

**JACKSONVILLE POLICE OFFICERS AND FIRE FIGHTERS' HEALTH INSURANCE TRUST
PLAN OF BENEFITS - Effective January 1, 2021**

| <u>UF HEALTH DIRECT CARE NETWORK PROVIDERS</u> | | |
|---|-----------|-------------------------|
| Individual Deductible_____ | \$750 | Deductible Year: |
| Family Deductible_____ | \$1,500 | January 1 – December 31 |
| Individual Out of Pocket <i>*(Medical Co-pays do apply)</i> _____ | \$1,500 | |
| Family Out of Pocket <i>*(Medical Co-pays do apply)</i> _____ | \$3,000 | |
| Individual Annual Maximum_____ | UNLIMITED | |
| *Medical Co-pays will NOT continue when out of pocket is met. | | 6/3/20 |

Pre Certification is **MANDATORY** for all In-Patient Admissions, Out-Patient Surgery, IV Infusion Therapy, Durable Medical Equipment (DME) and Home Health Care. For Pre Certification, please call Välenz: 1-877-608-2200.
Pre Authorization **MUST BE APPROVED** for non-routine diagnostics for suspicion of cancer and prior to the inception of any chemotherapy regimen. For Pre Authorization call Välenz: 1-877-208-5002

| <u>DESCRIPTION OF SERVICES</u> | <u>*UF HEALTH DIRECT CARE NETWORK PROVIDERS</u> (Charges above negotiated amounts are not billable to the Member) | <u>OUT – OF – SERVICE AREA BENEFITS</u> (Emergency Services and Exceptions Only.) (Charges above Reasonable & Customary (R & C) amounts are permitted & are billable to the Member) |
|--------------------------------|--|---|
|--------------------------------|--|---|

*UF HEALTH DIRECT CARE NETWORK COUNTIES INCLUDE: DUVAL, ST. JOHN'S, CLAY, BAKER, NASSAU AND ALACHUA

| <u>FACILITY CHARGES</u> | | |
|--------------------------------------|---|--|
| Urgent Care Facility | You pay \$25 Co-pay, Plan pays 100% | You pay \$25 Co-pay, Plan pays 100% |
| In-Patient Hospital | After Deductible is met, Plan pays 80% | N/A |
| Emergency Room Emergency Use | After Deductible is met, Plan pays 80% | After In Network Deductible is met, Plan pays 80% |
| Non Emergency | You pay 50% Plan pays 50% | N/A |
| Ambulance to Hospital | After Deductible is met, Plan pays 80% | After In Network Deductible is met, Plan pays 80% |
| <u>PROFESSIONAL SERVICES</u> | | |
| In-Patient Surgery | After Deductible is met, Plan pays 80% | N/A |
| Out-Patient Surgery Doctor Office | You pay \$10 Co-pay, Plan pays 100% | N/A |
| Facility or Hospital | After Deductible is met, Plan pays 80% | N/A |
| Anesthesia | After Deductible is met, Plan pays 80% | N/A |
| Hospital Visits | After Deductible is met, Plan pays 80% | N/A |
| <u>OFFICE VISITS</u> | | |
| Primary Care | You pay \$10 Co-pay, Plan pays 100% | N/A |
| Specialist | You pay \$30 Co-pay, Plan pays 100% | N/A |

Benefit Plan Sheet is for Informational Purposes ONLY. Please see Plan Booklet for specific Information on Plan.

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PREVENTIVE CARE: (go to <https://www.healthcare.gov/coverage/preventive-care-benefits/> for covered services)
Plan pays 100% N/A

DIAGNOSTIC LAB: LabCorp or UF Health Hospital Labs
Plan pays 100% N/A

DIAGNOSTIC X-RAY After Deductible is met,
Plan pays 80% N/A

MRI/CAT/PET After Deductible is met,
Plan pays 80% N/A

CHIROPRACTIC After Deductible is met,
(60 visits per plan year) Plan pays 80% N/A

THERAPY After Deductible is met,
(Including Physical) Plan pays 80% N/A
(60 visits per plan year)

DURABLE MEDICAL EQUIPMENT (DME) After Deductible is met,
Plan pays 80% N/A

OTHER COVERED CHARGES After Deductible is met,
Plan pays 80% N/A

MENTAL DISORDERS / SUBSTANCE ABUSE

| | | |
|-------------|---|-----|
| In Patient | After Deductible is met, Plan pays 80% | N/A |
| Out Patient | You pay \$10 Co-pay, Plan pays 100% | N/A |

PRESCRIPTION DRUG CARD: Deductible Year: January 1 – December 31
Maximum OOP: \$1,000 Individual. \$2,000 Family
Rx Co-pays will not continue when out of pocket is met.

30 DAY SUPPLY:

- You pay \$10 Co-pay for Generic Drugs
- You pay \$40 Co-pay for Preferred Brand Name Drugs
- You pay \$75 Co-pay for Non-Preferred Brand Name Drugs

90 DAY SUPPLY:

- You pay \$20 Co-pay for Generic Drugs
- You pay \$80 Co-pay for Preferred Brand Name Drugs
- You pay \$150 Co-pay for Non-Preferred Brand Name Drugs

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