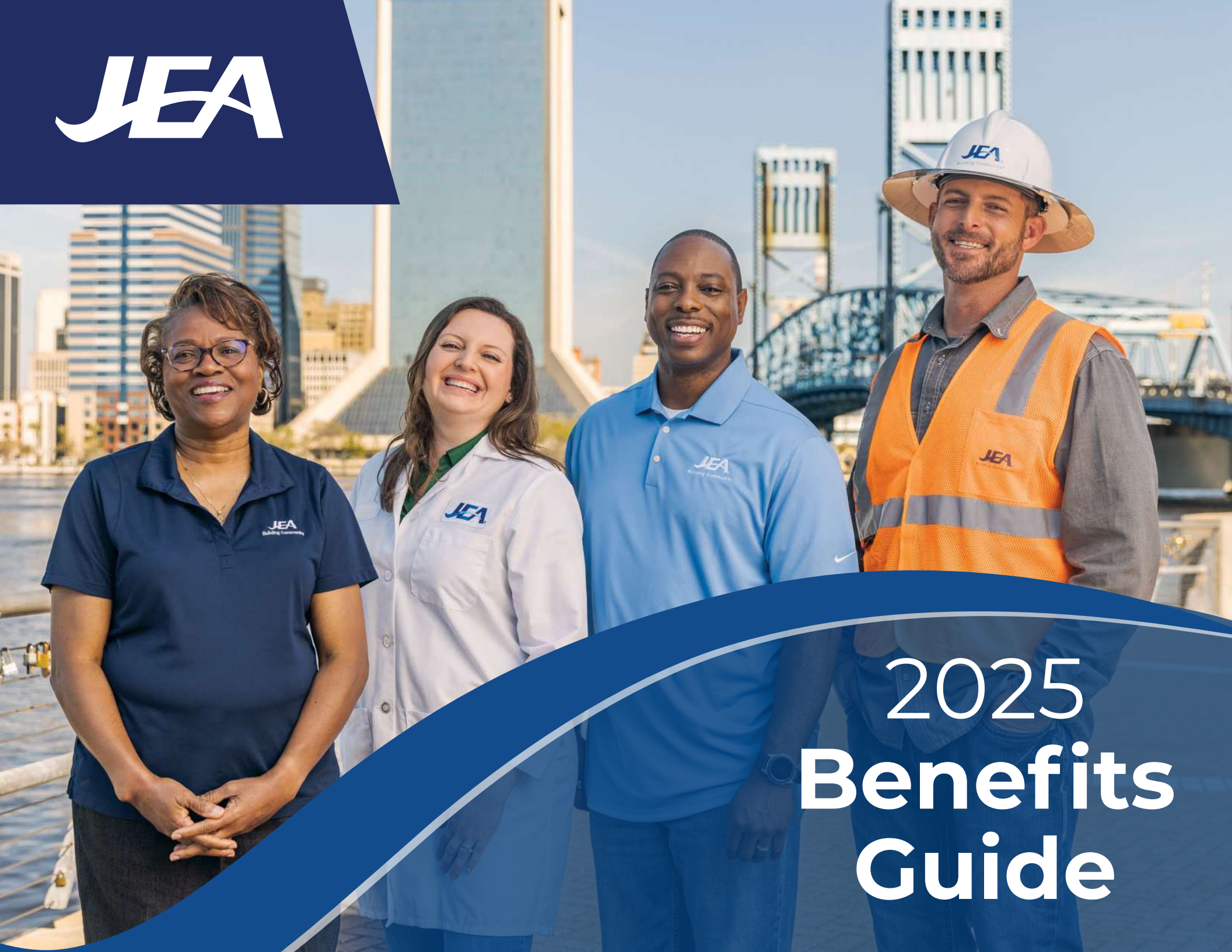

2025 Benefits Guide

This document is an outline of the coverage provided under your employer's benefit plans. It does not include all the terms, coverages, 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 JEA Benefit Services.

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Welcome

Dear Employee,

JEA understands your benefits are important to you and your family. Helping you understand the benefits available to you is essential. This Benefits Guide provides a description of our company's benefit program. Included in this guide are summary explanations of the benefits, as well as contact information for each provider.

This guide is not an employee/employer contract. It is not intended to cover all provisions of all plans, but rather it is a quick reference to help answer most of your common questions. Please refer to the carrier benefit summaries and certificates in the Employee Benefits site and read the plan documents for more details.

TOP THINGS TO KNOW ABOUT THIS GUIDE AND YOUR BENEFITS

- Benefit summaries are available on-line on the GRID
- Please review the medical, dental, and vision plan comparison charts located on pages 10, 19, and 20, respectively.
- Contact information for each vendor is available on the respective benefit page and the back cover.

We encourage you to review each section and discuss your benefits with your family members. Be sure to pay close attention to applicable copayments, deductibles, coinsurance, out-of-pocket maximums and bi-weekly premiums. This guide will give you an overview of your benefits and help prepare you for the enrollment process.

NEW for 2025!

We are thrilled to announce the launch of our new employee enrollment portal, Explain My Benefits (EMB). This user-friendly platform will provide you with a comprehensive overview of all available benefits, allowing you to make informed decisions about your coverage.

For 2025, we are pleased to announce there are not any plan changes for our plans. Medical and Vision rates will remain the same for 2025 with only a slight increase in the Dental rates.

Eligibility and Enrollment

EMPLOYEE ELIGIBILITY

Benefit eligible employees are provided an opportunity to participate in the JEA sponsored benefits program. You are eligible for benefits on your first day. All benefits discontinue on your last day of employment or termination date with JEA.

QUALIFYING LIFE EVENT

Elections made during your initial election period or at Open Enrollment may not be changed until the next annual Open Enrollment period, unless you experience a "Qualifying Life Event." A Qualifying Life Event allows you to make a change to your benefit elections within 30 days of the event. Once you are enrolled in a respective plan, you may only change your coverage tier with a qualifying event.

Coverage will be effective the date of the Qualifying Life Event. If documentation is received that causes a rate change and a premium was not correctly deducted, you will see a retro deduction/refund on your future check.

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

- Marriage
- Divorce or legal separation
- Birth, adoption, or legal custody of a dependent child
- Changes to your dependent's eligibility for benefits under another group health plan resulting in gain/loss of coverage
- Death

Documentation will be required, such as a marriage certificate, divorce decree, birth certificate, proof of loss/gain coverage, etc.

If you experience a Qualifying Life Event, contact Benefit Services at 1.904.665.5300 and submit all required documents within 30 days of the event.

Note: Health Savings Account (HSA) contributions can be changed at any time.

SALARY CHANGE

Mid-year salary changes will effect the level of coverage and rates for your life, AD&D, and disability coverages to reflect your new benefit amount.

YOUR RESPONSIBILITY

Before you enroll, make sure you understand the plans and ask questions. Always print out (from Oracle) your JEA Benefit Elections.

Confirmation Statement with your enrollment choices and beneficiaries to keep for your records. After you enroll, you should check your first paycheck to make sure the correct amount is being deducted and that all the benefits you elected are included.

Eligibility and Enrollment

ELIGIBLE DEPENDENTS INCLUDE:

Your Spouse	The person to whom you are legally married.
Your Child/Foster Child/ Legal Guardianship	Your covered biological child, legally adopted child, child placed in the home for the purpose of adoption, foster child, or child for which you have legal guardianship in accordance with applicable state and federal laws through the end of the calendar year in which he/she turns age 26*. The child that has been placed in your home by the Department of Children and Families Foster Care Program or the foster care program of a licensed private agency through the end of the calendar year in which he/she turns 26*. Foster children may be eligible to their age of maturity. The child (your ward) for whom you have legal guardianship in accordance with an Order of Guardianship pursuant to applicable state and federal law through the end of the calendar year in which he/she turns 26*. Your ward may be eligible until his or her age of maturity.
Your Child with a disability (disabled prior to age 26)	Your covered child who is permanently mentally or physically disabled. This child may continue health insurance coverage after reaching age 26* if you provide adequate documentation validating disability. The child must be unmarried, dependent on you for care and for financial support.
Your stepchild	The child of your spouse for as long as you remain legally married to the child's parent through the end of the calendar year in which he/she turns 26*.
Your grandchild	A newborn dependent of your covered child. Coverage may remain in effect up to 18 months of age as long as the newborn's parent remains covered.
*Your over-age dependent	After the end of the calendar year in which he/she turns 26 through the end of the calendar year in which he/she turns 30. Your dependent may continue to have Medical coverage only if: they are unmarried, have no dependents of their own, are a resident of Florida or a full- or part-time student, and have no other health insurance.

Explain My Benefits

BENEFIT ENHANCEMENTS FOR JEA EMPLOYEES

Effective communication about your benefits is crucial for managing and maximizing your resources. As a result, we are excited to introduce our new mobile app designed to make your benefits experience easier and more accessible.

With the new app, you can:

- Receive timely notifications about important benefit updates
- Connect directly with insurance providers
- Access the Benefits Guide and educational videos

Download the App at this website:
embbenefits.com/jea

Or scan the QR Code:

Company code: JEA

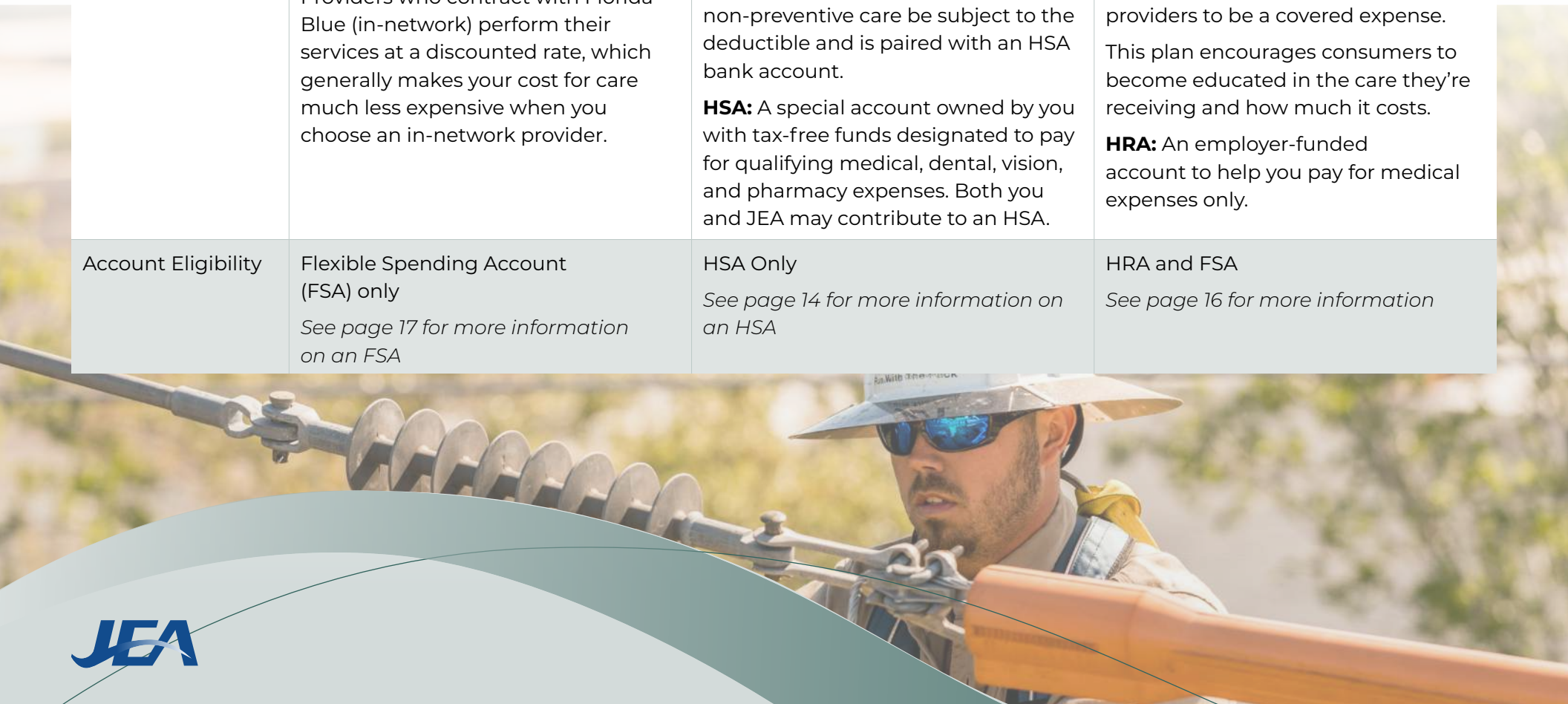
You can also visit jeabenefits.com to review the Benefits Guide, important documents, videos, and plan details. As part of the JEA team, your value to us is immeasurable, and we hope these new tools will help you make the most of understanding and accessing your benefits.

These resources are also available to your qualifying dependents.

Medical Benefits

FLORIDA BLUE
Group: 51541
www.floridablue.com
1.800.664.5295

	Preferred Provider Organization (PPO)	High Deductible Health Plan with Health Savings Account (HDHP with HSA)	Health Maintenance Organization with Health Reimbursement Account (HMO with HRA) (Florida Residents Only)
What it is	**PPO:** A plan you may choose to receive care from any provider of your choosing. Providers who contract with Florida Blue (in-network) perform their services at a discounted rate, which generally makes your cost for care much less expensive when you choose an in-network provider.	**HDHP:** A health plan that meets certain federal government qualifications (deductible and out-of-pocket maximum) requires all non-preventive care be subject to the deductible and is paired with an HSA bank account. **HSA:** A special account owned by you with tax-free funds designated to pay for qualifying medical, dental, vision, and pharmacy expenses. Both you and JEA may contribute to an HSA.	**HMO:** This plan has fewer copays than the PPO plan with more services subject to the deductible. You are limited to receive care from network providers to be a covered expense. This plan encourages consumers to become educated in the care they're receiving and how much it costs. **HRA:** An employer-funded account to help you pay for medical expenses only.
Account Eligibility	Flexible Spending Account (FSA) only *See page 17 for more information on an FSA*	HSA Only *See page 14 for more information on an HSA*	HRA and FSA *See page 16 for more information*



	PPO	HDHP with HSA	HMO with HRA (Florida Residents Only)
Is preventive care covered?	**Yes** In-network preventive care is covered at 100%.		
Can I go to any doctor?	**Yes** However, you will receive better benefits and pay less for care if you use in-network providers.		**No** In-network providers must be used except for emergency care.
Do I need a referral to see a specialist?	**No** Your insurance plan does not require a referral, but some specialists may require a referral from your doctor.		
Is there a limit on how much I pay in a year?	**Yes** The out-of-pocket maximum is the most you'll pay in a year for in-network care.		
Does the company help fund a healthcare account?	**No** You have access to a Flexible Spending Account funded by your pre-tax contributions.	**Yes** A Health Savings Account is included with this plan funded through contributions made by you and JEA.	**Yes** Health Reimbursement Arrangement account is included with this plan funded through contributions from JEA.

WHAT IF I HAVE MORE THAN ONE MEDICAL PLAN?

If you are covered under JEA's medical plan and also have medical insurance somewhere else (such as through a spouse, TRICARE, etc.), your medical benefits will be subject to Coordination of Benefits (COB).

Coordination of Benefits is a practice used to ensure that insurance claims are not paid multiple times when someone is insured under multiple insurance plans. When your JEA plan is primary, the other plan is secondary and will pay next. When your JEA plan is secondary it pays benefits after the primary plan has paid benefits. The rules for determining which plan is primary and which plan is secondary vary based on the circumstances.

If you have more than one medical plan, let Florida Blue know when you enroll and they will work with your other insurance company on your behalf.

Florida Blue

FLORIDA BLUE
Group: 51541
www.floridablue.com
1.800.664.5295

Medical Benefits

PLAN DETAILS

	Preferred Provider Organization Plan #: 03768	High Deductible Health Plan with Health Savings Account Single Plan #: 03160 Family Plan #: 03161	Health Maintenance Organization with Health Reimbursement Account Plan #: 47 (Florida Residents Only)
In-Network Coverage	**BlueOptions Network**	**BlueOptions Network**	**BlueCare Network**
Calendar Year Deductible (CYD) Deductible	$1,350 per person $2,700 family	$1,850 single coverage $3,700 family coverage	$1,600 per person $3,200 family
Coinsurance (your share)	20% after the deductible	20% after the deductible	20% after the deductible
Out-of-Pocket Maximum	$5,000 per person $10,000 family	$5,000 single coverage $7,000 family coverage	$5,000 per person $10,000 family
Preventive Care	**Covered 100% In-Network**	**Covered 100% In-Network**	**Covered 100% In-Network**
Primary Doctor Visit	$30	Deductible then 20%	$30
Specialist Doctor Visit	$60	Deductible then 20%	$60
Maternity Care	Initial Visit: $60	Deductible then 20%	Initial Visit: $60
Mental Health Counseling	$60	Deductible then 20%	$60
Independent Labs	$25	Deductible then 20%	$25
X-Rays	$50	Deductible then 20%	Deductible then 20%
Imaging: MRI / CT / PET	$300	Deductible then 20%	Deductible then 20%
Urgent Care Center	$55	Deductible then 20%	Deductible then 20%
Emergency Room	Deductible then 20%	Deductible then 20%	Deductible then 20%
Inpatient Hospitalization	Deductible then 20%	(Opt 1) Deductible then 20% (Opt 2) Deductible then 25%	Deductible then 20%
Outpatient Hospital	Deductible then 20%	(Opt 1) Deductible then 20% (Opt 2) Deductible then 25%	Deductible then 20%

	Preferred Provider Organization Plan #: 03768	High Deductible Health Plan with Health Savings Account Single Plan #: 03160 Family Plan #: 03161	Health Maintenance Organization with Health Reimbursement Account Plan #: 47 (Florida Residents Only)
Out-of-Network Coverage (plus balance billing)			
Deductible	$2,000/$4,000	$2,500/$5,000	Not Covered
Urgent Care Center	Deductible then $50	Deductible then 20%	Not Covered
Emergency Room	Deductible then 20%	Deductible then 20%	In-Network Deductible then 20%
Coinsurance (your share)	40% after deductible	40% after deductible	Not Covered
Out-of-Pocket Maximum	$10,000/$20,000	$10,000/$10,000	Not Covered

The out-of-network deductible and out-of-pocket maximum follows the same structure as in-network (i.e. per person/family maximum)

PHARMACY COVERAGE

Retail Prescriptions (up to 30 days)			
Tier 1 (generic)	$5	Deductible then $5	$5
Tier 2 (preferred brand)	25% to $40	Deductible then 25% to $40	25% to $40
Tier 3 (non-preferred brand)	30% to $70	Deductible then 30% to $70	30% to $70
Tier 4 (specialty)	20% to $250	Deductible then 20% to $250	20% to $250
Mail Order Prescriptions (90 days)			
Tier 1 (generic)	$10	Deductible then $10	$10
Tier 2 (preferred brand)	25% to $80	25% to $80	25% to $80
Tier 3 (non-preferred brand)	30% to $140	Deductible then 30% to $140	30% to $140

Specialty medications are generally used to treat rare or complicated conditions (autoimmune disorders, cancer, etc.)

Note: Diabetic Supplies (e.g., glucose monitors and batteries, test strips, alcohol wipes, insulin syringes, needles and lancets) are covered at 100% under the HMO with HRA and PPO plans; and are covered at 100% after DED under the HDHP with HSA plan.

Mail Order Pharmacy:
Home delivery pharmacy is serviced by Amazon Pharmacy: pharmacy.amazon.com/myw

To get started with Amazon Pharmacy home delivery services, log in to your Florida Blue member account and see the Pharmacy section under My Plan.

Teladoc

SEE A DOCTOR ANYTIME (MEDICAL, DERMATOLOGY AND MENTAL HEALTH)

You and your covered family members have access to Teladoc which allows you to contact a licensed doctor from anywhere at anytime.

Using a computer or your cellphone, reach a doctor for assistance with things like a cold, minor injuries, sinus infections, upset stomach, and fevers. Teladoc providers can write prescriptions when appropriate, and you don't have to travel to a doctor's office and wait!

Register online at www.teladoc.com.

When you register, you will need to answer some medical questions just like you would for a doctor you see in person. After you've registered, you may contact a doctor when you need them using the contact methods available.

PPO and HMO: $0 copay

HDHP: Meet your Calendar Year Deductible (CYD) first then $0 copay

1.800.835.2362

TIPS AND RESOURCES

Florida Blue

FLORIDA BLUE RESOURCES

Nurseline (24/7)
1.877.789.2583
Available 24/7, Nurseline can provide assistance for unexpected and ongoing healthcare questions, including when it's time to seek care from a doctor.

Care Consultant
1.888.476.2227
A dedicated team featuring nurse care advocates, benefit specialists, and community resource experts who are all available to help you make more informed health care decisions.

Condition Management
1.800.955.5692
Assistance with rare or chronic conditions, cancer, transplants, high-risk pregnancy, prenatal care, and more.

Integrated Care Management
1.800.955.5692
Case management for complex cases including transition of care, pediatric conditions, NICU, and Hospice.

JEA

Medical Benefits

TIPS FOR BEING A WISE HEALTHCARE CONSUMER

Understand your medical coverage. Read this guide and ask questions if there is something you don't understand.

- Establish a relationship with a doctor. Do not wait until you're sick to try to find a primary care doctor. Become an established patient by scheduling an initial exam. The doctor will then have your health history, which is an important tool in good medical care.

  Additionally, established patients generally have priority in scheduling appointments.
- Use network providers. The doctors and hospitals who are part of the BlueOptions network have agreed to negotiated prices for the services they provide, so you'll generally pay less from your own pocket.
- Save the emergency room for emergencies. A hospital emergency room is no place to get care for a common illness. Going to the emergency room for non-emergencies can be very expensive and time-consuming.
- Consider an Urgent Care Center, Teladoc, or Convenience Clinic (usually inside drugstores) instead.

Shop around. When you need something like an MRI or surgery, contact a Florida Blue Care Consultant (1.888.476.2227) or use the comparison features on www.floridablue.com to compare your options.

CLAIMS

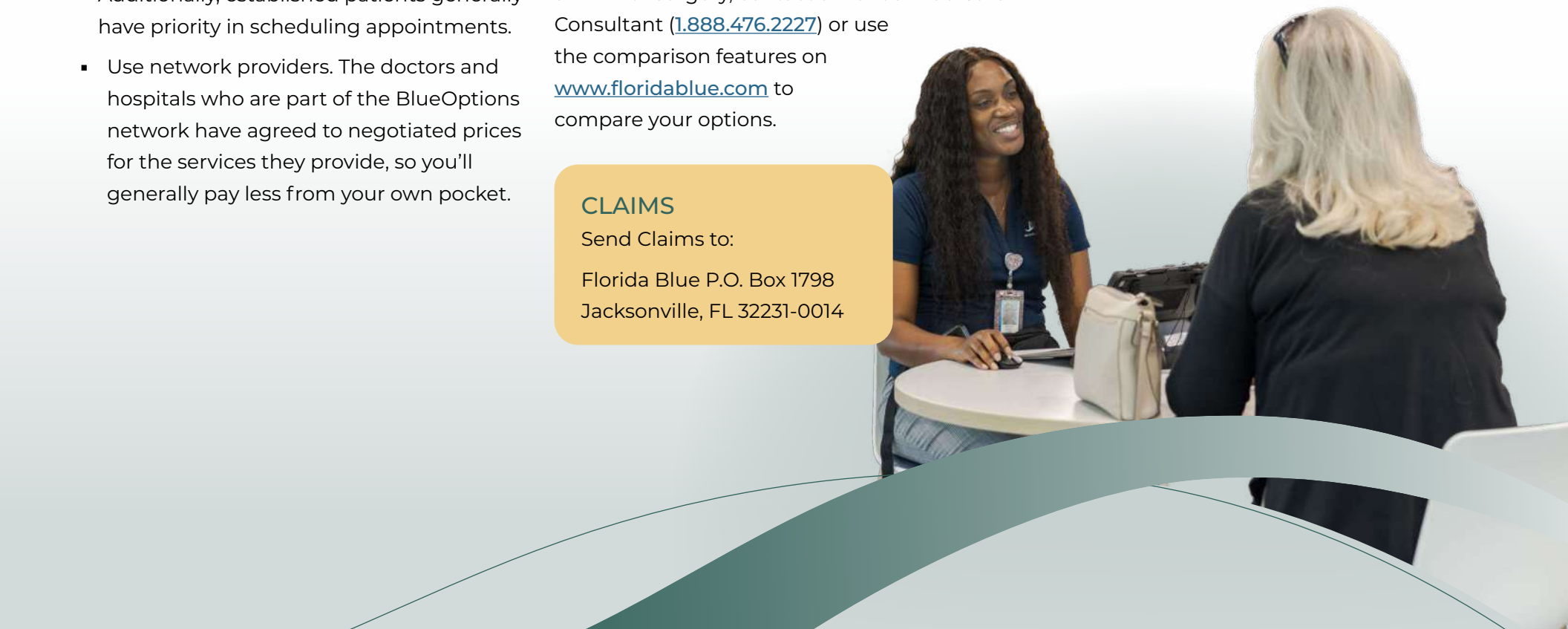
Send Claims to:

Florida Blue P.O. Box 1798
Jacksonville, FL 32231-0014

Florida Blue

FLORIDA BLUE

Group: 51541
www.floridablue.com
1.800.664.5295



Health Accounts

HSA: SAVINGS WHEN YOU NEED CARE

Your HSAs are administered by HSA Bank. An HSA is a great way to handle medical, prescription, dental, and vision expenses not covered by your insurance. JEA provides a contribution, and you may make regular tax-free contributions to your account through payroll.

And that's not all:

- You own the account, even if you change plans or jobs
- Your funds roll over from year to year and any growth is tax-free
- Any withdrawal for qualified medical expenses is tax-free

Under the High Deductible Health Plan (HDHP) with HSA, JEA will contribute $1,200 for employees enrolling in single coverage, and $2,400 for employees enrolling in family coverage. **Prorated JEA contribution for accounts effective after Jan 1, 2025.**

HSA ELIGIBILITY:

You must be enrolled in the HDHP with HSA to have the HSA. You cannot contribute to an HSA if you have other medical coverage (like Medicare or TRICARE) or if you are a dependent on someone else's tax return. In this scenario, you may still enroll in the medical plan. JEA will make the contribution on your behalf to a health care FSA instead.

The first time you elect an HSA with JEA you will need to set up an account on-line with HSA Bank (the plan administrator). Please set up your account after your HSA debit card is received.

HSA elections can be changed throughout the year with a change form submitted to benefits.

	If You Choose Individual Coverage	If You Choose Family Coverage
JEA contributes	$1,200	$2,400
You may contribute up to:	$3,100	$6,150
For a total maximum of:	$4,300	$8,550

AGE 55 OR OLDER?
The IRS permits an extra $1,000 per year in catch-up contributions.

Health Accounts

HRA: MEDICAL CARE ACCOUNT FUNDED BY JEA

The HRA – a Health Reimbursement Arrangement – is an account established by JEA for your use when you enroll in the HMO with HRA plan. The HRA is administered by HSA Bank. Funds in the account can be used to pay for qualified medical expenses incurred by you and your covered family members. Any remaining funds at the end of the year are carried over to the next year up to the annual deductible limit.

Unlike an HSA, you are not able to make your own contributions to an HRA. However, you are able to contribute to a Health Care Flexible Spending Account (FSA) to pay for qualifying expenses with pre-tax dollars. Any remaining balance in the FSA is forfeited at the end of the year. HSA Bank administers the HRA accounts.

	If You Choose Individual Coverage	If You Choose Family Coverage
JEA contributes	$600	$1,200

HEALTH SAVINGS ACCOUNT (HSA) AND HEALTH REIMBURSEMENT ARRANGEMENT (HRA)

COMPARING YOUR OPTIONS

Remember that you aren't just choosing an HRA or an HSA, you're also choosing a health plan. You'll need to consider a variety of factors: your general health, whether you expect to receive any expensive treatment or have surgery this year, medications, who you cover, etc. to make the best decision for you.

ELIGIBILITY

Must be enrolled in the HDHP through JEA and meet eligibility qualifications for an HSA. Must be enrolled in the HMO through JEA for HRA.

The choice is yours based on your individual needs. If you're considering the HDHP with HSA for the first time and have questions about how it may impact your taxes, we encourage you to contact a qualified tax professional to determine what it means for you.

	Health Savings Account (HSA)	Health Reimbursement Account (HRA)
JEA Contribution*	Single coverage: $1,200 Family coverage: $2,400	Single coverage: $600 Family coverage: $1,200
Your ability to contribute	You may contribute on a tax-free basis either through payroll deductions or on your own, up to maximums listed on page 14 (depending on coverage level).	You are not permitted to contribute to an HRA per IRS regulations.
Eligible Dependents	In most cases, HSA funds may be used for qualified dependents regardless of their medical plan enrollment.	Dependents must be enrolled in the HMO HRA plan through JEA to be eligible for HRA funds.
Rollover	100% of unused funds roll over each year. No exceptions.	Any funds at the end of the year are carried over to the next year up to the annual deductible
Portability (Ability to take unused funds with you)	A health savings account belongs to you. You may take the account with you if you leave JEA. The money in the account is always yours.	If you terminate employment with JEA or change your medical plan, the HRA amount will be forfeited.
Eligible expenses	Medical, pharmacy, dental, and vision expenses that fall under the IRS Publication 502 eligibility guidelines.	Qualified Medical and Pharmacy expenses only.
How to pay for expenses	You will receive a Visa debit card that will allow you to pay for expenses.	You will receive a Mastercard debit card that will allow you to pay for expenses.
Compatibility with an FSA	**Health Care FSA:** Not eligible **Dependent Care FSA:** may participate; no impact to eligibility	**Health Care FSA:** Eligible to make contributions **Dependent Care FSA:** may participate; no impact to eligibility

**Prorated JEA contribution for accounts effective after Jan 1, 2025*

Flexible Spending Account

HEALTH AND DEPENDENT CARE

FLEXIBLE SPENDING ACCOUNTS CAN SAVE YOU MONEY

Pay for qualifying health care and dependent care expenses with tax-free money using a Flexible Spending Account (FSA).

FSAs will be administered by HSA Bank. You may generally enroll in one or both accounts depending on your needs. You will receive a debit card from HSA Bank to pay for your eligible expenses. Estimate carefully — any leftover funds at the end of the year are forfeited per IRS regulations. Expenses must be incurred between January 1, 2025 and December 31, 2025.

KEEP YOUR RECEIPTS!

HSA Bank (according to IRS regulations) requires substantiation for some debit card transactions to confirm eligible expenses.

HSA BANK
www.hsabank.com
English: 1.800.357.6246
Spanish: 1.800.357.6232

HEALTH CARE FSA	
Pay for qualifying medical, pharmacy, dental, and vision expenses using pre-tax funds with a Health Care FSA.	
Contribution Maximum	$3,300
Time period for claims	January through December
Time period to submit claims	Through March 31, 2026

Good to know:

- If you are enrolled in the HDHP with HSA, you are not eligible for a Health Care FSA.
- Annual election of enrollment is required to remain in this account year to year. This election cannot be rolled over due to IRS regulations of the plan.

DEPENDENT CARE FSA		
Pay for qualifying dependent care on behalf of an eligible individual with pre-tax funds. Eligible individuals are typically defined as a dependent child under the age of 13 or a tax dependent or spouse who is physically or mentally incapable of self-care.		
Contribution Maximum	$5,000	$2,500 if married filing separately
Time period for claims	January through December	

Good to know:

- Eligible expenses must be necessary for you and/or your spouse to work, attend school, or look for work.
- Only the amount you contributed year to date is available at any one time.
- Annual election of enrollment is required to remain in this account year to year. This election cannot be rolled over due to IRS regulations of the plan.

Dental Benefits

MAJOR DIFFERENCES BETWEEN THE DHMO AND PPO OPTIONS:

Plan Feature Overview	DHMO *(Florida Residents Only)*	PPO
Insurance Company	MetLife	MetLife
Provider choice	In-Network only, you must designate a primary dentist from a list of providers.	Choose any dentist, though we encourage you to choose an in-network dentist to help save on costs.
Seeing a specialist (oral surgeon, periodontist, etc.)	A referral is required from MetLife for oral surgery, periodontics, and endodontists.	No insurance referral is required, though the specialist may require one from your dentist.
Seeing an out-of-network dentist	Out-of-network care is not covered.	You pay your deductible, any applicable coinsurance, and any applicable balance billing.
Paying for care	Pay a set copay for each service you receive designated by a specific coverage code.	Pay a percentage of the negotiated amount after you meet your deductible.
Insurance cards	Should be received in 7-14 business days.	Not needed. Your SSN is your member ID.

MetLife

METLIFE (DHMO)
Group: 236091
Network: MET245 FL
www.metlife.com/mybenefits
1.800.942.0854

METLIFE (PPO)
Group: 236091
Network: PDP Plus
www.metlife.com/mybenefits
1.800.GET.MET8
1.800.438.6388

JEA

CHOOSE FROM THREE DENTAL PLANS THAT BALANCE COST AND CARE FOR YOU AND YOUR FAMILY.

	DHMO *(Florida Residents Only)*	Low PPO	High PPO
Benefits and Coverage	**In-network only**	**In- and out-of-network***	**In- and out-of-network***
Annual Deductible	Not applicable	$50 / $150	$50 / $150
Annual Maximum Benefit	Unlimited	$750 per person	$5,000 per person
Preventive Care Routine office visit (0150) Full mouth/panoramic x-ray (0330)	**$0 copay** $0 copay $0 copay	100% covered (plus balance billing if you go out-of-network)*	100% covered (plus balance billing if you go out-of-network)*
Basic Care Fillings (2140) Extractions (7140)	Fee schedule applies $0 $5	Deductible then 40% (plus balance billing if you go out-of-network)*	Deductible then 20% (plus balance billing if you go out-of-network)*
Major Care Full or partial dentures (5110) Crowns (2750)	Fee schedule applies $325 $245	Deductible then 60% (plus balance billing if you go out-of-network)*	Deductible then 50% (plus balance billing if you go out-of-network)*
Child and Adult Orthodontia Child Orthodontia (to age 19) Adult Orthodontia	Benefit schedule applies $1,850 copay $1,850 copay	Not Covered	Child: You pay 50%; $1,000 lifetime max benefit Adult: Not Covered

**Remember, balance billing is when you are charged the difference between what your out-of-network dentist charges and what insurance pays. You are responsible for balance billing charges.*

Vision Insurance

FOCUS ON YOUR VISION

Keep your eyes healthy and your vision sharp with comprehensive vision coverage offered through EyeMed. Eye360 is an addition to both Vision Plans. Utilize a Eye360 PLUS Provider to receive a $0 exam copay and an additional $50 frame allowance. The diabetic plan covers office visits and diagnostic testing once every 6 months.

EYEMED
Group: 1012485
Network: Insight
www.eyemed.com
1.866.939.3633

Plan Feature Overview	Basic	Premium
	Member Cost	**Member Cost**
Exam		
Exam	$10	$10
Retinal imaging	up to $39	up to $39
Contact lens fit and follow up exam		
Fit and follow-up Standard	Up to $40	Up to $40
Fit and follow-up Premium	10% off retail price	10% off retail price
Frame	$0 copay, 80% balance over $120 allowance	$0 copay, 80% balance over $150 allowance
Lenses		
Single Vision	$20	$10
Bifocal	$20	$10
Trifocal	$20	$10
Lenticular	$20	$10
Progressive Std - Tier III	$85 - $130	$10 - $55

Elective contact lenses are available in lieu of glasses (lenses and/or frames). You are not eligible for glasses for 12 months after you receive elective contacts, and vice-versa.

Plan Feature Overview	Basic	Premium
Lens Options		
Anti-reflective coating Std - Tier II	$45 - $68	$45 - $68
Photochromic	$75	$75
Polycarbonate	$40	$40
Scratch coating	$15	$0
Tint	$15	$0
UV	$15	$0
All other lens options	20% off retail price	20% off retail price
Contact Lenses		
Conventional	$0 copay; 15% off balance over $120 allowance	$0 copay; 15% off balance over $150 allowance
Disposable	$0 copay; 100% of balance over $120 allowance	$0 copay; 100% of balance over $150 allowance
Medically necessary	$0 copay	$0 copay
Frequency based on calendar year		
Exam	12 months	12 months
Lenses or contact lenses	12 months	12 months
Frame	24 months	12 months
Plan Details		
NEW Eye360	$0 exam copay at PLUS providers $170 frame allowance	$0 exam copay at PLUS providers $200 frame allowance
NEW Diabetic Plan	▪ An office visit and diagnostic testing once every 6 months ▪ Diagnostic tests such as gonioscopy, extended ophthalmology, fundus photography and scanning laser (offered at the provider's discretion)"	

Locating In-network Providers

Plan Feature Overview	Website	Phone Number
Medical Coverage	Log in at www.floridablue.com; Choose “Finde a Doctor” **BlueOptions (PPO or HDHP)**:www.floridablue.com **BlueCare (HMO)** member ID or choose “BlueOptions” or “BlueCare” under “Health Plans” Enter the criteria and click “search.”	1.800.664.5295
Dental Coverage	www.providers.online.metlife.com/findDentist	**DHMO Plan:** 1.800.942.0854 **PPO Plan:** 1.800.438.6388
Vision Coverage	www.eyemed.com **To find the nearest Plus Providers:** eyedoclocator.eyemedvisioncare.com/memberweblogin/member/en	1.866.800.5457

HOW TO LOCATE IN-NETWORK PROVIDERS FOR EACH OF YOUR BENEFIT PLANS.

If you experience issues with the websites or have questions about navigating the directories, please contact the company by using the contact information provided either on each coverage page or the back cover of this guide.

Wellness Program

HealthCheck 360 Provides:

- **Wellness Challenges**
- **Biometric Screening** – comprehensive analysis of your health which includes testing of the liver and kidneys plus many other areas. Other screenings may be offered in future years.
- **Health Coaching** – MyHealthCheck360 APP and website to easily track your health goals.
- **Health Education**
- **And more** to make focusing on your health fun and easy

Employees can earn a wellness credit $650 per year ($25 for 26 pay checks) by completing the 2024 biometric screening and health risk assessment and achieving a score of a 75+ points or improving last year's score by 5+ points. An eligible Dependent Spouse can earn a wellness credit $520 per year ($20 for 26 pay checks for employees) by completing a biometric screening and health risk assessment and achieving a score of a 75+ points or improving last year's score by 5+ points. Employees and eligible Dependent Spouses who complete a biometric screening and health risk assessment, but do not meet the score criteria can complete a reasonable alternative as established with the HC360 health coach

Corporate Fitness Works brings a certified Wellness Center manager to help meet your JEA Wellness Center needs. This support is through individual fitness counseling, virtual group classes along with many other areas to assist you in meeting your fitness goals.

Our JEA Wellness Center provides:

- Group classes – in person or virtual
- Wellness Challenges
- Webinars
- Health Education
- Clean facilities
- Maintenance of equipment

You can participate in the JEA Wellness Center at any time. To enroll visit the SharePoint Grid. Should you elect to participate, the cost is $7.50 per pay period.

Through your JEA Wellness Program and its partners, life style change incentive programs (for example - Pride Points) are offered year round to encourage participation in healthy living activities, stress management, tobacco cessation, healthy eating, exercise and weight management.

Life and AD&D Insurance

BASIC (JEA-PROVIDED) LIFE AND AD&D INSURANCE

As an employee of JEA, you are provided with life insurance and accidental death and dismemberment (AD&D) coverage at no cost to you. Make sure you designate a beneficiary in Oracle who will receive your life insurance payment if you pass away while covered under this policy.

VOLUNTARY AD&D INSURANCE OPTIONS

To supplement the AD&D coverage provided by JEA, you have the option to purchase additional AD&D coverage for yourself and your dependents. You may elect up to five times annual salary to a maximum of $500,000.

VOLUNTARY LIFE INSURANCE OPTIONS

To supplement the life insurance coverage provided by JEA, you have the option to purchase additional life insurance coverage for yourself and your dependents through Standard. You must cover yourself to cover your dependents, and a beneficiary designation is required to enroll in additional life insurance. Your cost for coverage depends on your coverage amount and is available at enrollment.

AD&D

AD&D, or Accidental Death & Dismemberment insurance, is attached to the basic and voluntary life insurance policies you receive through JEA.

Your AD&D coverage is for the same amount as your life insurance and can pay a benefit in one of two ways:

1. If your death is caused due to a covered accident, the AD&D benefit pays in addition to your life insurance. This is sometimes called a “double indemnity” because your beneficiary receives both the life insurance amount and the AD&D amount.
2. If, as the result of a covered accident, you either lose a covered body part (such as a limb) or lose the function of a covered body part, you may receive a percentage of the total AD&D benefit depending on the functions that have been lost.

As a new employee, you may elect up to the **guarantee issue limit of $250,000** with no medical questions required.

Requests to enroll at a later date will be subject to medical questions and approval by Standard.

TheStandard®

STANDARD
Group: 755562
1.800.628.8600

JEA

COVERAGE AMOUNTS

For You

Your life insurance and AD&D benefit amounts depend on your business unit and your salary. Additional life insurance options are based on multiples of your salary as indicated by your business unit to a maximum of $250,000.

Business Unit	Basic Life and AD&D	Voluntary Life Options
JEA Appointed	3 times your salary to $500,000	1x / 2x salary
JEA M&C	2 times your salary to $350,000	1x / 2x salary
JEA IBEW, AFSCME & LIUNA	Your annual salary to $350,000	1x / 2x / 3x salary
PEA	Your annual salary to $350,000	1x / 2x salary
JSA	Your annual salary to $250,000	1x / 2x / 3x / 4x / 5x salary

For Your Dependents

Voluntary life insurance options for your spouse and one or more child(ren) are the same regardless of business unit:

Dependent	Voluntary Life and AD&D Coverage Options
Spouse	$5,000 / $10,000 / $25,000 Guarantee Issue / $50,000 and $100,000 available with EOI
Child(ren)	$15,000

Disability Insurance

Disability insurance helps to protect your income should you become sick or disabled for an extended period. In the event you cannot return to work, disability insurance can provide you and your family with a continued source of income until you can return to work or retire.

You have the opportunity to purchase both Short-Term Disability Insurance (STD) and Long-Term Disability Insurance (LTD) through Standard Insurance Company. If you elect this coverage as a newly eligible employee, no medical questions are required. Requests to enroll at a later date will be subject to medical questions and approval by Standard. Disability insurance does not pay for injuries received on the job, and benefits are reduced if you receive other payments (such as Social Security).

TheStandard®

STANDARD
Group: 755562
STD: 800.368.2859
LTD: 800.368.1135
FAX: 800.378.6053

	Short-Term Option One: 7 Days	Short-Term Option Two: 14 Days
When benefits begin	On your 8th day of inability to work	On your 15th day of inability to work
How much it pays	60% of your income up to $950 per week	60% of your income up to $1,200 per week
How long payments last	Up to 25 weeks if you remain unable to work	Up to 24 weeks if you remain unable to work

Your premium will depend on your income and the disability option you choose.
Disability payments coordinate with your JEA regular weekly wages. See the FMLA policy for details.

	Long Term Disability Insurance
When benefits begin	After 180 days of inability to work
How much it pays	60% of your income up to $5,000 per month
How long payments last	Until your Social Security Normal Retirement Age if you remain unable to work

Premium will depend on your age and income.

This plan has a pre-existing condition exclusion; it will not pay for conditions you received treatment for during the 12 months prior to coverage effective date, for the first 12 months the policy is in effect.

When considering disability insurance, please take into account our company retirement plans, including the disability and retirement options that may be available to you.

JEA

Paycheck Deductions

YOUR COST FOR COVERAGE

Cost for coverage per paycheck (24 pay periods per year)

MEDICAL INSURANCE

Coverage Level	PPO	HDHP with HSA	HMO with HRA (Florida Residents ONLY)
Employee	$48.94	$0.00	$29.73
Employee + Spouse	$242.58	$140.74	$206.80
Employee + Child(ren)	$207.47	$115.23	$174.70
Employee + Family	$395.28	$251.74	$346.44

DENTAL INSURANCE

Coverage Level	DHMO (Florida Residents ONLY)	Low PPO	High PPO
Employee	$6.29	$13.72	$20.47
Employee + Spouse	$11.01	$22.79	$33.99
Employee + Child(ren)	$13.21	$25.56	$38.13
Employee + Family	$18.56	$39.95	$59.58

VISION PLANS

Coverage Level	Basic
Employee	$1.93
Employee + 1	$3.87
Employee + 2 or more	$6.22
	Premium
Employee	$4.05
Employee + 1	$8.12
Employee + 2 or more	$13.04

It is **your responsibility** to ensure your on-line benefits enrollment information is correct. If a premium deduction error occurs, notify Benefits Services immediately at 1.904.665.5300 or Benefits@JEA.com.

LIFE AND DISABILITY INSURANCE

LIFE, AD&D, SHORT-TERM DISABILITY INSURANCE

Benefit	Your rate
Voluntary Life: Employee	$0.216 per $1,000
Voluntary Life: Spouse	$0.172 per $1,000
Voluntary Life: Child(ren)	$0.119 per $1,000
Voluntary AD&D: Employee	$0.016 per $1,000
Voluntary AD&D: Employee + Family	$0.024 per $1,000
Short-Term: Option One - 7 Days	$0.210 per $10 weekly benefit
Short-Term: Option Two - 14 Days	$0.189 per $10 weekly benefit

LONG-TERM DISABILITY INSURANCE

Age	Your rate*
17 – 24	$0.049
25 – 29	$0.055
30 – 34	$0.087
35 – 39	$0.129
40 – 44	$0.199
45 – 49	$0.315
50 – 54	$0.472
55 – 59	$0.573
60+	$0.594

*Your rate is per $100 of monthly covered payroll

Additional Benefits

VOLUNTARY BENEFITS AND LEGAL PLAN

AFLAC BENEFITS

AFLAC offers a selection of plans to help you meet financial obligations associated with accidents, illnesses, and certain diagnoses. Coverage is paid for through payroll deductions, and benefits are paid directly to you.

Your cost for coverage depends on the plan, and in some cases, your age. If your employment with JEA ends, you may take these benefits with you for the same cost you pay as an employee. Additional information is available on www.aflac.com/JEA, at enrollment, or from our AFLAC representative, Susan Knight, 1.904.241.2482.

HOSPITAL INDEMNITY PLAN

Pays for hospital confinements or outpatient surgeries due to injury, illness or pregnancy. Pays cash benefits directly to you to help offset the costs associated with hospital confinements.

CANCER PLAN

AFLAC pays a cash benefit upon the initial diagnosis of a covered cancer.

A variety of, other benefits are also payable throughout the cancer treatment such as chemotherapy, radiation and surgery.

You can use these cash benefits to help pay, out of pocket medical expenses, the rent or mortgage, groceries or utility bills.

The plan offers a $75 wellness benefit for each covered person each year.

ACCIDENT PLAN

AFLAC pays cash benefits directly to you in the event of an accident, either on or off the job.

The accident plan, has no deductibles, copayments or lifetime limit. You are covered 24 hours per day, 7 days a week.

This plan offers a wellness benefit of $60 payable after 12 months of enrollment.

AFLAC
www.aflac.com
1.800.992.3522

LEGAL PLAN

JEA offers full-time employees the opportunity to purchase Legal Assistance through US Legal Services with post-tax payroll deductions. The Family Defender is a comprehensive legal protection program designed to help individuals and their families deal with various personal issues in a dignified, affordable manner. We offer a wide range of legal services, including assistance with administrative hearings, small claims, name changes, civil injunctions, landlord/tenant matters, divorce, child support/custody, domestic violence, and more.

You can upgrade your Legal Plan to include the Identity defender program, that helps safeguard your personal information by monitoring for compromised credentials, account takeovers, and other potential threats. We also provide credit monitoring, credit score tracking, credit freeze management, and more.

U.S. LEGAL SERVICES

U.S. LEGAL
www.uslegalservices.net
1.800.356.5297

RATES FOR SERVICES

- **Family Defender®** $9.38 per pay period
- **Family & Identity Defender®** $14.35 per pay period

Coverage extends to the employee, employee's spouse, and unlimited eligible dependent children up to age 26.

PUBLIC SERVICE STUDENT LOAN FORGIVENESS(PSLF)

Find out more about Public Service Loan Forgiveness (PSLF) and Temporary Expanded Public Service Loan Forgiveness (TEPSLF) at studentaid.gov/pslf/.

Time Away from Work

TIME AWAY FROM WORK

JEA has a comprehensive leave program which includes accrued annual/personal leave for vacation, sick, or personal reasons, Family Medical Leave (FML), and leave of absence (LOA) without pay. In addition to our leave programs, we also have 12 paid holidays and a Personal Leave Day, dependent upon the applicable bargaining unit agreement or employment plan.

ANNUAL/PERSONAL LEAVE

Annual/personal leave accrues on a bi-weekly basis. Employees must be in a paid status in order to accrue annual leave. JEA policy requires that accrued annual leave and Paid Paternal Leave run concurrently.

Refer to your Collective Bargaining Agreement or the JEA Appointed Staff Employment Plan for more comprehensive details and accrual rates.

PAID PARENTAL LEAVE

An employee who qualifies for FMLA may also have the opportunity to utilize up to six (6) continuous weeks of Paid Parental Leave during the 12-week period following the birth or adoption of an employee's child. For further information, please refer to the Paid Parental Leave Policy.

FAMILY MEDICAL LEAVE ACT (FMLA)

The Family Medical Leave Act (FMLA) provides eligible employees of JEA unpaid job-protected leave for specified family and medical reasons. JEA policy requires that accrued annual leave and FML leave run concurrently. Eligible employees are entitled to twelve workweeks of FML in a 12-month period for:

- the birth of a child and to care for the newborn child within one year of birth;
- the placement with the employee of a child for adoption or foster care and to care for the newly placed child within one year of placement;
- to care for the employee's spouse, child, or parent who has a serious health condition;
- a serious health condition that makes the employee unable to perform the essential functions of their job;
- any qualifying exigency arising out of the fact that the employee's spouse, son, daughter, or parent is a covered military member on "covered active duty;" or
- twenty-six workweeks of FML during a rolling 12-month period to care for a covered service member with a serious injury or illness if the eligible employee is the service member's spouse, son, daughter, parent, or next of kin (military caregiver leave).

*See the Department of Labor's list of potential covered/ eligible leave definitions.

Time Away from Work

LEAVE OF ABSENCE (LOA) WITHOUT PAY

If an employee does not qualify for FMLA, yet requires time for their own personal health reasons, a leave of absence (LOA) may be available. Please see the Civil Service and Personnel Rules and Regulations and/or the JEA Appointed Staff Employment Plan for details on these plans. Any time granted without pay will adjust your service and pension eligibility dates.

All leave options work in tandem with short and/or long-term disability. For questions regarding leave, please call 1.904.665.5300.

HOLIDAYS

Employees are given paid holidays each year, provided the employee is not on a leave without pay status when the holiday occurs. Employees must be paid the day before and the day after the holiday in order to be paid for the holiday.

- New Year's Day
- Martin Luther King Jr's Birthday
- President's Day
- Memorial Day
- Juneteenth
- Independence Day
- Labor Day
- Veteran's Day
- Thanksgiving Day
- Day after Thanksgiving
- Christmas Eve
- Christmas Day
- Personal Leave Day

Employee Assistance Program

JEA offers all employees and their families a confidential Employee Assistance Program (EAP) through Health Advocate. You are automatically enrolled and have free, unlimited, confidential access to licensed counselors 24 hours a day, 7 days a week for assessment, short-term problem resolution, and community resource referrals.

In addition, each employee and family member can receive up to 5 face-to-face visits with a counselor for each issue each calendar year.

HealthAdvocate℠
HEALTH ADVOCATE
www.healthadvocate.com
1.877.240.6863

Available EAP services include:

Core Services

General counseling for:

- stress and depression
- family and relationship challenges
- marriage counseling
- substance abuse
- child care and work/life services
- educational resources
- grief and elder care resources

Financial Planning

Resources such as:

- investment plans
- retirement and estate planning
- debt reduction and budget management
- bankruptcy
- tax support
- college funding

Legal Services

Referrals and discounts for services such as:

- creating or modifying a will
- consumer issues
- criminal matters
- living wills and power of attorney
- separation and divorce
- traffic matters

Mediation Referrals

Such as:

- divorce
- child custody
- estate settlement
- family disputes
- real estate matters
- collections
- contractual disputes

Help for Stress is Here

Our lives today are ever more complex, fast-moving and changing, increasing our stress load in any number of ways. It can feel like there is no way out of it. But feeling overwhelmed and fatigued doesn't have to be a way of life.

These tips will help you gain control of your stress to feel more balanced so you can function at your best.

HealthAdvocate℠
HEALTH ADVOCATE
www.healthadvocate.com
1.877.240.6863

Identify the key source

Is it too many deadlines or personal obligations? Getting to specifics can help lead you to the solutions.

Just breathe

Breathing in deeply through your nose, fully expanding your abdomen, and exhaling slowly through your mouth can quickly calm your nervous system and short-circuit the stress response.

Make an action plan

Some examples: Ask your supervisor about adjusting a deadline or delegating responsibilities; stock up on audiobooks to ease your commute.

Blow off some steam

Find an activity or hobby that gives you a lift, whether it's reading, yoga, crafts, listening to music, or just laying with the dog.

Simplify expectations and let go of perfectionism

Instead of staying up late to bake the perfect cake for an event, opt to buy cupcakes instead, for example.

Work it out

Even brief physical activity helps release the "feel-good" brain chemicals that can boost a sense of well-being.

Prioritize your to-do list

Time management is a major stress reducer! Figure out what tasks are most important and finish those first.

Talk about it

Talking through stressful moments can help to release pent-up tension.

Important Terms

Term	Definition
Allowed Charge or Negotiated Rate	The maximum amount upon which payment will be based for benefit covered services.
Balance Billing	When a provider bills you for the difference between the provider's charge and the allowed amount. For example, if the provider's charge is $100 and the allowed amount is $70, the provider may bill you for the remaining $30. A preferred provider may not balance bill you for covered services.
Beneficiary	You must list a beneficiary for each of your life insurance plans. Your beneficiary can be a person or a trust. If listing a child, the child must be over the age of 18 to receive the benefits (If under 18, claim payments will be placed in a trust).
Calendar Year Deductible (CYD)	Amount, if any, a member owes per calendar year before the carrier will begin to pay for covered services.
Coinsurance	Your share of the costs of the allowed amount of a covered service, a percent of the allowed amount for the service, after your deductible has been met.
Copayment (copay)	A fixed dollar amount you pay for covered services, usually due when you receive the service.
Dependent Care Flexible Spending Account (FSA)	An employer sponsored benefit that enables employees to set aside pre-tax contributions to pay for eligible daycare expenses.
DHMO	Dental plan with a restricted network. All dental services must be coordinated with your primary care dental provider.
Health Reimbursement Account (HRA)	Tax-advantaged account available for employees enrolled in the Health Maintenance Organization Plan (HMO). Employer funded account; employees cannot make contributions. Funds can only be used towards medical expenses for covered members under the HMO medical plan. Remaining funds at the end of the year are carried over to the next year (up to the annual deductible limit).

Term	Definition
Health Savings Account (HSA)	Tax-advantaged account available to members enrolled in the High Deductible Health Plan (HDHP). Employer funded account, and employees can make pre-tax contributions. Balance will roll over at the end of the calendar year. Account balances over $2,000 can be invested in mutual funds. Funds can be used for any eligible tax dependent for medical, dental, or vision out-of-pocket expenses.
Healthcare Flexible Spending Account (FSA)	Tax-advantaged account available for employees to lower their taxable income with pre-taxed contributions. Unused balance does not roll over at the end of the calendar year. Funds can be used only for any eligible tax dependent for medical, dental or vision out-of-pocket expenses.
In-Network	Providers and facilities that are part of the network of providers with which it has negotiated allowable charges. Insured individuals pay less when using an in-network provider.
Out-of-Pocket Maximum	The maximum amount you pay each calendar year for covered services including coinsurance and deductibles. Once you reach your out-of-pocket maximum, the plan pays 100% for covered services.
Out-of-Network	Providers and facilities that are not a part of the network of providers. Balance billing does apply.
Pharmacy Tier	Drugs are grouped into tiers. The tier that your medication is in determines your portion of the drug cost. ▪ Tier 1 Preferred Generic ▪ Tier 2 Preferred Brand Name ▪ Tier 3 Non-preferred Brand Name ▪ Tier 4 Usually includes specialty medications
Transparency Rules	These rules require most employer-sponsored group health plans and health insurance issuers to disclose price and cost-sharing information up front, giving enrollees estimates of any out-of-pocket expense they will have to pay to meet their plan's cost-sharing requirements. Additional guidance and information for applicable mandates is available at https://www.floridablue.com/members/tools-resources/transparency.

Legal Notices

YOUR RIGHTS

This section contains important information about your benefits and rights. Please read the following pages carefully and contact Human Resources with any questions you have.

HIPAA SPECIAL ENROLLMENT RIGHTS

A federal law called the Health Insurance Portability and Accountability Act of 1996 (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 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.

If you are enrolled in this plan through the special enrollment provision, note that special enrollees must be offered the same benefits that would be available when enrolling for the first time. Special enrollees cannot be required to pay more for the same coverage than other individuals who enrolled when first eligible for this plan.

To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact JEA Benefit Services at 1.904.655.5300 or Benefits@JEA.com.

PATIENT PROTECTION

Florida Blue generally requires the designation of a primary care provider for the HMO plan. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. Until you make this designation, Florida Blue designates one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact Florida Blue at www.floridablue.com. For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from Florida Blue or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact Florida Blue at www.floridablue.com.

WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for all stages of reconstruction of the breast on which the mastectomy was performed, surgery and reconstruction of the other breast to produce a symmetrical appearance, prostheses; 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 this plan.

If you would like more information on WHCRA benefits call your plan administrator at 1.800.664.5295.

WELLNESS PROGRAM

JEA's Wellness Program is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008 and the Health Insurance Portability and Accountability Act of 1996, as applicable, among others.

The JEA Wellness Program is committed to helping you achieve your best health. Employees who elect to participate in the biometric screening event during 2024 in the JEA Wellness Program will be eligible to receive beginning January 2025 a $25.00 wellness credit per pay period (up to $650 for the calendar year) if they achieve a health score of a 75+ or improve last year's score by 5+ points along with completing a voluntary health risk assessment or "VHRA". Your Dependent Spouse (as defined under the JEA Wellness Program rules) can also participate by completing a biometric screening and VHRA and achieving a health score of 75+ or improving last year's score by 5+ points, and in that case, you (the employee) will be eligible to receive beginning January 2025 a $20.00 wellness credit per pay period (up to $520 for the calendar year).

If you or your Dependent Spouse are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you or your Dependent Spouse may be entitled to a reasonable accommodation or an alternative standard. You or your Dependent Spouse may request a reasonable accommodation or an alternative standard by contacting HealthCheck360 at 1.866.511.0360. HealthCheck360 will work with the requestor (and, if the requestor wishes, with the requestor's doctor) to find a reasonable accommodation or alternative standard that is right for the requestor in light of the requestor's health status.

Please note an employee or Dependent Spouse completing the biometric screening and VHRA will receive a comprehensive report that will include cholesterol ratio, high-density lipoproteins (HDL), low-density lipoproteins (LDL), triglycerides, glucose, nicotine, total cholesterol, gamma-glutamyl transferase (GGT), blood urea nitrogen (BUN), creatinine, total bilirubin, aspartate aminotransferase (AST), alanine transaminase (ALT), alkaline phosphatase (ALK) phosphate (PHOS), total protein, albumin and globulin. You and your Dependent Spouse are not required to complete the VHRA or to participate in the blood test or other medical examinations.

The information from you and your Dependent Spouse's VHRA, the results from the biometric screenings will be used to provide you and your Dependent Spouse with information to help you each understand your respective current health and potential risks and they may also be used to offer services through the JEA Wellness Program, such as educational seminars or health related campaigns and resources. You and your Dependent Spouse also are encouraged to share results or concerns with your own doctors. The information from your comprehensive cardiovascular health assessments, if offered, may help identify potential risks and provide early detection of heart disease. Again, you are encouraged to share results or concerns with your doctors.

Protections from Disclosure of Medical Information: JEA is required by law to maintain the privacy and security of your and your Dependent Spouse's personally identifiable health information. Although the JEA Wellness Program and JEA may use aggregate information it collects to design a program based on identified health risks in the workplace, the JEA Wellness Program will never disclose any of your or your Dependent Spouse's personal information either publicly or to the employer, except as necessary to respond to a request for a reasonable accommodation needed to participate in the JEA Wellness Program or as expressly permitted by law. Medical information that personally identifies you or your Dependent Spouse that is provided in connection with the JEA Wellness Program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

You and your Dependent Spouse's health information will not be sold, exchanged, transferred or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the JEA Wellness Program, and you and your Dependent Spouse will not be asked or required to waive the confidentiality of your respective health information as a condition of participating in the JEA Wellness Program or receiving an incentive.

You and your Dependent Spouse's health information will not be sold, exchanged, transferred or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the JEA Wellness Program, and you and your Dependent Spouse will not be asked or required to waive the confidentiality of your respective health information as a condition of participating in the JEA Wellness Program or receiving an incentive.

Anyone who receives your or your Dependent Spouse's information for purposes of providing services as part of the JEA Wellness Program will abide by the same confidentiality requirements. The only individuals who will receive personally identifiable health information are representatives from HealthCheck360, representatives of the provider of the comprehensive cardiovascular health assessments (if offered), and possibly health coaches you or your Dependent Spouse may utilize through HealthCheck360 in order to provide services under the JEA Wellness Program. Florida Blue may also receive JEA Wellness Program information when necessary to assist with JEA Wellness Program services. In addition, all medical information obtained through the JEA Wellness Program will be maintained separate from your personnel records, information stored electronically will be encrypted and no information you or your Dependent Spouse provide as part of the JEA Wellness Program will be used in making any employment decision. The JEA Wellness Team completes annual HIPAA training, signs a Confidentiality Agreement and keeps all information locked and secured. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you or your Dependent Spouse provide in connection with the JEA Wellness Program, we will immediately notify you and/or your Dependent Spouse, as applicable. You may not be discriminated against in employment because of the medical information you or your Dependent Spouse provide as part of participating in the JEA Wellness Program, nor may you be subjected to retaliation if you or your Dependent Spouse choose not to participate.

Impact on Health Savings Account (HSA) Eligibility: In general, an individual will lose eligibility to contribute to, and to receive employer contributions to, an HSA if the individual is provided with medical services that are not subject to the deductible and other cost-sharing charges of a high-deductible health plan. However, there is an exception that allows the individual to receive preventive services without being subject to the deductible or other cost-sharing charges. JEA believes that the JEA Wellness Program's free services are not medical services. However, even if any free benefit provided through the JEA Wellness Program, such as a non-invasive ultrasound examination of your carotid arteries (if offered), were considered to be a medical service, JEA believes that it is merely a preventive screening as referenced in IRS Notice 2004-23. Accordingly, it is JEA's understanding that no deductible or cost-sharing is required to be charged for JEA Wellness Program services in order for an individual who is covered by a high-deductible health plan to remain eligible to make, or receive, HSA contributions. However, the JEA Wellness Program has not been submitted to the IRS for approval, so JEA cannot ensure this result. It is an employee's obligation to notify JEA if the employee has reason to believe that any JEA Wellness Program benefit makes the employee ineligible to contribute to, or receive JEA contributions to, an HSA. An employee should consult with the employee's own professional tax advisor to determine the tax consequences, if any, of simultaneously participating in the JEA Wellness Program and contributing to, or receiving contributions to, an HSA.

If you have questions or concerns regarding this notice or about protections against discrimination and retaliation, please contact the Manager of Benefit Services at 1.904.665.5300.

MICHELLE'S LAW –

JEA's Group Medical Plan provides dependent coverage for the children of its participants until a child has attained age 26, regardless of the child's status as a student. For a child covered under JEA's Group Medical Plan after attaining age 26, Michelle's Law requires continued coverage for that dependent child covered under the plan if the child loses eligibility under JEA's Group Medical Plan because of the loss of student status resulting from a medically necessary leave of absence from a post-secondary educational institution. If your child is covered under JEA's Group Medical Plan, but will lose eligibility because of a loss of student status caused by a medically necessary leave of absence, your child may be able to continue coverage under our plan for up to one year during the medically necessary leave of absence. This coverage continuation may be available if on the day before the medically necessary leave of absence begins your child is covered under JEA's Group Medical Plan and was enrolled as a student at a post-secondary educational institution.

A "medically necessary leave of absence" means a leave of absence from a post-secondary educational institution (or change in enrollment status in that institution) that: (1) begins while the child is suffering from a serious illness or injury, (2) is medically necessary, and (3) causes the child to lose student status as defined under our plan.

The coverage continuation is available for up to one year after the first day of the medically necessary leave of absence and is the same coverage your child would have had if your child had continued to be a covered student and not needed to take a medical leave of absence. Coverage continuation may end before the end of one year if your child would otherwise lose eligibility under the plan - for example, by reaching age 26 or 30 as applicable.

If your child is eligible for this coverage continuation and loses coverage under the plan at the end of the continuation period, COBRA continuation may be available at the end of the Michelle's Law coverage continuation period.

If you believe your child is eligible for this continued eligibility, you must provide to the plan a written certification by the child's treating physician that the child is suffering from a serious illness or injury and that the leave of absence is medically necessary. The written certification must be provided to JEA Benefit Services. (See contact info below.)

If you have any questions concerning this notice or your child's right to continued coverage under Michelle's Law, please contact JEA Benefit Services, 225 N. Pearl St., Jacksonville, FL 32202 at 1.904.665.5300, e-mail: Benefits@JEA.com.

STATEMENT OF RIGHTS UNDER THE NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT

Under federal law, group health plans and health insurance issuers offering group health insurance coverage generally may not 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 delivery by cesarean section. However, the plan or issuer may pay for a shorter stay if the attending provider (e.g., your physician, nurse midwife, or physician assistant), after consultation with the mother, discharges the mother or newborn earlier.

Also, under federal law, plans and issuers may not set the level of benefits or out-of-pocket costs so that any later portion of the 48-hour (or 96-hour) stay is treated in a manner less favorable to the mother or newborn than any earlier portion of the stay.

In addition, a plan or issuer may not, under federal law, require that a physician or other health care provider obtain authorization for prescribing a length of stay of up to 48 hours (or 96 hours). However, to use certain providers or facilities, or to reduce your out-of-pocket costs, you may be required to obtain precertification. For information on precertification, contact your plan administrator at 1.800.664.5295.

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, 2024. Contact your state for more information on eligibility.

ALABAMA – MEDICAID

myalhipp.com
855.692.5447

ALASKA – MEDICAID
The AK Health Insurance Premium Payment Program
myakhipp.com | 866.251.4861
CustomerService@MyAKHIPP.com
Medicaid Eligibility:
https://health.alaska.gov/dpa/Pages/default.aspx

ARKANSAS – MEDICAID
myarhipp.com
855.MyARHIPP (855.692.7447)

CALIFORNIA – MEDICAID
Health Insurance Premium Payment (HIPP) Program
dhcs.ca.gov/hipp
1.916.445.8322 | Fax: 1.916.440.5676 |
Email: hipp@dhcs.ca.gov

COLORADO – MEDICAID AND CHIP
Health First Colorado
www.healthfirstcolorado.com
Member Contact Center: 1.800.221.3943 |
State Relay 711
Child Health Plan Plus (CHP+)
hcpf.colorado.gov/child-health-plan-plus
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

FLORIDA – MEDICAID
www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html
1.877.357.3268

GEORGIA – MEDICAID
GA HIPP Website: medicaid.georgia.gov/ health-insurance-premium-payment-program-hipp
1.678.564.1162, Press 1
GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra
1.678.564.1162, Press 2

INDIANA – MEDICAID
Healthy Indiana Plan for low-income adults 19-64
www.in.gov/fssa/dfr | 1.877.438.4479
All other Medicaid
www.in.gov/medicaid | 800.457.4584

IOWA – MEDICAID AND CHIP (HAWKI)
Medicaid: dhs.iowa.gov/ime/members |
1.800.338.8366
Hawki: dhs.iowa.gov/Hawki | 1.800.257.8563
HIPP: dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp | 1.888.346.9562

KANSAS – MEDICAID
https://www.kancare.ks.gov
1.800.792.4884
HIPP Phone: 1.800.967.4660

KENTUCKY – MEDICAID
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP): chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx
855.459.6328 | KIHIPP.PROGRAM@ky.gov
KCHIP: kynect.ky.gov | 1.877.524.4718
Medicaid: chfs.ky.gov/agencies/dms

LOUISIANA – MEDICAID
www.medicaid.la.gov or www.ldh.la.gov/lahipp
1.888.342.6207 (Medicaid hotline) or 1.855.618.5488 (LaHIPP)

MAINE – MEDICAID
Enrollment: www.mymaineconnection.gov/benefits/s/?language=en_US
1.800.442.6003 | TTY: Maine relay 711
Private Health Insurance Premium: www.maine.gov/dhhs/ofi/applications-forms
1.800.977.6740 | TTY: Maine relay 711

MASSACHUSETTS – MEDICAID AND CHIP
www.mass.gov/masshealth/pa
1.800.862.4840 | TTY: 711
Email: masspremassistance@accenture.com

MINNESOTA – MEDICAID
mn.gov/dhs/people-we-serve/children-and-families/healthcare/health-care-programs/programs-and-services/other-insurance.jsp

mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp

1.800.657.3739

MISSOURI – MEDICAID
www.dss.mo.gov/mhd/participants/pages/hipp.htm
1.573.751.2005

MONTANA – MEDICAID
dphhs.mt.gov/MontanaHealthcarePrograms/HIPP
1.800.694.3084 | Email: HHSHIPPProgram@mt.gov

NEBRASKA – MEDICAID
www.ACCESSNebraska.ne.gov
Phone: 1.855.632.7633 | Lincoln: 1.402.473.7000 |
Omaha: 1.402.595.1178

NEVADA – MEDICAID
dhcfp.nv.gov
1.800.992.0900

NEW HAMPSHIRE – MEDICAID
www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program
1.603.271.5218 | Toll free number for the HIPP program: 1.800.852.3345, ext. 5218

NEW JERSEY – MEDICAID AND CHIP
Medicaid: www.state.nj.us/humanservices/dmahs/clients/medicaid
1.609.631.2392
CHIP: www.njfamilycare.org/index.html
1.800.701.0710

NEW YORK – MEDICAID
www.health.ny.gov/health_care/medicaid
1.800.541.2831

NORTH CAROLINA – MEDICAID
https://medicaid.ncdhhs.gov
1.919.855.4100

NORTH DAKOTA – MEDICAID
www.hhs.nd.gov/healthcare
1.844.854.4825

OKLAHOMA – MEDICAID AND CHIP
www.insureoklahoma.org
1.888.365.3742

OREGON – MEDICAID
healthcare.oregon.gov/Pages/index.aspx
1.800.699.9075

PENNSYLVANIA – MEDICAID AND CHIP
Medicaid: www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html
1.800.692.7462
CHIP: www.pa.gov/en/agencies/dhs/resources/chip
1.800.986.KIDS (5437)

RHODE ISLAND – MEDICAID AND CHIP
www.eohhs.ri.gov
1.855.697.4347 or 1.401.462.0311 (Direct RIte Share Line)

SOUTH CAROLINA – MEDICAID
www.scdhhs.gov
1.888.549.0820

SOUTH DAKOTA – MEDICAID
dss.sd.gov
1.888.828.0059

TEXAS – MEDICAID
www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program
1.800.440.0493

UTAH – MEDICAID AND CHIP
Medicaid: medicaid.utah.gov
CHIP: health.utah.gov/chip
1.877.543.7669

VERMONT – MEDICAID
dvha.vermont.gov/members/medicaid/hipp-program
1.800.250.8427

VIRGINIA – MEDICAID AND CHIP
coverva.dmas.virginia.gov/learn/premium-assistance/famis-select

coverva.dmas.virginia.gov/learn/premiumassistance/health-insurance-premium-payment-hipp-programs
Medicaid and CHIP: 1.800.432.5924

WASHINGTON – MEDICAID
www.hca.wa.gov
1.800.562.3022

WEST VIRGINIA – MEDICAID - CHIP
https://dhhr.wv.gov/bms or http://mywvhipp.com
Medicaid: 1.304.558.1700
CHIP Toll-free: 1.855.MyWVHIPP (855.699.8447)

WISCONSIN – MEDICAID AND CHIP
www.dhs.wisconsin.gov/badgercareplus/p-10095.htm

WYOMING – MEDICAID
health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility
1.800.251.1269

To see if any other states have added a premium assistance program since July 31, 2023, 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

MEDICARE PART D NOTICE

IMPORTANT NOTICE FROM JEA 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 JEA and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide a minimum standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. JEA has determined that the prescription drug coverage administered by Florida Blue is, on average for all plan participants,

expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

WHEN CAN YOU JOIN A MEDICARE DRUG PLAN?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

WHAT HAPPENS TO YOUR CURRENT COVERAGE IF YOU DECIDE TO JOIN A MEDICARE DRUG PLAN?

If you decide to join a Medicare drug plan, your current JEA group medical coverage will not be affected.

You can keep your JEA group medical coverage if you elect Medicare Part D and the JEA group medical coverage will coordinate with Medicare Part D coverage.

If you do decide to join a Medicare drug plan and drop your current JEA group medical coverage, be aware that you and your dependents will not be able to get this coverage back until our plan's next annual open enrollment, unless you experience a qualifying life event that allows sooner re-entry into the plan under our plan's rules.

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 JEA and don't join a Medicare drug plan within 63continuous 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 leave nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

FOR MORE INFORMATION ABOUT THIS NOTICE OR YOUR CURRENT PRESCRIPTION DRUG COVERAGE...

Contact the person listed below for further information. **NOTE:** 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 JEA changes. You also may request a copy of this notice at any time.

FOR MORE INFORMATION ABOUT YOUR OPTIONS UNDER MEDICARE PRESCRIPTION DRUG COVERAGE...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook.

You will receive a copy of the handbook in the mail 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 1, 2025
Name of Entity/Sender: JEA
Contact / Position-Office: Manager of Benefit Services
Address: 225 N. Pearl St., ,
Jacksonville, FL 32202
Phone Number: 1.904.665.5300

ANNUAL DISCLOSURES

JEA SELF-FUNDED HEALTH PLAN NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

EFFECTIVE DATE: October 1, 2024

This Notice of Privacy Practices (the "Notice") describes the legal obligations of the JEA Self-Funded Medical Plan (the "Plan") and your legal rights regarding your protected health information held by the Plan under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and the Health Information Technology for Economic and Clinical Health Act ("HITECH"). Among other things, this Notice describes how your protected health information may be used or disclosed to carry out treatment, payment or health care operations, or for any other purposes that are permitted or required by law. We are required to provide this Notice of Privacy Practices to you by HIPAA.

The HIPAA Privacy Rule protects only certain medical information known as "protected health information." Generally, protected health information is health information, including demographic information, collected from you or created or received by a health care provider, a health care clearinghouse, a health plan, or your employer on behalf of a group health plan, from which it is possible to identify you and that relates:

1. your past, present, or future physical or mental health or condition;
2. the provision of health care to you; or
3. the past, present, or future payment for the provision of health care to you.

Understanding what is in your record and how your health information is used helps you to ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and helps you make more informed decisions when authorizing disclosure to others.

YOUR HEALTH INFORMATION RIGHTS

Unless otherwise required by law, your health record is the physical property of the health plan that compiled it. However, you have certain rights with respect to the information. You have the right to:

1. Receive a copy of this Notice of Privacy Practices from us upon enrollment or upon request. If you receive this notice in electronic form, you have the right to request a paper copy at any time. We will promptly provide you with a paper copy.
2. Request restrictions on our uses and disclosures of your protected health information for treatment, payment and health care operations. We reserve the right not to agree to a given requested restriction.
3. Request to receive confidential communications of protected health information. You have the right to request in writing that we communicate with you about your protected health information in a specific way (for example, home or office phone) or send mail to a different address. Your request must specify your preferred method of contact. For example, you can ask that we only contact you at work or by mail. We will consider all reasonable requests. We must approve requests if you tell us you would be in danger if we do not.
4. Inspect and obtain a copy of the protected health information contained in your medical or billing records and in any other of the organization's health records used by us to make decisions about you. We will provide a copy or summary of your protected health information, usually within 30 days. You also have the right to request that we send your protected health information to another person. Your request must be in writing and include the name and address of the person who is to receive the records. If we do not maintain the protected health information that you request, but we know where the information is maintained, we will let you know where to send your request. We may charge you a reasonable, cost-based fee for providing you with a copy of your information.
5. Request an amendment to your protected health information. However, we may deny your request for an amendment, if we determine that the protected health information or record that is the subject of the request:
   - was not created by us, unless you provide a reasonable basis to believe that the originator of the protected health information is no longer available to act on the requested amendment;
   - is not part of your medical or billing records;
   - is not available for inspection as set forth above; or
   - is accurate and complete.

In any event, any agreed upon amendment will be included as an addition to, and not a replacement of, already existing records.

6. Choose someone to act for you. If you have given someone medical power of attorney or if someone is your legal guardian, that person (your personal representative) can exercise your rights and make choices about your protected health information. We will make sure that the person has this authority and can act for you before we take any action.
7. Receive an accounting of disclosures of protected health information made by us to individuals or entities other than to you, except for disclosures:
   - to carry out treatment, payment and health care operations as provided above;
   - to persons involved in your care or for other notification purposes as provided by law;
   - to correctional institutions or law enforcement officials as provided by law;
   - for national security or intelligence purposes;· that occurred before April 14, 2003;
   - ncidental to other permissible uses or disclosures;
   - that are part of a limited data set (does not contain protected health information that directly identifies individuals);
   - made to you, a covered dependent, or your personal representative;
   - disclosures made pursuant to an authorization from you.
8. Revoke your authorization to use or disclose health information except to the extent that we have already taken action in reliance on your authorization, or if the authorization was obtained as a condition of obtaining insurance coverage and other applicable law provides the insurer that obtained the authorization with the right to contest a claim under the policy.

HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED

We may use and/or disclose your medical information for the following purposes:

Treatment: We may disclose your protected health information without your permission to health care providers who are treating you. For example, a doctor may send us information about your diagnosis and treatment plan so we can arrange additional services.

Payment: We may use or disclose your protected health information without your permission to carry out activities relating to reimbursing you for the provision of health care, obtaining premiums, determining coverage, and providing benefit under the policy of insurance that you are purchasing. Such functions may include reviewing health care services with respect to medical necessity, coverage under the policy, appropriateness of care, or justification of charges.

To Carry Out Certain Operations Relating to Your Benefit Plan: We also may use or disclose your protected health information without your permission to carry out certain limited activities relating to your health insurance benefits, including reviewing the competence or qualifications of health care professionals, placing contracts for stop-loss insurance and conducting quality assessment activities.

To Plan Sponsor: Your protected health information may be disclosed to the plan sponsor as necessary for the administration of this health benefit plan pursuant to the restrictions imposed on plan sponsors in the plan documents. These restrictions prevent the misuse of your information for other purposes.

Health-Related Benefits and Services: We may contact you to provide information about other health-related products and services that may be of interest to you. For example, we may use and disclose your protected health information for the purpose of communicating to you about our health insurance products that could enhance or substitute for existing health plan coverage, and about health-related products and services that may add value to your existing health plan.

Individuals Involved in Your Care or Payment for Your Care: Unless you object, we may disclose your protected health information to your family or friends or any other individual identified y you when they are involved in your care or the payment for your care. We will only disclose the protected health information directly relevant to their involvement in your care or payment. We may also disclose your protected health information to notify a person responsible for your care (or to identify such person) of your location, general condition or death.

Business Associates: We may contract with individuals or entities known as Business Associates to perform functions on our behalf or to provide certain types of services. An example might include a copy service we use when making copies of your health record. When these services are contracted, we may disclose some or all of your protected health information to our Business Associate so that they can perform the job we have asked them to do. To protect your health information, however, we require the Business Associate to appropriately safeguard your information.

Limited Data Sets: We may use or disclose, under certain circumstances, limited amounts of your protected health information that is contained in limited data sets. These circumstances

include public health, research, and health care operations purposes.

Organ and Tissue Donation: If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Worker's Compensation: We may release protected health information about you for programs that provide benefits or work related injuries or illness.

Communicable Diseases: We may disclose protected health information to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

Health Oversight Activities: We may disclose protected health information to federal or state agencies for activities authorized by law. These activities include audits, investigations, inspections, and licensure.

Law Enforcement: We may disclose protected health information if asked to do so by a law enforcement official (a) in response to a court order, subpoena, warrant, summons or similar process; (b) to identify or locate a suspect, fugitive, material witness or missing person; (c) about the victim of a crime if, under certain limited circumstances, we are unable to obtain the victim's agreement; (d) about a death that we believe may be the result of criminal conduct; (e) about criminal conduct at the Plan Sponsor's office(s); and (f) in emergency circumstances to report a crime, the location of a crime or victims, or the identity, description or location of the person who committed the crime.

Military and Veterans: If you are a member of the armed forces, we may release protected health information about you as required by military command authorities.

Lawsuits and Disputes: We may disclose protected health information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process.

Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release protected health information about you to the correctional institution or law enforcement official. An inmate does not have the right to the Notice of Privacy Practices.

Abuse or Neglect: We may disclose protected health information to notify the appropriate government authority if we believe an individual has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Coroners, Medical Examiners, and Funeral Directors: We may release protected health information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death. We may also release protected health information about patients to funeral directors as necessary to carry out their duties.

Public Health Risks: We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose such as controlling disease, injury or disability.

Serious Threats: As permitted by applicable law and standards of ethical conduct, we may use and disclose protected health information if we, in good faith, believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

Food and Drug Administration (FDA): As required by law, we may disclose to the FDA protected health information related to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Research: We may share your protected health information for health research purposes; however, usually we will first need to get your written authorization.

For Purposes For Which We Have Obtained Your Written Permission: All other uses or disclosures of your protected health information will be made only with your written permission, and any permission that you give us may be revoked by you at any time.

INFORMATION WE COLLECT ABOUT YOU

We collect the following categories of information about you from the following sources:

- Information that we obtain directly from you, in conversations or on applications or other forms that you fill out.
- Information that we obtain as a result of our transactions with you.
- Information that we obtain from your medical records or from medical professionals.
- Information that we obtain from other entities, such as health care providers or other insurance companies, in order to service your policy or carry out other insurance-related needs.

GENETIC INFORMATION

We will not use or disclose genetic information or results from genetic services for underwriting purposes, such as:

- Rules for eligibility or benefits under the health plan;
- The determination of premium or contribution amounts under the health plan;
- The application of any pre-existing condition exclusion under the health plan; and
- Other activities related to the creation, renewal or replacement of a contract of health insurance or health benefits.

OUR RESPONSIBILITIES

We are required to maintain the privacy of your protected health information and to notify you if there is a breach of your unsecured protected health information. In addition, we are required to provide you with a notice of our legal duties and privacy practices with respect to information we collect and maintain about you. We must abide by the terms of this Notice. We reserve the right to change our practices and to make the new provisions effective for all the protected health information we maintain. If we make a material change to this Notice, we will provide you with a copy of our revised Notice of Privacy Practices by posting the revised Notice of Privacy Practices on the JEA intranet by the effective date of the material change, and providing a hard copy of the revised Notice in the Plan's next annual mailing.

Your health information will not be used or disclosed without your written authorization, except as described in this Notice. The following uses and disclosures will be made only with explicit authorization from you: (i) uses and disclosures of your protected health information for marketing purposes, including subsidized treatment communications; (ii) disclosures that constitute a sale of your protected health information; (iii) uses and disclosures of your protected health information for fundraising purposes; and (iv) other uses and disclosures not described in this Notice. Except as noted above, you may revoke your authorization in writing at any time.

OUR PRACTICE REGARDING CONFIDENTIALITY AND SECURITY

We restrict access to nonpublic personal information about you to those employees who need to know that information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

OUR PRACTICE REGARDING CONFIDENTIALITY AND SECURITY FOR E-MAIL COMMUNICATION

If you choose to communicate with us via e-mail, please be aware of the following due to the nature of e-mail communication: (a) privacy and security of e-mail messages are not guaranteed (b) we are not responsible for loss due to technical failures and (c) e-mail communication should not be used for emergencies or time and content sensitive issues.

POTENTIAL IMPACT OF STATE LAW

In some circumstances, the privacy laws of a particular state, or other federal laws, provide individuals with greater privacy protections than those provided for in the HIPAA Privacy Regulations. In those instances, we are required to follow the more stringent state or federal laws as they afford the individual greater privacy protections. For example, where such laws have been enacted, we will follow more stringent state privacy laws that relate to uses and disclosures of protected health information concerning HIV or AIDS, mental health, substance abuse/chemical dependency, genetic testing, sexually transmitted diseases, and reproductive rights.

NOTICE OF PRIVACY PRACTICES AVAILABILITY

You will be provided a hard copy for review at the time of enrollment (or by the Privacy compliance date for this health plan).

Thereafter, you may obtain a copy upon request, and the Notice will be maintained on the JEA intranet for review and downloading.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have questions about this Notice or would like additional information, you may contact our HIPAA Privacy Officer at the telephone or address below. If you believe that your privacy rights have been violated, you have the right to file a complaint with the Privacy Officer or with the Secretary of the Department of Health and Human Services. We will take no retaliatory action against you if you make such complaints.

The contact information for both is included below.

U.S. Department of Health and Human Services
Centralized Case Management Operations

200 Independence Avenue, S.W.
Room 509F HHH Bldg.
Washington, D.C. 20201

Email: OCRComplaint@hhs.gov
Tel: 202.619.0257
Toll Free: 877.696.6775
https://www.hhs.gov/hipaa/filing-a-complaint/complaint-process/index.html

JEA Self-Funded Health Plan

HIPAA Privacy Officer
225 N. Pearl St., Jacksonville, FL 32202
904.665.4132

Notes

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Notes

Contacts

Service	Provider	Phone	Email/Website
Benefit Services		1.904.665.5300	Benefits@JEA.com
Payroll		1.904.665.4408	Payroll@JEA.com
Medical	Florida Blue	1.800.664.5295	www.FloridaBlue.com
Dental	MetLife (DHMO and PPO)	(DHMO) 1.800.942.0854 (PPO) 1.800.438.6388	www.metlife.com/mybenefits
Vision	EyeMed Group: 1012485 Network: Insight	1.866.939.3633	www.eyemed.com
Virtual Medical, Dermatology, and Mental Health	Teledoc	1.800.835.2362	www.teladoc.com
Flexible Spending Accounts Health Reimbursement Account (HRA) Health Savings Account (HSA)	HSA Bank	English: 1.800.357.6246 Spanish: 1.800.357.6232	www.hsabank.com
Wellness	HealthCheck360	1.866.511.0360	https://www.healthcheck360.com
Life, AD&D, And Disability	Standard	Life Insurance: 1.800.628.8600 STD: 1.800.368.2859 LTD: 1.800.368.1135 Fax: 1.800.378.6053	www.standard.com
Explain My Benefits			embbenefits.com/pc-jea/
Retirement	Empower - COJ DC Pension COJ - DB Empower - JEA 457 and 401A Empower - JEA Savings Plans	1.904.255.5569 1.904.255.7280 1.855.756.4738 1-800.701.8255	cojdcp.com www.participant.empower-retirement.com
FMLA	FMLA Source	1.877.462.3652	www.fmlasource.com
Employee Assistance Program	HealthAdvocate	1.877.240.6863	www.healthadvocate.com
AFLAC	AFLAC	Agent: Susan Knight 1.904.241.2482 Sol Leon-Ramunni 1.408.832.7162 1.800.922.3522	susan@susanknight.net sol_leon@us.aflac.com www.aflac.com/JEA
Legal Plan	US Legal	1.800.356.5297	www.uslegalservices.net/legaldoclibrary Username: JEA Password: LLjea574!!

If you experience issues with the websites or have questions about navigating the directories, please contact the company by using the contact information provided either on each coverage page.

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