

**The Recipient Benefits Plan has three coverage plans:
Self, Group, and Special**

Self Plan - provides benefits for you and your tax dependents based on one donation of blood/blood products within a 12-month period. Benefits will be available for one year following your donation date.

A second donation within the same 12-month period extends benefits to non-tax dependent family members as well.

Group Plan - provides benefits for members of a specific donor group, such as a business, religious, educational, civic, or other organization.

When at least 25% of the group's membership donates blood/blood products within a 12-month period, every member and their tax dependents, regardless of whether they donated, are eligible for benefits for one year.

If at least 40% of the group donates within a 12-month period, benefits extend to the members' non-tax dependent family members, parents, and siblings.

If at least 50% of a group donates within a 12-month period, benefits extend to retired group members and their spouses.

Special Account - allows donors to give their donation credit to someone currently using blood products or who will be in the near future. Any Blood Alliance donor can choose to designate his/her donation credit to another individual, as long as The Blood Alliance has an account set up for that individual.

Each donation is equal to a unit of blood transfused. For example: A 14-year-old girl is going in the hospital for a liver transplant. Her family asks The Blood Alliance to set up an account and a dedicated blood drive for her. Fifty people donate during the drive, and the teenager uses 45 units of blood during her transplant. The teenager's family will receive recipient benefits for each of the 45 units of blood transfused. The other five will remain in the patient's account for a 12-month period. If she does not need additional transfusions in the 12-month period, the five units will drop off, leaving a zero balance.

To set up a Special Account, receive information on Requests for Benefits, or for any other questions, please call The Blood Alliance at (904) 353-8263 or (888) 447-1479.

Where can I go to donate?

In Florida:

South Jacksonville 8013 Beach Blvd. Jacksonville	West Jacksonville 4912 Blanding Blvd. Jacksonville
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Mandarin 10501 San Jose Blvd. Jacksonville	Beaches 1927 North 3rd St. Jacksonville Beach
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Blood Center of the St. Johns 110 Health Park Blvd. St. Augustine (904) 824-1891	Clay County 2153 Kingsley Ave. Orange Park
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For information or an appointment call
(904) 353-8263 or (888) 447-1479.

In Georgia:

Camden/Charlton
6586 Hwy 40 East, Suite A21
St. Marys, GA
(912) 576-6855

Savannah Community Blood Bank **
Market Walk
7135 Hodgson Memorial Drive, Suite 14A
Savannah, GA 31406
(912) 355-0271 or (866) 500-4749

Memorial Health University
Medical Center Donor Center
4700 Waters Avenue
Savannah, GA 31404
(912) 350-5643

In South Carolina:

Lowcountry Community Blood Center **
Beaufort Memorial Hospital Donor Center
955 Ribaut Road
Beaufort, SC 29901
(866) 500-4749

Visit our website at www.igiveblood.com

***These locations by appointment only.*



Recipient Benefits Plan

Taking care of those who give.



What is the Recipient Benefits Plan?

The Blood Alliance's Recipient Benefits Plan is designed to provide limited financial assistance to blood donors, their immediate families, or specific designees who have received blood transfusions. It helps these recipients recover some of the blood processing fees. These are fees The Blood Alliance must charge health care organizations for the collecting, testing, and processing of the blood products, and to ensure the safest blood possible is available for local patients.

The Recipient Benefits Plan was created to give a percentage of those fees back to the donors who so generously give the gift of life, and to encourage replacement of transfused blood so there will always be enough available for patients who need it.

How can I join?

To join the plan, all you have to do is donate blood at any of our community donor centers, mobile units, or portable blood drives. Your donation not only supports our community's blood supply, but also enrolls you in the plan. Your plan benefits will stay active for 12 months after you donate, and if you are a regular donor, they will continue to stay active.

If you are giving an autologous donation (giving blood for your own surgery) or a directed donation (giving blood that will be transfused for a specific patient), you will need to

donate again to the general community's supply to become enrolled in the plan.

What are the benefits?

The Blood Alliance's Recipient Benefits Plan reimburses 20% of the total processing fee for blood or blood products charged by The Blood Alliance, provided the plan was activated before the need for blood was established. For donations made in response to a known need, see the description for Special Accounts.

Qualified recipients (defined as the donor, donor's immediate family, and specially designated recipients) will receive this reimbursement regardless of the recipient's health insurance benefits.

Even if the treatment was received outside of The Blood Alliance's coverage area, benefits are available as long as the donation earning the credit was made through The Blood Alliance.

How does the recipient receive the benefits?

Following treatment, the recipient or a designee must fill out the "Request for Benefits" form included at right. Once the form is completely filled out, detach from this brochure, and attach to an itemized copy of the appropriate hospital bill. Mail or deliver this information to:

The Blood Alliance
Donor Resources Department
536 West 10th Street
Jacksonville, FL 32206

The Blood Alliance

536 W 10th Street • Jacksonville, FL 32206 • (904) 353-8263 • (888) 447-1479 • (904) 358-7111 fax

REQUEST FOR ACCOUNT BENEFIT

Date: _____

Donor or Group providing coverage (i.e., Henry Williams, Jacksonville Fire and Rescue):

Relationship to Donor or Group: _____

Account Number of Group: _____

Recipient of Blood Products: _____

Social Security Number: _____

Date of Birth: _____

Medical Facility where transfusion(s) took place (i.e., St. Luke's, Shands Jacksonville, Memorial, etc):

Date(s) recipient was inpatient at medical facility: _____

Person(s) authorized to receive Benefit payment: _____

Address: _____

City, State, Zip: _____

Telephone (with area code): _____

Signature: _____

ATTACH ITEMIZED HOSPITAL STATEMENT