



2024 Benefits Guide



Benefits to Support Your Life Journey

We offer a comprehensive health care program to meet the needs of you and your family. This guide provides information to help you make your enrollment decisions. During benefits enrollment, you have the opportunity to review your coverage needs, consider the benefits plans available to you and select those that will provide the most value to you and your family.

This guide also provides assistance in identifying ways you can save money. Be sure to review the plans in this guide to ensure you select the plans that will best meet your needs and financial goals.

Questions? Contact Risk & Benefits Management

Email: bccriskmanagement@sjcfl.us / bccbenefits@sjcfl.us

Phone: 904.827.6886 / 904.209.0635 option 4



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Note: We intend for this benefits guide to help you choose benefits offered by St. Johns County Board of County Commissioners. This benefits guide is not representative of all plan provisions or rules. Please refer to each plan document for a full explanation of benefits, which are available on Plan Source. Plan documents and rules prevail if there are any discrepancies with this benefits guide. An electronic version of this benefits guide can be found at ec.sjcf.us/home/Benefits

The terms and provisions will govern you and restrictions of the plans in which you enroll. As prohibited by the rules of the plan, falsifying dependent information or documentation, certifying ineligible persons as eligible, enrolling ineligible persons in coverage, falsifying the occurrence of life events or life event documentation, and failing to remove dependents from coverage within 30 days of when they lose eligibility, will be treated as fraud or misrepresentation. Such acts will require you to reimburse the plan for any claims incurred. Legal and disciplinary action may be taken. Generally, unless you experience a qualifying life event, your elections will remain in effect for the entire plan year. By completing your enrollment you authorize St. Johns County Board of County Commissioners to deduct contributions from your paycheck, now and in the future, as required under each of the plans. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, contact Human Resources. St. Johns County Board of County Commissioners reserves the right to change, amend or cease these benefits at any time.



Carry Your Benefits Wherever You Go

It's never been easier to download and use your St. Johns County benefits with these mobile apps.



Travel Assistance

Assist America

View pre-trip information, such as country-specific visa requirements, immunization regulations, and security advisories



Prescription

CVS Caremark

View your Rx benefits, cost coverage and spend review, savings, medication costs, and in-network pharmacies



Health Coverage

CVS Health Optimizer

Monitor your glucose, calories and more. Message a health coach and get personalized support from a Certified Diabetes Care Nurse.



Health Coverage

Florida Blue

Find in-network doctors, get ID cards, check benefits and claims, and compare medical costs



Legal Protection

Legal Shield

Send a picture of a speeding ticket, submit will questionnaire, ask a question, access free forms, and 24/7 assistance for emergencies



Deferred Comp

Lincoln Financial

Stay on-track with your financial goals, access forms, check balances and explore helpful videos



Reimbursement Accounts

Medcom

View your benefit account(s) recent transactions, balances, election information, and claims filing deadlines



Dental & Vision

MyHumana

Access ID cards, view claims, and find a provider



Labwork

MyQuest

View your appointments and lab results securely and quickly



Enrollment

PlanSource

PlanSource doesn't have an app, as benefits.plansource.com is mobile optimized.

- Enroll in benefits.
- Access uploaded insurance cards and saved contacts.



Mental Health

Spring Health

Book a session, try a wellbeing exercise, get appointment notifications, and more.



Telemedicine

Teladoc

Create an account, talk with a doctor, and search for nearby pharmacies



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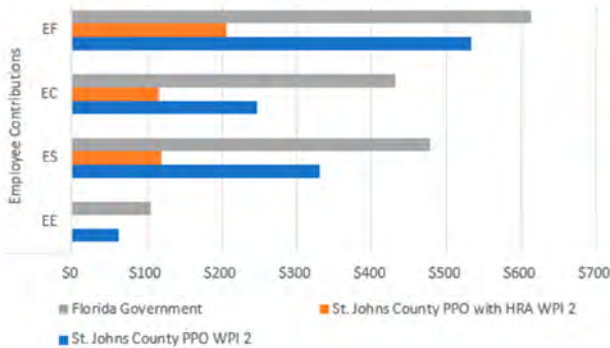


2024 Benefits



HEALTH BENEFITS

St. Johns County provides best in class benefits, specifically in comparison to the health coverage offered by other Florida governmental counties. Not only are the employee monthly contributions for both medical plan options (PPO and PPO w/HRA) much lower, but the cost includes prescription, dental and vision coverage.



St. Johns County Employer Monthly Contribution: \$1,120.92



LIFE & DISABILITY

Life insurance and Long-Term Disability insurance policies are provided to all benefits-eligible employees at no cost! Enrollment is automatic.



RETIREMENT PLAN

Employees may choose one of two retirement plan options, the Florida Retirement System (FRS) Pension Plan or the FRS Investment Plan. Both plans include employer contributions.



TRANSFORM DIABETES CARE

If you are managing diabetes, you are automatically enrolled in the Transform Diabetes Care program. This program provides guidance, \$0 test strips and lancets, individual coaching on nutrition, blood glucose, and much more.



SKIN CANCER SCREENINGS

We provide on-site free Skin Cancer screenings for employees and retirees on our medical plan.



ONSITE DENTAL CARE

We partner with Humana Dental to provide on-site cleanings, x-rays, and cavity fillings for employees.



PAID TIME OFF

All full-time employees receive:

- **Vacation:** 10 days during first 3 years, 15 days during years 4-10, and 20-days beginning year 11
- **Sick Time:** 96 hours/year
- **Holidays:** 12 days/year
- **Birthday:** 1 day/ fiscal year
- **Bereavement Leave**
- **Jury Duty**
- **Service Award Time Off**
- **Voting Time**



EMERGENCY TRAVEL ASSISTANCE

Assist America provides assistance whenever you travel more than 100 miles including ticket/passport replacement, connection to medical care providers and interpreter services.



WELLNESS

St. Johns County's program includes onsite biometric screenings, onsite health coaching, 2 onsite fitness centers, healthy living reimbursements, and many more initiatives to promote employee wellbeing.



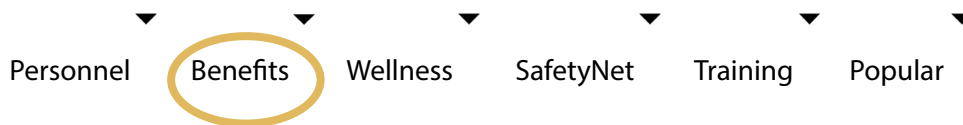
Scan the QR code to learn more about all these great benefits!



Benefit Portals

ST. JOHNS COUNTY
EMPLOYEE CONNECTION

Your go-to place for more information about St. Johns County benefits!



OPEN ENROLLMENT

Open Enrollment will begin October 1 and run through October 15. Don't miss your opportunity to enroll in coverage, make changes to your benefits, and add or remove qualified dependent(s). All changes will be effective January 1, 2024.

PASSIVE ENROLLMENT

This year's Open Enrollment will be a passive enrollment period. Benefits from 2023 will automatically roll over to 2024, with the exception of Flexible Spending Account (FSA) and Dependent Care Account (DCA). Enrollment is only required if you are making changes to your current benefits, enrolling in new benefits, or adding or removing dependents.

MYBENEFITS

MyBenefits is your benefits portal where you can find important benefits information, including plan documents, forms, and timely benefits updates.

Visit sjcbenefits.mbaileygroup.com



UPDATES

- Relevant and Timely Benefit News, Announcements Related to Benefits

DOCUMENTS

- Benefits Guide, Flyers, Forms, Plan Documents, Resources and Guides

VIDEOS

- Benefits Presentation, Know Your Benefits

LINKS

- Carrier websites, The Bailey Group website

FAQS

- Frequently Asked Questions (FAQ) and answers about all of your available benefit options

CONTACTS

- St. Johns County Benefits Team, The Bailey Group

Key Terms to Know

Annual Maximum

Total dollar amount a plan pays during a calendar year toward the covered expenses of each person enrolled.

Out-of-Pocket Maximum

The maximum amount of coinsurance a Plan member must pay towards covered medical expenses in a calendar year for both network and non-network services. Once you meet this out-of-pocket maximum, the Plan pays the entire coinsurance amount for covered services for the remainder of the calendar year. Deductible and copays apply to the annual out-of-pocket maximum.

Coinsurance

A percentage of the medical costs, based on the allowed amount, you must pay for certain services after you meet your annual deductible.

Copayment

A set dollar amount you pay for network doctors' office visits, emergency room services and prescription drugs.

Deductible

Total dollar amount, based on the allowed amount, you must pay out-of-pocket for covered medical expenses each calendar year before the plan pays for most services. The deductible does not apply to network preventive care if any services where you pay a copayment rather than coinsurance. Some of your dental options also have an annual deductible, generally for basic and major dental care services.

Brand Formulary Drugs

The brand formulary is an approved, recommended list of brand-name medications. Drugs on this list are available to you at a lower cost than drugs that do not appear on this preferred list.

EOB

An Explanation of Benefits (EOB) is the insurance company's written explanation regarding a claim, showing what they paid and what the patient must pay.

Generic Drugs

These drugs are usually the most cost-effective. Generic drugs are chemically identical to their brand-name counterparts. Purchasing generic drugs allows you to pay a lower out-of-pocket cost than if you purchase formulary or non-formulary brand name drugs.

Maintenance Drugs

Prescriptions commonly used to treat conditions that are considered chronic or long-term. These conditions usually require regular, daily use of medicines. Examples of maintenance drugs are those used to treat high blood pressure, heart disease, asthma and diabetes.

Non-Formulary Drugs

These drugs are not on the recommended formulary list. These drugs are usually more expensive than drugs found on the formulary. You may purchase brand-name medications that do not appear on the recommended list, but at a significantly higher out-of-pocket cost.

Specialty Drugs

Prescription medications that require special handling, administration or monitoring. These drugs may be used to treat complex, chronic and often costly conditions.

Portability

An employee carries or 'ports' his/her current Group Life coverage after employment ends, without having to answer any medical questions. Portability is for an employee who is leaving his/her job and still wants to maintain the protection that life insurance provides.

Primary Care Physician (PCP)

The health care professional who monitors your health needs and coordinates your overall medical care, including referrals for tests or specialists.

Network

A group of health care providers, including dentists, physicians, hospitals and other health care providers that agree to accept pre-determined rates when servicing members.

Qualifying Event

An occurrence that qualifies the subscriber to make an insurance coverage change outside of Open Enrollment.

Benefits Enrollment Checklist

BEFORE ENROLLING

- Take the time to educate yourself on all of the benefit options that are available to you by reviewing this benefits guide carefully.
- Regular employees regularly scheduled to work 30 hours or more per week are eligible to enroll in benefits.
- PlanSource is the employee self-service, online portal for employees to enroll in all benefit plans. Once logged in, you will be able to see benefits offered to you and compare costs.

DURING ENROLLMENT

Log in to benefits.plansource.com/?sjc. Username is the first initial of your first name + first six letters of last name + last four of Social Security Number (i.e. jsmith0000). Your initial password is your birth date in the YYYYMMDD format (i.e. 05/01/1967 =19670501).

Open Enrollment (October 1-15): Select "Current Benefits" in PlanSource.

- You are eligible to enroll, add or remove qualified dependent(s), no qualifying life event necessary.
- If adding dependent(s), refer to the next page for required documentation, verifying dependents eligibility for coverage.
- Coverage elected during Annual Open Enrollment becomes effective January 1.

New Hire Enrollment Period (NHEP): Select "New Hire Enrollment" in PlanSource.

- If enrolling dependents, refer to the next page for required documentation, verifying dependent(s) eligibility for coverage.
- Benefits currently become effective for employees the first of the month following 60 days from their date of hire. For employees hired on or after January 1, 2024, benefits will become effective the first of the month following 30 days from their date of hire.

AFTER ENROLLMENT

- If you are currently enrolled in one of the medical/prescription plans and wish to stay enrolled in coverage, you will not receive new ID cards and will continue using your current ID cards for the 2024 plan year.
- If you elect coverage for the first time, you will receive separate ID cards for medical, prescription, dental, and vision coverage.

Enrollment Basics

WHO YOU CAN COVER

In order to be eligible to enroll in the benefits we provide, your dependents must meet the following eligibility criteria:

ELIGIBLE DEPENDENTS	REQUIRED DOCUMENTATION
Spouse: The employee's spouse under a legally valid existing marriage.	Marriage certificate
Dependent Child(ren): The employee's natural, newborn, adopted, foster, or step child(ren) (or a child for whom the Employee has been court-appointed as legal guardian or legal custodian). Can be covered on the plan up to the end of the month in which they turn 26 (regardless of marital or school status) or is no longer eligible under the Foster Child Program.	<p>Birth Certificate, hospital footprint record, or hospital record, naming the employee as the child's parent OR appropriate court order/ adoption decree naming the employee or employee's spouse as the child's legal guardian.</p> <p>For stepchild(ren): Birth Certificate naming spouse as the child's parent AND above documentation required for a spouse.</p>
Newborn Grandchild(ren): The newborn child of a covered dependent child. Coverage for such newborn child will automatically terminate 18 months after the birth of the newborn child.	Birth Certificate naming employee's dependent child as the parent.
Disabled Dependents: Dependents who become totally and permanently disabled before age 26 and rely on you for support may be eligible.	Proof of the disability will be a statement from the dependent's physician certifying that the dependent was incapacitated or disabled prior to the limiting age, is incapable of self sustaining employment by reason of mental or physical disability, and is fully dependent upon the contract holder for support.

IMPORTANT TO KNOW

How to enroll or make mid-year changes to your benefits if you've experienced a qualified life event

- Log in to benefits.plansource.com/?sjc
- Supporting documentation should be uploaded into the enrollment portal at the time the change is requested
- **If you do not request the change and provide the necessary documentation within 30 days of the event date, you will have to wait until the next Open Enrollment to make the change**

MID-YEAR CHANGES

You may make changes to your benefits elections if you experience a qualified life event. The changes you make must be the result of and consistent with the qualified life event that occurred.

EVENT	ACTION	REQUIREMENTS
Life Event (Adding) Within 30 days of event date	Adoption	Adoption records
	Birth	Birth Certificate, or Hospital footprint record, or Hospital record
	Marriage	Marriage Certificate
	Gain custody of Dependent	Court Order documents
	Self/Spouse/ Dependent Loses Coverage	Letter (on letterhead) from employer showing date coverage ended, or Online Benefit Confirmation Statement showing date coverage ended, AND required documents listed in "Who You Can Cover."
	Lose Eligibility Medicare/ Medicaid	Letter from Center of Medicare and Medicaid Services (CMS) showing date coverage ended, AND required documents listed in "Who You Can Cover."
	Spousal Surcharge	When your spouse becomes eligible for coverage through their employer, you are required to report this event and pay a spousal surcharge in order to keep your spouse covered on the medical plan.
Life Event (Removing) Within 30 days of event date	Self/ Spouse/ Dependent Gains Coverage	Letter (on letterhead) from employer showing date coverage started, or Online Benefit Confirmation Statement showing date coverage started.
	Gain Eligibility Medicare/Medicaid	Copy of Medicare or Medicaid card
	Spousal Surcharge	When your spouse loses eligibility from coverage through their employer, you can report this event and remove the spousal surcharge, keeping your spouse covered on the medical plan.
	Death of Dependent	Death Certificate (Long form)
	Divorce	First page and Judges Signature page of Dissolution document/ Divorce Decree



Medical and Prescription Drugs

Your medical coverage is administered through **Florida Blue**. You'll have access to a broad network of doctors and hospitals, providing you with quality care and significant savings in comparison to receiving services out-of-network.

Your pharmacy benefits are provided through **CVS/Caremark**. You may purchase up to a 30-day supply of covered drugs when you fill your prescription at a participating retail pharmacy. You can use the mail order or retail-90 pharmacy programs if you use a maintenance medication, such as those for blood pressure or cholesterol. Both CVS retail and home delivery offer up to a 90-day supply at a reduced cost to you.

PLAN HIGHLIGHTS

- Florida Blue has an arrangement with Quest Diagnostics that provides even deeper discounts than other in-network outpatient lab facilities, such as outpatient hospital and other free-standing labs. If you are outside of Florida, you can visit any participating independent lab in your area.
- Specialty medications must be filled by CVS Caremark Specialty Pharmacy. Once the pre-authorization form is provided, your order can be placed through Specialty Connect. You can choose between in-store pickup at your local CVS Pharmacy, or UPS delivery of your medication to your home or doctor's office. Dedicated clinical support will be provided to you, by phone from a team of specialty pharmacy experts trained in your therapeutic area. Available 24 hours a day, 365 days a year.
- If you are taking a Specialty medication, you will also be automatically enrolled in the **PrudentRx Specialty Medication Copay Program**. The PrudentRx Copay Program will help you get copay assistance from drug manufacturers to reduce your 30% coinsurance share for eligible medications. **Even if there is no copay card program for your medication, your cost will be \$0 for as long as you are enrolled in the program.** If you choose to opt out of the program, or if you do not affirmatively enroll in any copay assistance as required by a manufacturer, you will be responsible for the full amount of the 30% coinsurance responsibility on eligible specialty medications.
- CVS partnered with GoodRx to provide cheaper alternative medications. The **Cost Saver Program** is included with the prescription benefits. This program is specifically for generic, non-specialty medications.



Transform Diabetes Care

Managing diabetes? Extra support is here. Transform Diabetes Care is a program that provides the right amount of guidance and support based on your health needs. And it's covered by your prescription plan.

If you're managing diabetes, you're enrolled automatically. **The program includes \$0 test strips and lancets.** Your personalized experience may include, blood sugar and blood pressure monitoring, pharmacists and nurses supporting you, prescription refill reminders, preventive health screenings, and more.

Individual coaching on:

- Developing a nutrition plan
- Meal planning
- Testing your blood glucose
- Managing your medications

Reminders on ways to help improve your health including:

- Scheduling an overdue screening
- Taking your medication
- Seeing your doctor

Helpful alerts and updates, tailored to you including:

- E-mail
- Text Message
- Pre-recorded and live calls

IMPORTANT TO KNOW

Health Optimizer Mobile App

With the CVS Health® Tracker App, you can monitor your glucose, calories and more. To stay on track, you can message with a health coach and get personalized support from a Certified Diabetes Care Nurse.

- Connects with other devices to upload blood glucose and blood pressure.
- Supports lifestyle, weight and nutrition management.
- Provides enhanced medication adherence education.

Health and Well-Being Resources

St. Johns County is dedicated to helping you and your family be healthy and fit. As a covered member, you and your covered dependents have access to the following benefits and resources.

CARE ASSISTANCE PROGRAMS

Did you know you have access to free Care Consultants, Health Coaches, Care Management Programs, as well as Diabetic Resources when enrolled on the medical plan?

- Care Consultants provide assistance in comparing your choices for medical services or prescriptions. Call 888.476.2227.
- Health Coaches are licensed nurses available 24/7 to provide support with significant medical decisions and symptom management. Call 877.789.2583.
- Care Management Programs help you or a covered dependent living with a chronic condition, including Diabetes, Congestive Heart Failure, Chronic Obstructive Lung Disease (COPD), Asthma, or Cardiac Conditions. Call 800.955.5692 or visit [floridablue.com](https://www.floridablue.com).

DIABETES CARE MANAGEMENT

- Personalized diabetic resources are available 24/7 by calling Health Dialog at 877.789.2583. With member cost sharing, **Insulin** is covered through the pharmacy program while diabetic supplies are covered through Florida Blue's CareCentrix.
- Through **Transform Diabetes Care**, managed by the pharmacy program, members can get lancets and test strips at no cost.

NICOTINE CESSATION

We know quitting nicotine is not easy. That is why the prescription plan provides coverage for a 168-day supply per calendar year per medication. Coverage is included for over-the-counter products, generic prescription medications, and branded Nicotrol NS Nasal Spray, Nicotrol Inhaler System, and Chantix.

- Call CVS/Caremark 844.278.5590

MENTAL HEALTH BENEFITS

All health plan members have access to in-person mental health care through the Florida Blue provider network, virtual mental health benefits through Teladoc, and both virtual and in-person mental health support through Spring Health.

- To find an in-person Mental Health Clinician, visit [floridablue.com](https://www.floridablue.com) or call 866.350.2280.
- To access virtual Mental Health Care, visit [Teladoc.com](https://www.teladoc.com).
- To access virtual or in-person mental health support and coaching through Spring Health visit [sjc.springhealth.com](https://www.sjc.springhealth.com) or call 855-629-0554.

DISCOUNTS

View hundreds of discounts available to you, including hearing devices, fitness equipment, homeopathic health services, and much more. Log in to your member website at [floridablue.com](https://www.floridablue.com) to access these great deals.

MATERNITY MANAGEMENT

Whether you are considering having a baby or are already expecting, the Healthy Addition Prenatal Program can teach you how to reduce your risk of complications and prepare you to have a successful, full-term pregnancy and a healthy baby. The program is free and confidential.

- Call 800.955.7635, Option 6 or email healthyaddition@bcbsfl.com

Life is easier with the right support.

You don't need to wait for a crisis to prioritize your mental health. Starting January 1, 2024, St. Johns County will partner with **Spring Health** to provide personalized care and resources to support you through any of life's challenges.



Spring Health can support your mental health with easy access to:

Therapy and coaching

Get support when it's convenient for you. Each member gets 6 free therapy sessions and 6 coaching sessions per year.

Dedicated guidance

Your Care Navigator can walk you through your care plan, help you find the right therapist, and provide support whenever you need it.

Wellness exercises

Moments is a library of self-guided exercises that can help you manage stress, calm anxiety, beat burnout, improve sleep, and be more mindful.

Personalized care

Take a short online assessment and get care recommendations to support your immediate needs and long-term goals.

Diverse providers

Choose an experienced therapist you feel comfortable with. Browse recommendations or search by specialty, gender, ethnicity, or language.

Medication management

If needed, 2 of your covered therapy sessions can be used for a medication management consultation with a doctor.



Contact Spring Health
springhealth.com/support
1-855-629-0554

General support: M-F, 8am-11pm ET
Crisis support: 24/7 (press 2)

Starting January 1, 2024, Spring Health is available at no cost to all St. Johns County employees and their household members (age 6+).

Your care with Spring Health is private and confidential.

HOME HEALTH AND DME PROVIDERS

CareCentrix, Florida Blue's Durable Medical Equipment (DME) supplier, has an established network of providers who are accessible throughout Florida. Durable Medical Equipment (DME) is any medical equipment used in the home to aid in a better quality of living. When prescribed by your doctor and medically necessary, Florida Blue will cover these items at 80% after your in-network deductible is met and as long as you go through CareCentrix by calling 877.561.9910.

How to find a provider

- Visit www.floridablue.com.
- Click on *Find a doctor*.
- Under **Step 1**, choose Support Service and select either Durable/Home Medical Equipment or Home Health Agency.
- Under **Step 2**, select your plan name.
- Under **Step 3**, fill in the criteria for your location Click the Search button and see your results.

Examples of DME includes, but not limited to:

- a nebulizer
- CPAP machine and supplies
- wheelchair
- a boot, walkers
- breast pumps
- colostomy bags
- diabetic supplies

IMPORTANT TO KNOW

Home Health Agencies

A home health agency provides professional home health services, such as wound care, medication teaching, pain management, disease education and management, speech therapy, physical therapy or occupational therapy. Home care is often an integral component of the post-hospitalization recovery process, especially during the initial weeks after discharge when the patient still requires some level of regular physical assistance.

2024 Monthly Rates Include: Medical, Prescription, Dental and Vision

We are pleased to announce for the second consecutive year, that employee rates for all coverage levels for both the PPO (03559) and the PPO with HRA (05360) plans will remain the same for the 2024 plan year. The cost of healthcare has not remained flat which shows St. Johns County's commitment to you by absorbing 100% of the cost increase for employees.

Health Benefits are bundled and not available for standalone enrollment. Your employee contributions for this plan year are based on your choice of plan and coverage tier. Listed below are per-pay-period (24) costs for you and your dependents effective January 1, 2024:

	PPO (03559)			
	COST	WPI 1	WPI 2	ANNUAL ST. JOHNS COUNTY CONTRIBUTION ¹
	PER PAY	PER PAY	PER PAY	MONTHLY
Employee Only	\$56.66	\$31.66	N/A	\$1,120.92
Employee + Spouse	\$215.68	\$190.68	\$165.68	\$1,120.92
Employee + Child(ren)	\$148.73	\$123.73	N/A	\$1,120.92
Employee + Family	\$316.33	\$291.33	\$266.33	\$1,120.92

¹Employer rates are subject to change.

	PPO WITH HRA 05360			
	COST	WPI 1	WPI 2	ANNUAL ST. JOHNS COUNTY CONTRIBUTION
	PER PAY	PER PAY	PER PAY	MONTHLY
Employee Only	\$25.00	\$0	N/A	\$1,120.92
Employee + Spouse	\$109.70	\$84.70	\$59.70	\$1,120.92
Employee + Child(ren)	\$82.28	\$57.28	N/A	\$1,120.92
Employee + Family	\$153.58	\$128.58	\$103.58	\$1,120.92

	HEALTH REIMBURSEMENT ACCOUNT (HRA)
	ANNUAL ST. JOHNS COUNTY CONTRIBUTION
Employee Only	\$ 600.00
Employee + Spouse	\$1,000.00
Employee + Child(ren)	\$1,000.00
Employee + Family	\$1,500.00

Note: Annual contribution; prorated for new hires and life events

WPI 1: If EITHER Employee or Spouse complete the WPI

WPI 2: If BOTH Employee and Spouse complete the WPI

SPOUSAL SURCHARGE: Spouses of St. Johns County employees who work and are eligible for employer-sponsored medical insurance through their employer will be required to pay \$100 monthly toward the cost of medical in addition to the rates listed above. It is your responsibility to provide proof of change in insurance coverage within 30 days for spousal surcharge.

WELLNESS PREMIUM INCENTIVE (WPI): Wellness Premium Incentives for 2024 were earned through participation in the Wellness Premium Incentive (WPI) from October 1, 2022 through September 30, 2023. Children are not eligible to participate in the WPI.

MEDICAL AND PRESCRIPTION DRUG PLANS



See the summary of your medical and prescription benefits below. For complete details, exclusions and limitations, and out-of-network benefits, see the Summary Plan Descriptions which are available from [PlanSource](#) or sjcbenefits.mbaileygroup.com.

First
You pay a deductible



Then
You and the plan share costs

Next
You meet your out-of-pocket maximum and the plan starts to pay 100% of your remaining eligible expenses for the year



	PPO (03559)	PPO WITH HRA (05360)
MEDICAL BENEFITS		
	In-Network	In-Network
Calendar Year Deductible Per Individual / Family Aggregate	\$500 / \$1,500	\$1,500 / \$3,000
Coinsurance (% you pay)	20%	20%
Preventive Services	\$0	\$0
Office Visits Teladoc Virtual Visits: General Medicine/Dermatology	\$0	\$0
Primary Care Physician	\$35	\$35
Specialist	CYD + 20%	CYD + 20%
Urgent Care	\$35	\$35
Mental Health Teladoc Virtual Visits	\$35	\$35
Specialist	CYD + 20%	CYD + 20%
Emergency Room (facility charge)	CYD + 20%	CYD + 20%
Inpatient Hospital (facility charge) Level 1/Level 2	\$600/\$900	CYD + 20%/CYD + 25%
Outpatient Procedures (facility charge) Hospital - Level 1/Level 2	\$150/\$250	CYD + 20%/CYD + 25%
Ambulatory Surgery Center	\$100	CYD + 20%
Outpatient Diagnostic Tests Hospital - Level 1/Level 2	\$150/\$250	CYD + 20%/CYD + 25%
Quest Diagnostics (Lab/Blood work)	\$0	\$0
Independent Testing Facility (X-rays, MRI, CT, PET, etc.)	\$100	CYD + 20%
Provider Services Hospital, ER, Ambulatory Surgical Center	CYD + 20%	CYD + 20%
PRESCRIPTION BENEFITS		
Retail Pharmacy Generic/Preferred Brand/Non-Preferred Brand/ Specialty	\$10/\$50/\$75/30%	\$10/\$50/\$75/30%
Retail 90/Mail Order (90-day supply) Generic/Preferred Brand/Non-Preferred Brand	\$20/\$100/\$150	\$20/\$100/\$150
MEDICAL & PRESCRIPTION		
Out-of-Pocket Maximum Per Individual / Family Aggregate	\$3,000 / \$9,000	\$4,500 / \$9,000
BENEFIT MAXIMUMS Per Calendar Year		
Acupuncture Visits	30	30
Outpatient Therapies and Chiropractic* Combined days/visits. *More than 5 chiropractic visits require provider authorization through Florida Blue/ASH.	35	35
Mental Health Inpatient/Outpatient	No Limits	No Limits
Substance Dependency Treatment Inpatient/Outpatient	No Limits	No Limits
Home Health Care Visits	20	20
Inpatient Rehabilitation Days	30	30
Skilled Nursing Facility Days	60	60

When You Don't Have Time to Wait, You've Got Teladoc 24/7/365!

Call today 1-800-Teladoc (835-2362)
or visit [Teladoc.com](https://www.teladoc.com)

GENERAL MEDICINE



- \$0 copay per visit

When you or a family member don't feel well and a doctor or pediatrician can't see you right away, you have access within minutes. Teladoctors can help with many non-emergency illnesses, including:

- Sinus infection
- Allergies
- Flu
- Upset stomach
- Cough
- Nausea
- Sore Throat
- Other minor health issues

DERMATOLOGY

- \$0 copay per visit

Skin care is now so much easier, and you don't even have to leave home. Dermatologists diagnose & treat common skin conditions such as:

- Acne
- Rash
- Psoriasis
- Poison Ivy
- Eczema
- Skin Infections
- Rosacea
- Dermatitis

Set up your account today - so when you need care, a Teladoc doctor is just a call or click away.

REGISTER: 3 easy ways: download the mobile app, visit the Teladoc website, or call the number above.

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

REQUEST A VISIT: That's it! The next time you need immediate care for a non-emergency illness, you have another option.

MENTAL HEALTH CARE

- \$35 copay per visit

With Mental Health Care, members have easy access to quality care for a spectrum of conditions, without the obstacles of conventional in-office options. Members can speak with board-certified psychiatrists, licensed psychologists/therapists by phone, video, or in app messaging, from wherever they feel most comfortable. Common conditions treated include:

- Anxiety
- Depression
- PTSD
- Family/Marriage Issues
- Substance Abuse
- Trauma resolution
- Panic Disorder
- Stress
- Grief
- Eating Disorders
- Work Pressures
- ADHD

HOW MENTAL HEALTH CARE WORKS



Initiate: Provide basic information, including eligibility, by Teladoc app, phone, or web.



Schedule: Select a preferred mental health provider and schedule a virtual visit.



Consult: Speak with the selected provider and build an ongoing relationship.



Support: Ongoing mental health management support is provided.

WHERE TO GO WHEN YOU NEED CARE

It can be hard to know where to go for medical care – especially in the heat of the moment. But, not every situation calls for a trip to the emergency room.

Telemedicine is a great first option

When you need care (and it isn't a true emergency like one of the conditions listed below), call Teladoc. Their doctors can advise you on what to do next. They may even be able to help you resolve or stabilize the situation right there on the spot.

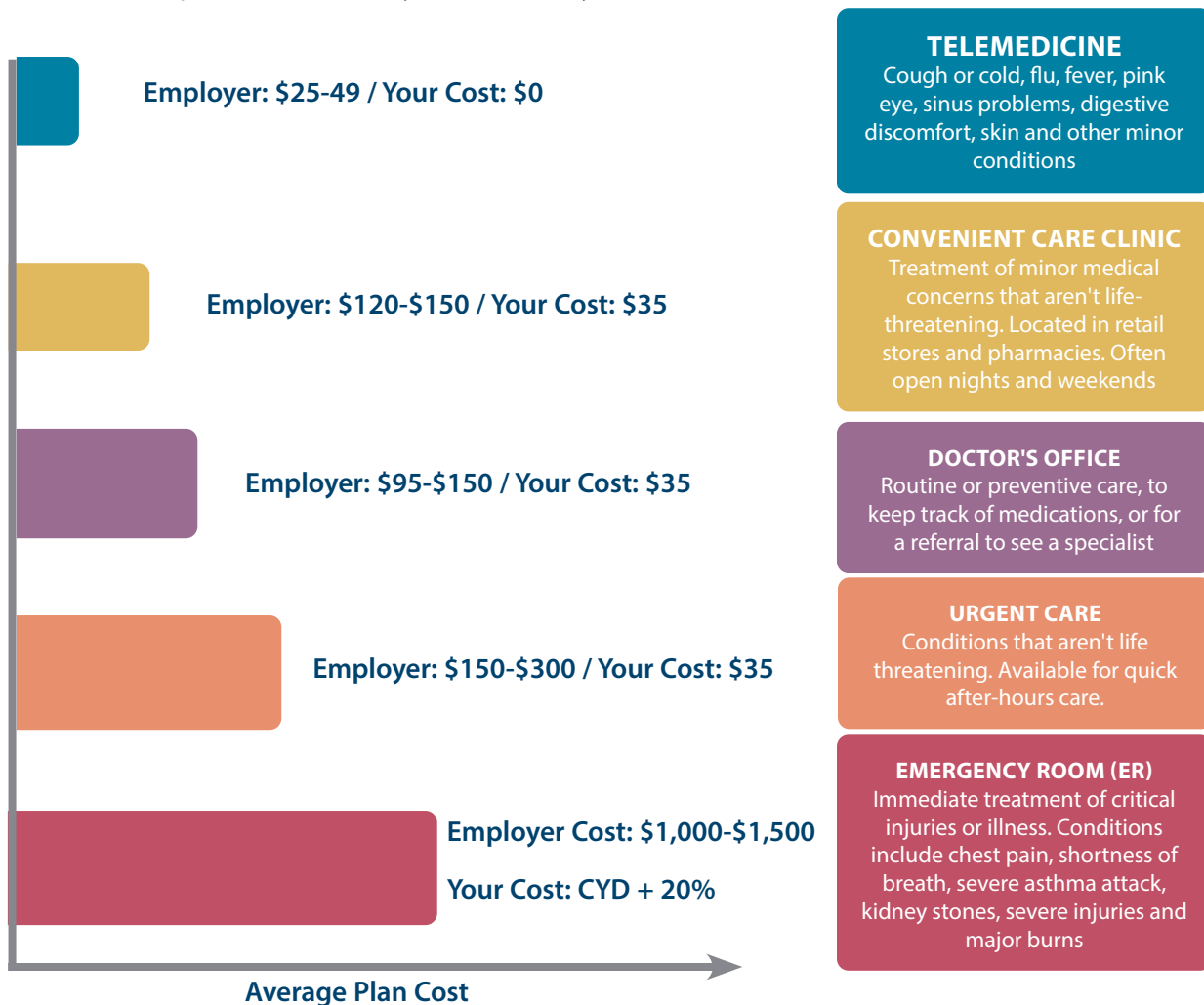
Nobody knows you better than your physician

Your physician has access to your records, knows the bigger picture of your health and may even offer same-day appointments to meet your needs.

When seeing your physician isn't possible, however, it's important to know your options for care that fits your specific needs or situation.

Understanding Your Cost

Your visit to the doctor will generate an electronic medical claim to Florida Blue. Florida Blue processes the doctor's claim and then bills the County Insurance Fund. It is important to keep the self-funded medical plan costs low as that affects premium increases in the future. Asking your doctor questions can help you decide which treatment plan is best for both your health and your wallet.



Reimbursement Accounts

St. Johns County offers three (3) Reimbursement Spending Accounts available on one convenient debit card, administered by Medcom.

HEALTH REIMBURSEMENT ACCOUNT (HRA) - FUNDED BY ST. JOHNS COUNTY

An HRA is a great way to pay for covered medical, prescription, dental and vision expenses through the plan year. If you elect the PPO with HRA you will receive an HRA for you to use to pay for health care expenses. The account is completely funded by St. Johns County.

HEALTH CARE FLEXIBLE SPENDING ACCOUNT (FSA)

An FSA, which must be elected annually, allows you to set money aside into an account to pay for certain types of out-of-pocket medical expenses. The money you allocate is pre-tax. Federal, State and FICA taxes are not taken out on the amount you contribute.

You can use a Health Reimbursement and Health Care FSA for:

- Copays
- Calendar Year Deductible (CYD)
- Dental and Vision Expenses
- Prescription Drugs
- For a complete list of eligible expenses, visit medcom.wealthcareportal.com

The Cares Act allows over the counter items to be offered on a pre-tax basis. Some examples are:

- Cough, cold and allergy medicines
- Pain relievers
- Menstrual
- For a complete list of eligible expenses, visit medcom.wealthcareportal.com

	(FSA)	(HRA)
County contributes	X	✓
Employee contributes (pre-tax)	✓	X
Used for eligible expenses	✓	✓
Do funds rollover?	✓ \$75-\$640	X Use it or lose it
Who can use it?	Per IRS benefit eligible employees and dependents	Employees and dependents enrolled in the PPO with HRA

REIMBURSEMENT SPENDING ACCOUNTS COMPARISON

	HEALTH REIMBURSEMENT ACCOUNT (HRA) ¹	FLEXIBLE SPENDING ACCOUNT (FSA) ¹	DEPENDENT CARE ACCOUNT (DCA)
How it Works	For Employees enrolled in the PPO with HRA the County deposits money into your account to help pay for eligible medical, dental, vision, and prescription drug expenses	You deposit pretax money into your account through payroll deductions to help pay for eligible medical, dental, vision, and prescription drug expenses	You deposit pretax money into your account through payroll deductions. You get reimbursed for the care of an eligible child or adult dependent, but not for health care expenses
Who is Eligible to Use Funds	Employees enrolled in the PPO with HRA and ONLY their dependents enrolled on the health plan	Benefits-eligible employees and any eligible dependents, per IRS guidelines	Dependent children under age 13 or adult dependent on tax return
Employer Contribution Annual contribution; prorated for new hires and life events	Yes \$600 – Employee Only \$1,000 – Employee + Spouse \$1,000 – Employee + Children \$1,500 – Employee + Family	None	None
Employee Contribution	None	\$75 Minimum \$ 3,200 Annual Maximum If your spouse also works for St. Johns County, you may both contribute to your own FSA, up to the \$3,200 annual limit	\$5,000 for a married couple filing jointly \$5,000 for a single person \$2,500 each for a married couple filing separately
When is Money Available	The total amount of your account is available January 1, or date of eligibility for new hires or individuals who have a qualifying life event	The total amount of your annual election is available January 1, or date of eligibility for new hires or individuals who have a qualifying life event	Money is added to your account after each payroll deduction. You may use only the amount you have in your account at that time
Deadline to Use Funds	December 31	December 31	December 31
Can Unused Funds Roll Over to Next Year	No	\$75 Minimum \$640 Maximum Funds less than \$75 or in excess of \$640 will be forfeited	No

¹Substantiation may be required for some expenses. Run-out period for previous calendar year funds is January 1 to March 31. Run-out date is the last day to submit claims for the specified plan year. Claims will not be considered for reimbursement if submitted after this date. All run-out claims must be submitted manually.

HEALTH REIMBURSEMENT ACCOUNT (HRA)

A Health Reimbursement Account (HRA) is an employer-funded account that is designed to reimburse you for qualified medical expenses that are paid for out-of-pocket. All employees who elect the PPO with HRA are automatically enrolled in an HRA.

Benefits of an HRA

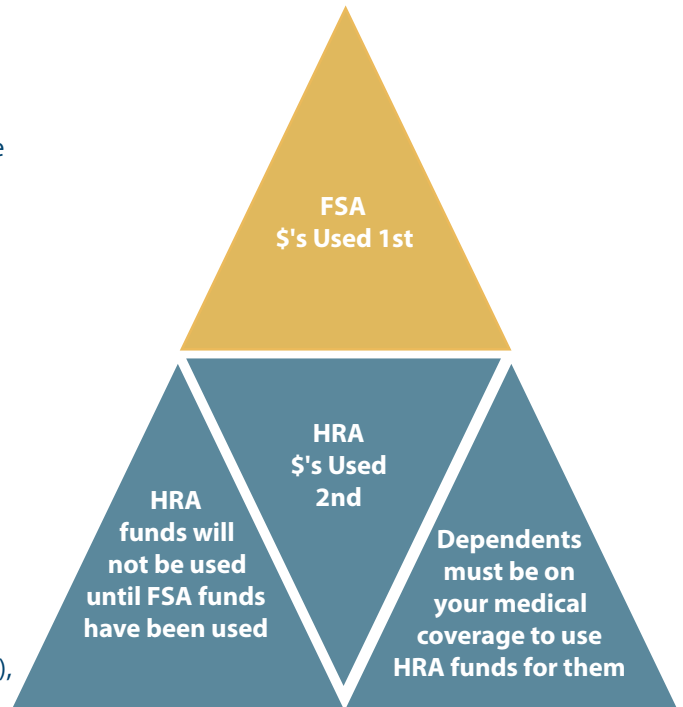
- Our HRA is paired with the PPO with HRA medical plan, which has a higher deductible and lower premiums, meaning less money is deducted from your paycheck
- You can use your HRA to pay for qualified medical, prescription, dental, and vision expenses for yourself and your dependents enrolled on the health plan
- The account is completely funded by St. Johns County

Who administers our HRA

- The HRA is administered by Medcom
- You will receive a Debit Card in the mail to pay for eligible expenses

How our health reimbursement works

- The total amount of your account is available January 1
- If you are a new employee with benefits starting after January 1, or your benefits change mid-year due to a qualifying life event, this amount will be prorated
- Swipe your Medcom Master Card at any healthcare provider's office that accepts credit or debit cards
- The HRA dollars must be used prior to the end of each plan year on December 31
- HRA funds do not rollover at the end of each plan year
- If you have a Health Care Flexible Spending Account (FSA), your FSA funds must be used prior to your HRA funds



HEALTH REIMBURSEMENT ACCOUNT (HRA) TIERS	
Employee Only	\$600
Employee + Spouse	\$1,000
Employee + Children	\$1,000
Employee + Family	\$1,500

Note: Annual contribution; prorated for new hires and life events

FLEXIBLE SPENDING ACCOUNTS (FSAs)

St. Johns County offers the choice of two Flexible Spending Accounts (FSAs) administered by Medcom, which allow you to pay for eligible expenses with pre-tax dollars.

Health Care FSA

Health Care FSAs may be used to pay for eligible medical, prescription, dental and vision expenses not fully covered by your insurance plans for you and your tax eligible dependents. We allow participants to carry over a minimum of \$75 and up to \$640 in unused money at the end of the plan year to be used to reimburse expenses incurred in the next year. Any amount in excess of \$640 will be forfeited, so plan accordingly.

Dependent Care FSA

Dependent Care FSAs may be used to pay for eligible expenses related to the care and supervision of your child (to age 13) or adult dependent on your tax return. Eligible expenses include child or adult day care, after school care, nursery school, nanny or baby sitter. You must accumulate the funds in your Dependent Care FSA before you can be reimbursed.

A full list of qualified expenses can be found in IRS Publication 502, at www.irs.gov/pub/irs-pdf/p502.pdf.

	ANNUAL IRS CONTRIBUTION LIMITS	
	MINIMUM	MAXIMUM
Health Care FSA	\$75	\$3,200
Dependent Care FSA	\$75	\$5,000 maximum for a married couple filing jointly or a single person \$2,500 maximum for a married couple filing separately

IMPORTANT TO KNOW

Auto-Substantiation for HRA and FSA

Follow these easy steps to eliminate the need to upload receipts for healthcare expenses.

- **Step 1:** Gather your Florida Blue member portal login credentials for you and any dependents over 18. You may have to first register for a Florida Blue account by visiting floridablue.com. For dental claims, register through Humana by visiting humana.com.
- **Step 2:** Login to the Medcom participant portal at medcom.wealthcareportal.com. Click *Connect Your Plans*.
- **Step 3:** Choose Florida Blue in the carrier drop-down menu and enter you and your dependents' Florida Blue credentials. Choose Humana in the carrier drop-down menu for dental claims. You will receive a Multi Factor Authentication code when you initially register with Humana. Enter that code into the Medcom portal.

Medcom will take care of the rest! Every time Florida Blue or Humana issues a health statement, Medcom will automatically retrieve this information, match it to your card swipes, and substantiate your claims.

Note: The connection will not be validated if your Florida Blue login credentials are not valid.

Substantiation is typically not required for CVS/RX because most vendors are able to auto-substantiate at point of sale.

Dental Benefits

Your dental coverage is provided through **Humana**. All employees enrolled in one of the medical plans are automatically enrolled in the dental plan. You may view your benefits, print an ID card and locate in-network dental providers by visiting [humana.com](https://www.humana.com).

HOW TO FIND A PROVIDER

- Visit [humana.com](https://www.humana.com).
- Click on *Member Resources*, then *Find a doctor*.
- Select *Dentist*, enter your zip code, select a lookup method and choose *PPO* coverage type and *PPO/Traditional Preferred Network*.

KEY FEATURES AND DETAILS

- Two preventive services such as routine exam, cleaning, and x-ray and two periodontal visits are covered in addition to the Regular Annual Allowance. They do not get applied to the Annual Maximum and are covered at 100% with no balance billing in-network.
- There is a separate annual allowance for wisdom teeth extraction.
- Orthodontic benefits are available for adults and children.
- Teledentix gives you free access to teledentistry, allowing you to see a dentist within minutes from your computer, smartphone or tablet. Register at [humana.teledentix.com/c/humanaondemand](https://www.humana.com/teledentix/c/humanaondemand).

IN-AND OUT-OF-NETWORK	
Calendar Year Deductible Per Individual Family Aggregate	\$50 \$100
Preventive Services Routine exam, cleaning, bitewing x-ray; fluoride treatment and space maintainers for children	Covered 100%
Basic Services Filling, extraction, endodontic, periodontic, oral surgery, and general anesthesia	80%
Major Services Crown, denture, bridge, and implant	50%
Regular Annual Allowance (RAA) Per Individual RAA covers the cost of basic and major services. Preventive services do not apply to annual maximum.	\$1,000
Wisdom Teeth Extraction Annual Maximum Per Individual	\$1,000
Orthodontic Benefit Lifetime Maximum Per Individual Exam, x-ray, extraction and appliance for orthodontic service.	\$2,000

IMPORTANT TO KNOW

Out-of-Network Benefits

If you choose to receive your dental care from an out-of-network dentist, you may be balance billed the difference between their charge and what your Humana dental plan allows.

For example, let's say an out-of-network dentist charges \$100 but your plan will only allow for \$70. The dentist may bill you for the remaining \$30 in addition to what you may owe for your deductible or coinsurance.

Vision Benefits

Your vision coverage is provided through Humana. When you utilize a provider that participates in the Humana Insight Network, discounts will be greater.

The Vision Refresh Plan provides comprehensive routine vision coverage and does not include medical or surgical treatment of the eyes.

You may view benefits, print an ID card and search for in-network vision providers at [humana.com](https://www.humana.com).

HOW TO FIND A PROVIDER

- Visit eyedoclocator.humanavis.com
- Enter your zip code

IMPORTANT TO KNOW

Frequently asked questions

What is a benefit allowance?

A benefit allowance gives you a certain dollar amount to use toward contacts and glasses (lenses and frames). When you choose materials that are within that dollar amount or allowance, they are covered at 100%. If you choose a frame exceeding your plan allowance, you'll be responsible for paying the overage, in addition to any applicable copays at the time of your visit.

Can I get contacts AND glasses in the same calendar year?

No. You can only get contacts OR glasses in the same calendar year, not both.

IN-NETWORK	
Eye Exams Routine Eye Exam Contact Lens Fitting/Follow-up <i>Benefits may be redeemed every 12 months</i>	\$10 copay Up to \$55
Frames <i>Benefits may be redeemed every 24 months</i>	\$130 allowance 20% off remainder
Lens Single Vision Bifocal Trifocal Lenticular <i>Benefits may be redeemed every 12 months</i>	\$15 Copay \$15 Copay \$15 Copay \$15 Copay
Contacts Conventional/ Disposable Contacts Medically Necessary Contacts <i>Benefits may be redeemed every 12 months</i>	\$130 allowance Paid in Full
Diabetic Eye Care Exam Retinal imaging Scanning laser	\$0 \$0 \$0
Laser Correction Discount	15% off retail prices
Provider Network Humana Insight	Optometrist and Retail
OUT-OF-NETWORK ¹	
Eye Exams Routine Eye Exam Contact Lens Fitting/Follow-up	Up to \$30 Not Covered
Frames	\$65 allowance
Lens Single Vision Bifocal Trifocal Lenticular	Up to \$25 Up to \$40 Up to \$60 Up to \$100
Contacts Conventional/ Disposable Contacts Medically Necessary Contacts	Up to \$104 Up to \$200
Diabetic Eye Care Exam Retinal imaging Scanning laser	Up to \$77 Up to \$50 Up to \$33

¹Same frequency redemption as in-network

Basic Life and AD&D

St. Johns County provides Basic Life and Accidental Death and Dismemberment (AD&D) coverage at no cost to you, through **The Standard**. Benefits are also provided to your eligible Spouse and Dependent(s) enrolled on the health policy.

	BASIC LIFE INSURANCE COVERAGE AMOUNTS
All Eligible Employees	\$50,000
Elected Officials and Senior Management	\$75,000
Eligible Spouse if dependent on health policy	\$5,000
Eligible Child(ren) if dependent on health policy	\$2,000

Note: Your amount of basic and voluntary life insurance will reduce to 65% when you reach age 65, 50% when you reach age 70, and 35% when you reach age 75. Imputed income may apply.

CONVERSION AND PORTABILITY

- If your employment ends, you may elect to convert your term life insurance to whole life insurance or simply take your term life insurance policy with you. You must contact The Standard within 31 days of your last day at work in order to be eligible for either of these options.
- If you should become terminally ill with 12 months or less to live, you can apply to receive up to 75% of your current life insurance amount as a one-time lump sum. Any amount received will then reduce the amount of death benefit paid out.

IMPORTANT TO KNOW

NAME AND CHANGE YOUR BENEFICIARIES

It is important to designate the person that you want to receive your life insurance money. The below coverages allow a beneficiary to be named. You can name one person, two or more people, the trustee of a trust you've set up, a charity, or an estate. The allocation of the funds must equal 100%. At any time, you can name or change your Basic Life, Voluntary Life, Critical Illness, and Hospital Indemnity beneficiaries by logging onto [PlanSource](#).

To update beneficiaries for FRS, Deferred Comp, or Firefighter Statutory Coverage, visit the Beneficiary Page on [Employee Connection](#).

Long-Term Disability Income Benefits

LTD is an income replacement program that protects you and your family in the event you become disabled and are unable to perform the material and substantial duties of your job. LTD benefits replace 60% of your Total Monthly Earnings, up to a maximum of \$5,000 per month.

LONG-TERM DISABILITY INCOME	
Elimination Period The amount of time you must wait between an illness or disability begins and when you can start receiving benefits.	180 days
Benefits Payable Duration	2 years (Own Occupation) or to Social Security Normal Retirement Age (SSNRA)
% of Income Replaced	60% of your Monthly Predisability Salary
Maximum Benefit Amount	\$5,000 monthly benefit less any other income benefit

Life Services Toolkit

The Standard offers free online tools and services, which can help you create a will, make advance funeral plans, and put your finances in order.

- To access, visit www.standard.com/mytoolkit
- User Name: assurance



Life Planning Resource Guide

Information, resources, and worksheets to help guide you through the difficult tasks ahead.



Personalized Legal Center

Access to state-specific templates. Topics include wills and estates, identity theft, contracts, and more.



Funeral Planning

Access to everything you need to consider before, during, and after a death occurs.



Remembering a Life

Access to webinars, a monthly podcast, blog, and additional resources.



Grief & Loss

Understand grief and your journey. Find support for yourself and those that are grieving.



Financial Fitness Center

A wealth of information on budgeting, debt management, estate planning, investing and more.

Emergency Travel Assistance

Things can happen on the road. Passports get stolen or lost. Unforeseen events or circumstances derail travel plans. Medical problems surface at the most inconvenient times. Travel Assistance can help you navigate these issues and more at any time of the day or night.

KEY FEATURES AND DETAILS

You and your spouse are covered and child(ren) through age 25 and is available when you travel more than 100 miles from home or internationally for up to 180 days for business or pleasure.



Visa, weather and currency exchange information, health inoculation recommendations, country-specific details and security and travel advisories



Credit card and passport replacement and missing baggage and emergency cash coordination



Help replacing prescription medication or lost corrective lenses and advancing funds for hospital admission



Emergency evacuation to the nearest adequate medical facility and medically necessary repatriation to the employee's home, including repatriation of remains



Connection to medical care providers, interpreter services, local attorneys, and assistance in coordinating a bail bond



Return travel companion if travel is disrupted due to emergency transportation services or care of minor children if left unattended due to prolonged hospitalization



Assistance with the return of your personal vehicle if your emergency transportation services leave it stranded



Evacuation arrangements in the event of a natural disaster, political unrest and social instability

IMPORTANT TO KNOW

Get the most out of Travel Assistance with the Assist America Mobile App

From the mobile app, you can use valuable travel resources including, one-touch access to Assist America's Emergency Operations, Worldwide travel alerts, mobile ID card and Embassy locator.

Contact Travel Assistance at 800.872.1414 / Reference Number 01-AA-STD-5201

Text: 609.334.0807 / Email: medservices@assistamerica.com

Voluntary Life

Voluntary Life insurance is available to employees as well as dependents on an optional basis and is provided through The Standard. Employees must elect Voluntary Life Insurance for themselves in order to elect either Spouse and/ or Child Voluntary Life. Additional life insurance costs are available on PlanSource. Imputed income may apply.

	EMPLOYEE	SPOUSE	DEPENDENT
Maximum Benefit	\$500,000	\$150,000	\$10,000
Increment	\$10,000	\$5,000	\$2,000
Guaranteed Issue	\$300,000	\$25,000	All amounts are guaranteed issue

IMPORTANT TO KNOW

Frequently asked questions

My spouse also works for St. Johns County. Can we both buy coverage?

You may both purchase supplemental employee coverage. However, an employee can only be insured as an employee or a dependent, but not both. Additionally, employees and spouses who both work for St. Johns County may not cover the same dependent child(ren).

Does the coverage amount change based on my age?

The amount of coverage will reduce to 65% at age 65, to 50% at age 70 and to 35% at age 75.

Can I continue this coverage if my employment ends?

Coverage may be continued through Portability or Conversion if certain criteria is met. See the Portability and Conversion explanations and criteria in the Basic Life and AD&D section of this booklet for more information.

Do I have to fill out a medical questionnaire?

Initial elections in excess of the guarantee issue amounts and late enrollees must complete evidence of insurability (EOI). You will be directed to go to [The Standard](#) website to complete the medical questions online.

You will need your Group number **164622**. Premiums subject to EOI will not be deducted from your pay until you have been approved. Premiums are deducted on a post-tax basis.

Voluntary Short-Term Disability

St. Johns County offers short-term disability benefits to all eligible full-time employees through **The Standard**. This coverage is to protect you and your family in the event that a short-term disability prevents you from performing the duties of your occupation. STD coverage protects your income due to injury or illness. To receive benefits, your claim must be approved by The Standard. See a brief summary of benefits below:

SHORT-TERM DISABILITY INCOME	
Waiting Period Illness/Accident	14 days, benefits begin on the 15th day
Max Benefit Duration	24 weeks
% of Income Replaced	60% of your weekly earnings
Maximum Benefit Amount	Up to \$1,000 per week
Pregnancy Coverage	Up to 6 weeks, or up to 8 weeks for a C-section, including waiting period

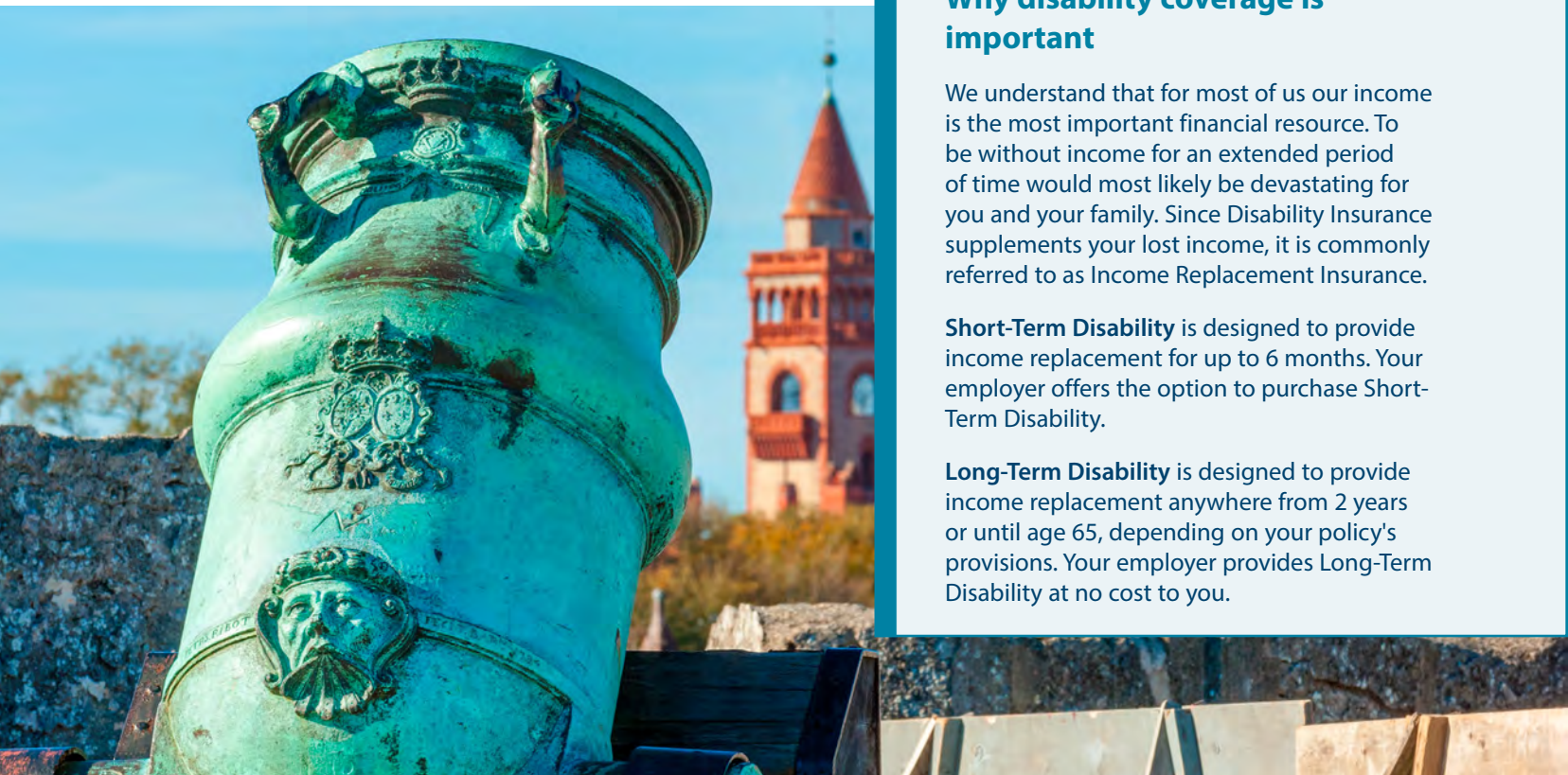
IMPORTANT TO KNOW

Why disability coverage is important

We understand that for most of us our income is the most important financial resource. To be without income for an extended period of time would most likely be devastating for you and your family. Since Disability Insurance supplements your lost income, it is commonly referred to as Income Replacement Insurance.

Short-Term Disability is designed to provide income replacement for up to 6 months. Your employer offers the option to purchase Short-Term Disability.

Long-Term Disability is designed to provide income replacement anywhere from 2 years or until age 65, depending on your policy's provisions. Your employer provides Long-Term Disability at no cost to you.



Supplemental Benefits

Supplemental plans are offered through **The Standard** and provide benefits which pay directly to you regardless of any other insurance you may have. These plans help with the medical and personal expenses incurred when a person is undergoing treatment. Costs of the plans will vary by employee. You can choose to cover an eligible spouse and children.

HOSPITAL INDEMNITY	
Hospital Coverage	
Admission (once per year)	\$1,500
Confinement (60 day limit)	\$200/day
ICU Confinement* (15 day limit)	\$350/day for ICU

*Pays in addition to the Hospital Confinement benefit.

ACCIDENT PLAN (OFF JOB)	
Accidental Death Benefit	
Employee	\$200,000
Spouse	\$100,000
Child	\$50,000
Line of Duty Benefit	
Public safety officers (police, firefighters, corrections, judicial, and officially recognized or designated volunteer firefighters.	100% of AD&D
Dismemberment Loss & Paralysis	
Per Injury	\$25,000-\$100,000
Injuries	
Per Injury	Ranging from \$650-\$12,000
Medical Services & Treatments	
Per Issue	Ranging from \$400-\$1,500
Hospital Coverage (per accident)	
Admission	\$2,500 / \$5,000 (ICU)
Confinement	\$700/day
Physician Follow Up:	\$1,400/ day (ICU)
Physical Therapy (up to 6 visits)	\$450
Ambulance	
	\$600 for ground \$1,500 for air
Health Maintenance Screening	\$50
Lodging Benefit (30 day limit per year)	\$200/ day

CRITICAL ILLNESS	
Benefit Amount	
Employee	\$10,000 to \$30,000 ¹
Spouse	\$5,000 to \$15,000
Recurrence Benefit	100% if treatment free for 6 months
Vascular Conditions	100%-Heart Attack 100%-Stroke 25%-Coronary Artery Bypass Surgery
Organ Conditions	100%-Major Organ Transplant 100%-End Stage Renal Failure
Cancer	100%-Invasive Cancer 25% -Cancer in Situ (non-invasive cancer)
Other Conditions	100%-Advanced Alzheimer's 100%-Advanced Parkinson's 100%-Advanced Multiple Sclerosis
Health Maintenance Screening	\$50

¹Employee benefit amount in increments of \$10,000. Spouse benefit amount in increments of \$5,000. Dependents are automatically covered from live birth to age 26 at no extra cost. Their coverage amount is 50% of your benefit.

IMPORTANT TO KNOW

Frequently asked questions

What is the Health Maintenance Screening Benefit?

Each family member who has The Standard coverage can receive \$50.00 per policy per year for getting one of the twenty-two covered health screening tests, including novel infectious disease testing (including COVID-19), lipid panel, mammography, and colonoscopy.

Comprehensive Cancer Support

St. Johns County provides the Genomic Life benefit to help navigate genomics that matter to you. Understanding your unique genetics helps uncover health risks, inform treatment, and offer effective approaches to optimize health. The program comprises the following valuable features:

ESSENTIAL GENOMICS

A suite of genetic tests offering insights into health and predisposition to diseases, specifically cancer. The genetic tests and features include:

- **Genetic Health Screen** - Analyzes 147 genes, identifying elevated health risks for cancer, cardiac disease, and other critical illnesses
- **Carrier Screening** - uncovers genetic insights from both partners during family planning which help mitigate the risk of serious illness in offspring
- **Pharmacogenomics**- Analyzes the unique way an individual responds to medications to optimize treatment, maximize effectiveness, and minimize side effects
- **Medical Records Platform** - securely store medical records and share with your medical team at any time
- **Cancer Information Line** - speak with oncology experts about concerns, strategies, or care-giving

IF DIAGNOSED WITH CANCER

If diagnosed with cancer, you'll receive ultra-personalized oncology navigation to tailor treatment and receive support and expert resources for shared decision-making.

- Dedicated Cancer Support Specialist (CSS) assigned to provide support
- Expert Pathology Review to ensure correct diagnosis with 2nd opinion review
- Comprehensive Genomic Profiling to help inform treatment decisions and clinical trial eligibility
- On-site Nurse Advocate (ONA) can accompany you up to 2 medical appointments to provide support
- Clinical Trial Explorer is a personalized clinic trial search, reporting and enrollment platform
- Financial Navigation projects out-of-pocket costs and identifies financial aid programs



Pre-Paid Legal Services

This service through **Legal Shield** will provide advice and representation on any matter covered by the plan, or provide consultation on the best course of action if the matter is not covered by the plan. Some of the services provided by this plan include:

- Demand letters and phone calls to a third party on behalf of the participant
- Unlimited telephone consultations on any covered personal legal subject matter
- Consultation, preparation, document review and representation at a civil proceeding
- Adoption legal services, including representation in court for a contested or uncontested domestic adoption
- Representation when a participant is seeking protection by a Victim Protection Order

WHAT FAMILY MEMBERS ARE COVERED UNDER MY PLAN?

- Your Spouse
- Your Dependent Child(ren) under 18
- Your never-married Dependent Child(ren) under 26 who are either living at home or full-time students
- Your Dependent Child(ren), regardless of age, who are incapable of sustaining employment because of mental or physical disability and who are primarily dependent on you or your spouse for support



Florida Retirement System (FRS)

St. Johns County is an FRS participating employer. Employees may choose one of two retirement plan options, the FRS Pension Plan, or the FRS Investment Plan. Both plans include employer and mandatory employee contributions.

The following services are available to you as a FRS member. They are completely confidential, unbiased, and FREE.



WORKSHOP WEBCASTS

For dates and times, visit myfrs.com/workshop.htm. Attend as many of these free FRS financial planning workshops as you like. Sessions include *Using the FRS to Plan for Your Retirement*, *Estate Planning*, *Nearing Retirement*, and more.



ADVISOR SERVICE

This free online service can help you estimate your retirement needs, choose investments, and create a personal financial plan that includes FRS and non-FRS retirement accounts. To access the service, log in to MyFRS.com.



ELECTION CHOICE SERVICE

As a new hire, you can elect to join the Investment Plan or the Pension Plan. You may also change retirement plans one time during your FRS career. The **Choice Service** can help you with your initial election and with deciding whether changing plans by using your 2nd Election makes sense for you.

Re-employed retirees enrolled July 1, 2017 or after are not eligible to use a 2nd Election. To access the service, log into to MyFRS.com or call the MyFRS Financial Guidance Line at 866.446.9377.

Deferred Compensation 457(b)

In addition to the FRS retirement program, St. Johns County offers a Deferred Compensation Plan, provided through Lincoln Financial Group. A 457(b) plan is a non-qualified tax-deferred compensation plan designed to help you invest regularly for your retirement. The money contributed is directed into an investment company offered by St. Johns County. Federal tax law limits the amount of annual contribution.

Benefits to participating in our 457(b) plan

- It's an investment in your future. Thanks to the power of compounding, you have the ability to make money on your money and grow your savings.
- It's flexible. You may suspend payments and restart them at a later date. You're never locked into a fixed contribution schedule.



It helps reduce your taxable income since contributions to your 457(b) are made on a pre-tax basis.



Automatic payroll deductions help you make saving for your retirement a habit.

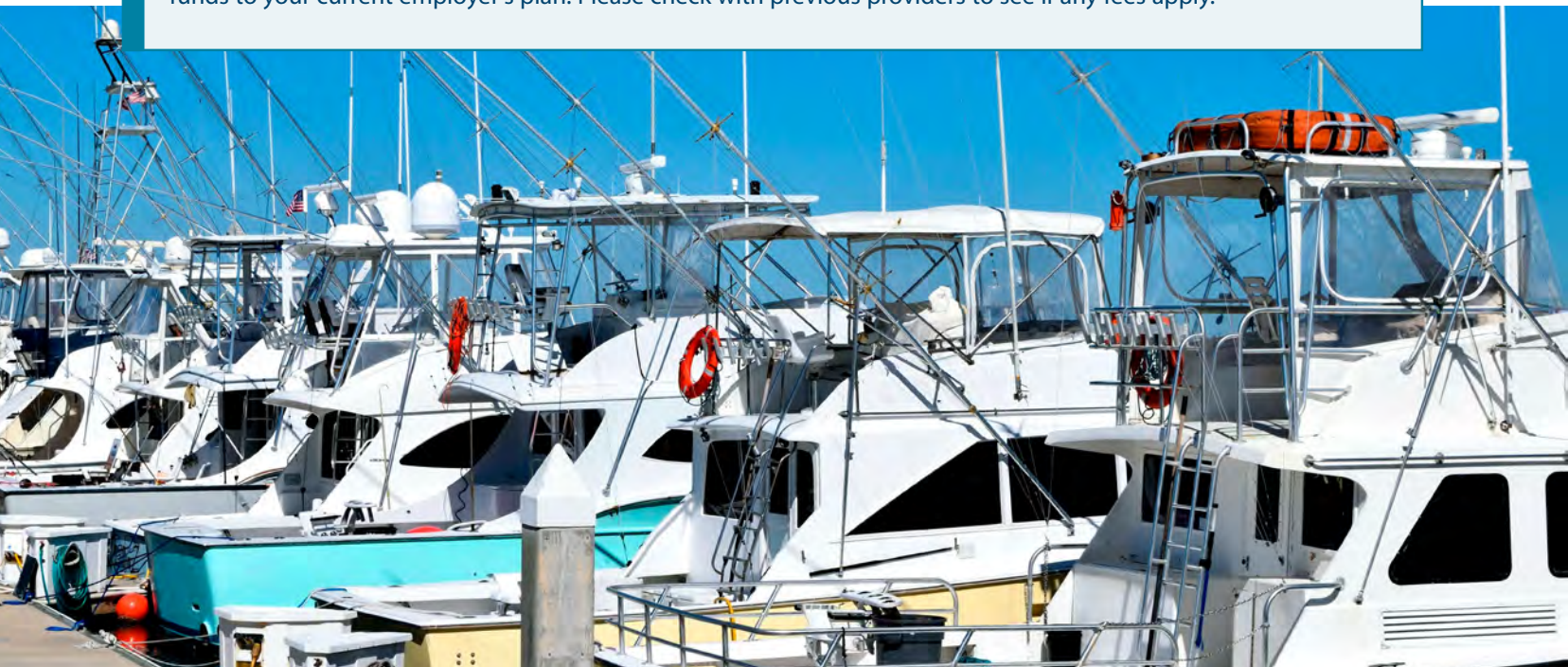


Any money you put into the plan is yours to keep—even if you change jobs.

IMPORTANT TO KNOW

Consolidate Retirement Accounts

You may consolidate retirement accounts from previous employers and roll Individual Retirement Account (IRA) funds to your current employer's plan. Please check with previous providers to see if any fees apply.



Key Contacts

CONTACT	PHONE	WEBSITE
Risk & Benefits Team Board of County Commissioners	904.209.0635 (Benefits option 4) 904.827.6886 (Risk Team)	ec.sjcf.us/home/Benefits bccbenefits@sjcf.us
Benefits Enrollment Website PlanSource		benefits.plansource.com/?sjc
Medical Blue Options Network Florida Blue (Group #13902) BlueCard Program National and Worldwide Coverage Teladoc	800.664.5295 800.810.BLUE (2583) 800.835.2362	floridablue.com provider.bcbs.com teladoc.com
Prescription CVS/Caremark (Group #RX2787, Bin #004336, PCN-ADV) CVS National Pharmacy Network Retail 90-CVS Retail Pharmacies	844.278.5590 Mail-Order: 866.284.9226 Specialty: 800.237.2767 Prudent Rx: 800.578.4403	caremark.com cvsspecialty.com
Dental PPO Network Humana (Group #677885)	800.233.4013	humana.com
Vision Insight Network Humana (Group #014572)	877.398.2980	eyedoclocator.humanavis.com
Life and Disability The Standard (Group #164622) Value-Added Services (at no additional cost)	888.937.4783 Life Services Toolkit: 800.378.5742 Emergency Travel Assistance: 800.872.1414	standard.com EOL: https://myeoi.standard.com/164622
FSAs and HRA Medcom (Employer Code: MCOJOHBCC)	800.523.7542, Option 1	medcom.wealthcareportal.com Employee ID: Social Security Number (no dashes) Registration ID: Select "Card Number" Enter Debit Card #
Retirement Florida Retirement System (FRS) LFG Deferred Compensation 457(b)	866.446.9377 800.234.3500	MyFRS.com lfg.com
Supplemental Benefits The Standard Group #164622 Critical Illness Hospital Indemnity Accident Genomic Life (Company Code: STJC-CGx-2021-0718)	800.634.1743 844.694.3666	standard.com genomiclife.com
Legal Services Legal Shield Group #47808	800.654.7757	shieldbenefits.com/sjcf
Mental Health Support Spring Health	855-629-0554	sjc.springhealth.com
EAP Spring Health	855-629-0554	sjc.springhealth.com
Benefit Administration The Bailey Group St. Johns County Web Resources Well-Being & Engagement Email	904.461.1800	Rachael Friedman: rfriedman@mbaileygroup.com Debbie Weiner: dweiner@mbaileygroup.com Kaylah Cox: kcox@mbaileygroup.com Employee Benefits: sjcbenefits.mbaileygroup.com stjohnswell@mbaileygroup.com