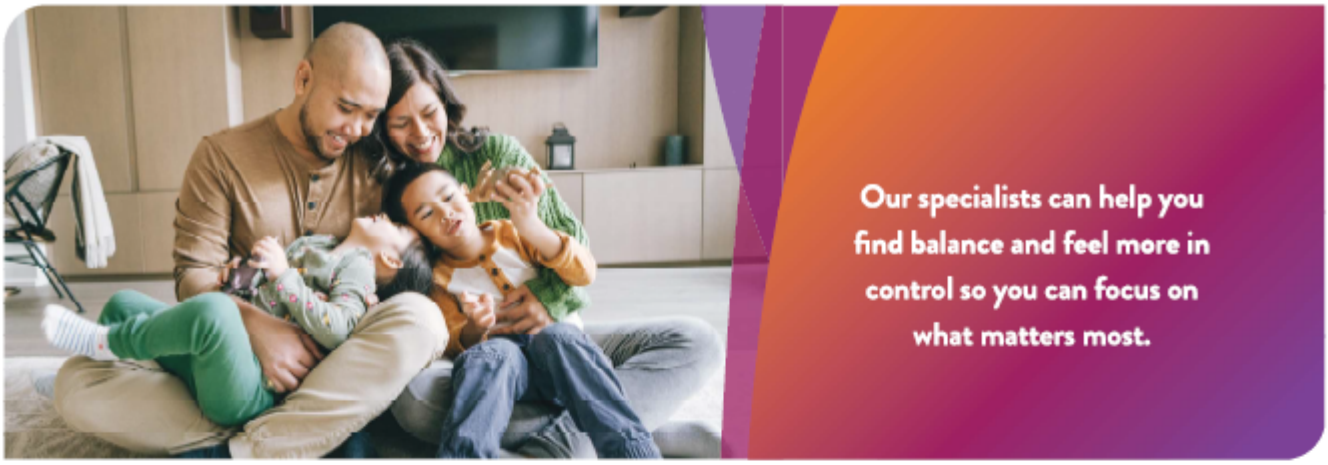
answers@HealthAdvocate.com

www.HealthAdvocate.com/jacksonvilleu

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HealthAdvocate℠



Balancing the needs of family, personal and work responsibilities isn't always easy. Your Health Advocate Employee Assistance Program (EAP) offers the right support at the right time. **Here are some frequently asked questions about our program.**

What is EAP: Life & Work?

This unique program is designed to help you lead a happier more productive life at home and at work by connecting you with a qualified Counselor and Work/Life Specialist who are experts at helping people cope and feel more in control. Additionally, we offer many self-serve resources online and through our mobile app.

How does it work?

Call to connect with an intake Counselor who will help:

1. Define the problem clearly
2. Assess the type of help needed
3. Either provide the necessary help or connect you to the appropriate specialist

Who can use the EAP?

The program is available to you, your spouse/partner, dependents, parents and parents-in-law.

What services are available online?

As a complement to the personalized support offered by our Counselors and Life & Work Specialists, you can access a variety of self-serve resources through our website and mobile app. Here are some of the resources available to you:

- **Explore webinars,** online courses, and articles on a variety of well-being topics
- **Complete checklists** and take self-assessments to learn more about issues that impact you
- **Visit the Personalized Legal Center** and Financial Fitness Center

Is my privacy protected?

Our staff carefully follows protocols and complies with all government privacy standards. Your medical and personal information is kept strictly confidential.

877-240-6863
answers@HealthAdvocate.com
www.HealthAdvocate.com/jacksonvilleu

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HealthAdvocate™

Jacksonville University



CONTACT INFORMATION

If you have specific questions about a benefit plan, please contact the administrator listed below, or your local human resources department.

Benefit	Administrator	Phone	Website/Email
Medical	Florida Blue	800.352.2583	www.floridablue.com
Dental	Florida Combined Life Insurance Company	888.223.4892	www.fclife.com
Vision	Humana	800.448.6262	www.humana.com
Flexible Spending Account	Medcom	800.523.7542	www.medcom.wealthcareportal.com
Health Saving Account	Medcom	800.523.7542	www.medcom.wealthcareportal.com
Life and AD&D	Standard Insurance Company	800.628.8600	www.standard.com
Voluntary Life and AD&D	Standard Insurance Company	800.628.8600	www.standard.com
Short Term Disability	Standard Insurance Company	800.368.2859	www.standard.com
Long Term Disability	Standard Insurance Company	800.368.1135	www.standard.com
Employee Assistance Program	Health Advocate	877.240.6863	www.HealthAdvocate.com/jacksonvilleu
Pet Insurance	PetBenefit Solutions	800.891.2565	www.petbenefits.com/land/ju
Accident	The Standard	800-634-1743	www.standard.com
Critical Illness	The Standard	800-634-1743	www.standard.com
Hospital Indemnity	The Standard	800-634-1743	www.standard.com
Asst VP of People & Culture and Director of Compliance	Fonnie Baarmand	904.256.7025	fbaarma@ju.edu



LEGAL NOTICES

Women's Health & Cancer Rights Act

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 the plan. Therefore, the following deductibles and coinsurance apply:

Plan 1: BlueCare HMO 48 (Individual: 20% coinsurance and $2,000 deductible; Family: 20% coinsurance and $6,000 deductible)

Plan 2: BlueOptions HDHP PPO 03160 / 03161 HSA Compatible (Individual: 20% coinsurance and $2,000 deductible; Family 20% coinsurance and $4,000 deductible)

Plan 3: BlueCare HMO 60 (Individual: 20% coinsurance and $500 deductible; Family: 20% coinsurance and $1,000 deductible)

Plan 4: BlueOptions PPO 03559 (Individual: 0% coinsurance and $500 deductible; Family: 0% coinsurance and $1,500 deductible)

If you would like more information on WHCRA benefits, please call your Plan Administrator at 904.256.7025 or fbaarma@ju.edu.

"Michelle's Law"

Under Federal Law HR 2851, also know n as Michelle's Law , permits the dependent to remain as a covered dependent and not meet the full time student school, college or university attendance requirement w here the physician has certified that the dependent is not medically able to attend an accredited secondary school, college or university until the earliest of the follow ing occur:

A. The other requirements of the dependent definition of the coverage are not met;
B. The dependent has been on a physician certified medically unable to attend school, college, or university leave for one year;
C. The dependent is medically able to attend school, college, or university but is not a full -time student; or
D. The dependent has reached the maximum dependent age limit.

A treating physician must certify that the student is medically unable to attend an accredited secondary school, college or u niv ersity on a full- time basis.

For more details about eligibility requirements for covered dependents, please contact your benefits office at 904.384.1361 x4270.

LEGAL NOTICES

Notice of Creditable Coverage

Important Notice from Jacksonville University
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 Jacksonville University 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 at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.**
2. **Jacksonville University has determined that the prescription drug coverage offered by all medical plans 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 to 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 BCBSFL coverage will not be affected. You may keep your Jacksonville University coverage and BCBSFL will coordinate with Part D prescription coverage, while still providing you with all your current health coverage. If you decide to drop your current Jacksonville University coverage, be aware that your dependents will also be dropping your health coverage. You may elect to rejoin the Jacksonville University Plan during the next Open Enrollment period.

You are not required to join a Medicare drug plan. You can choose to retain your existing coverage through Jacksonville University and not enroll in a Medicare drug plan at this time. There will not be a penalty for joining later provided you are covered under one of the Jacksonville University Medical Plans and that you elect a Medicare drug plan within 63 days of losing coverage.

If you would like more information about the prescription drug plan provisions and options that Medicare eligible individuals may have when they become eligible for Medicare prescription drug coverage, see pages 7-9 of the CMS Disclosure of Creditable Coverage to Medicare Part D Eligible Individuals Guidance located at http://www.cms.hhs.gov/CreditableCoverage.

LEGAL NOTICES

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 Jacksonville University 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 go 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 go 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:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Jacksonville University 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'll get a copy of the handbook in the mail every year from Medicare. 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 creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	**January 01, 2027**
Name of Entity/Sender:	**Jacksonville University**
Contact—Position/Office:	**Fonnie Baarmand - Asst VP of People & Culture and Director of Compliance**
Office Address:	**2800 University Blvd N** **Jacksonville, Florida 32211-3321** **United States**
Phone Number:	**904.256.7025**

LEGAL NOTICES

COBRA General Notice

Model General Notice of COBRA Continuation Coverage Rights
(For use by single-employer group health plans)

**** Continuation Coverage Rights Under COBRA****

Introduction

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it**. When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

LEGAL NOTICES

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: Fonnie Baarmand.

How is COBRA continuation coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

LEGAL NOTICES

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, Children's Health Insurance Program (CHIP), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at **www.healthcare.gov/**.

Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period[1] to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit https://www.medicare.gov/medicare-and-you.

If you have questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit **www.healthcare.gov**.

[1] https://www.medicare.gov/basics/get-started-with-medicare/sign-up/when-does-medicare-coverage-start

LEGAL NOTICES

Keep your Plan informed of address changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan contact information

Jacksonville University
Fonnie Baarmand - Asst VP of People & Culture and Director of Compliance
2800 University Blvd N
Jacksonville, Florida 32211-3321
United States
904.256.7025

HIPAA Notice of Privacy Practices Reminder

Protecting Your Health Information Privacy Rights

Jacksonville University is committed to the privacy of your health information. The administrators of the Jacksonville University Health Plan (the "Plan") use strict privacy standards to protect your health information from unauthorized use or disclosure.

The Plan's policies protecting your privacy rights and your rights under the law are described in the Plan's Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting Fonnie Baarmand - Asst VP of People & Culture and Director of Compliance at 904.256.7025 or fbaarma@ju.edu.

Newborns' and Mothers' 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 issuers may not, under Federal law, require that a provider obtain authorization from the plan or insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

LEGAL NOTICES

HIPAA Special Enrollment Rights

Jacksonville University Health Plan Notice of Your HIPAA Special Enrollment Rights

Our records show that you are eligible to participate in the Jacksonville University Health Plan (to actually participate, you must complete an enrollment form and pay part of the premium through payroll deduction).

A federal law called HIPAA requires that we notify you about an important provision in the plan - your right to enroll in the plan under its "special enrollment provision" if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program). If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, 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).

Loss of Coverage for Medicaid or a State Children's Health Insurance Program. If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

New Dependent by Marriage, Birth, Adoption, or Placement for Adoption. 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 new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Eligibility for Premium Assistance Under Medicaid or a State Children's Health Insurance Program – If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact Fonnie Baarmand - Asst VP of People & Culture and Director of Compliance at 904.256.7025 or fbaarma@ju.edu.

Important Warning

If you decline enrollment for yourself or for an eligible dependent, you must complete our form to decline coverage. On the form, you are required to state that coverage under another group health plan or other health insurance coverage (including Medicaid or a state children's health insurance program) is the reason for declining enrollment, and you are asked to identify that coverage. If you do not complete the form, you and your dependents will not be entitled to special enrollment rights upon a loss of other coverage as described above, but you will still have special enrollment rights when you have a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, as described above. If you do not gain special enrollment rights upon a loss of other coverage, you cannot enroll yourself or your dependents in the plan at any time other than the plan's annual open enrollment period, unless special enrollment rights apply because of a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan.

LEGAL NOTICES

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, 2026. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	**CALIFORNIA – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	**FLORIDA – Medicaid**
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268

LEGAL NOTICES

GEORGIA – Medicaid	ILLINOIS - Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	Illinois Medicaid Premium Assistance Information Medicaid application website: https://abe.illinois.gov HIPP Hotline Number: 217-524-8268 HIPP Email: hfs.boc.hipp@illinois.gov
INDIANA – Medicaid	**IOWA – Medicaid and CHIP (Hawki)**
Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584	Medicaid Website: Iowa Medicaid | Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa | Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) | Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562
KANSAS – Medicaid	**KENTUCKY – Medicaid**
Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660	Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms
LOUISIANA – Medicaid	**MAINE – Medicaid**
Louisiana Medicaid Website: https://www.ldh.la.gov/healthy-louisiana Medicaid Customer Service Line: 1-888-342-6207 Louisiana Medicaid email: healthy@la.gov Louisiana Health Insurance Premium Program (LaHIPP) Website: https://www.ldh.la.gov/lahipp LaHIPP phone: 1-877-697-6703 LaHIPP email: La.HIPP@la.gov LaHIPP fax: 1-888-716-9787 LaHIPP mailing address: 100 Crescent Centre Parkway, Suite 1000 Tucker, GA 30084	Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711
MASSACHUSETTS – Medicaid and CHIP	**MINNESOTA – Medicaid**
Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com	Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672
MISSOURI – Medicaid	**MONTANA – Medicaid**
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov

LEGAL NOTICES

NEBRASKA – Medicaid	NEVADA – Medicaid
Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178	Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900
NEW HAMPSHIRE – Medicaid	**NEW JERSEY – Medicaid and CHIP**
Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov	Medicaid Website: https://www.nj.gov/humanservices/dmahs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)
NEW YORK – Medicaid	**NORTH CAROLINA – Medicaid**
Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100
NORTH DAKOTA – Medicaid	**OKLAHOMA – Medicaid and CHIP**
Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
OREGON – Medicaid	**PENNSYLVANIA – Medicaid and CHIP**
Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075	Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)
RHODE ISLAND – Medicaid and CHIP	**SOUTH CAROLINA – Medicaid**
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)	Website: https://www.scdhhs.gov Phone: 1-888-549-0820
SOUTH DAKOTA - Medicaid	**TEXAS – Medicaid**
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services Phone: 1-800-440-0493
UTAH – Medicaid and CHIP	**VERMONT– Medicaid**
Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/	Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access Phone: 1-800-250-8427

LEGAL NOTICES

VIRGINIA – Medicaid and CHIP	WASHINGTON – Medicaid
Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
WEST VIRGINIA – Medicaid and CHIP	**WISCONSIN – Medicaid and CHIP**
Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
WYOMING – Medicaid	
Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269	

To see if any other states have added a premium assistance program since July 31, 2026, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/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

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 5/31/2029)

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This benefit summary prepared by

Gallagher

Insurance | Risk Management | Consulting