2025 Retiree Benefits Guide

CLERK OF THE CIRCUIT COURT AND COMPTROLLER • ST. JOHNS COUNTY • STATE OF FLORIDA
OFFICE OF THE INSPECTOR GENERAL
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Est. 1821

ST. JOHNS COUNTY
PROPERTY APPRAISER
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FLORIDA AT FIRST SIGHT

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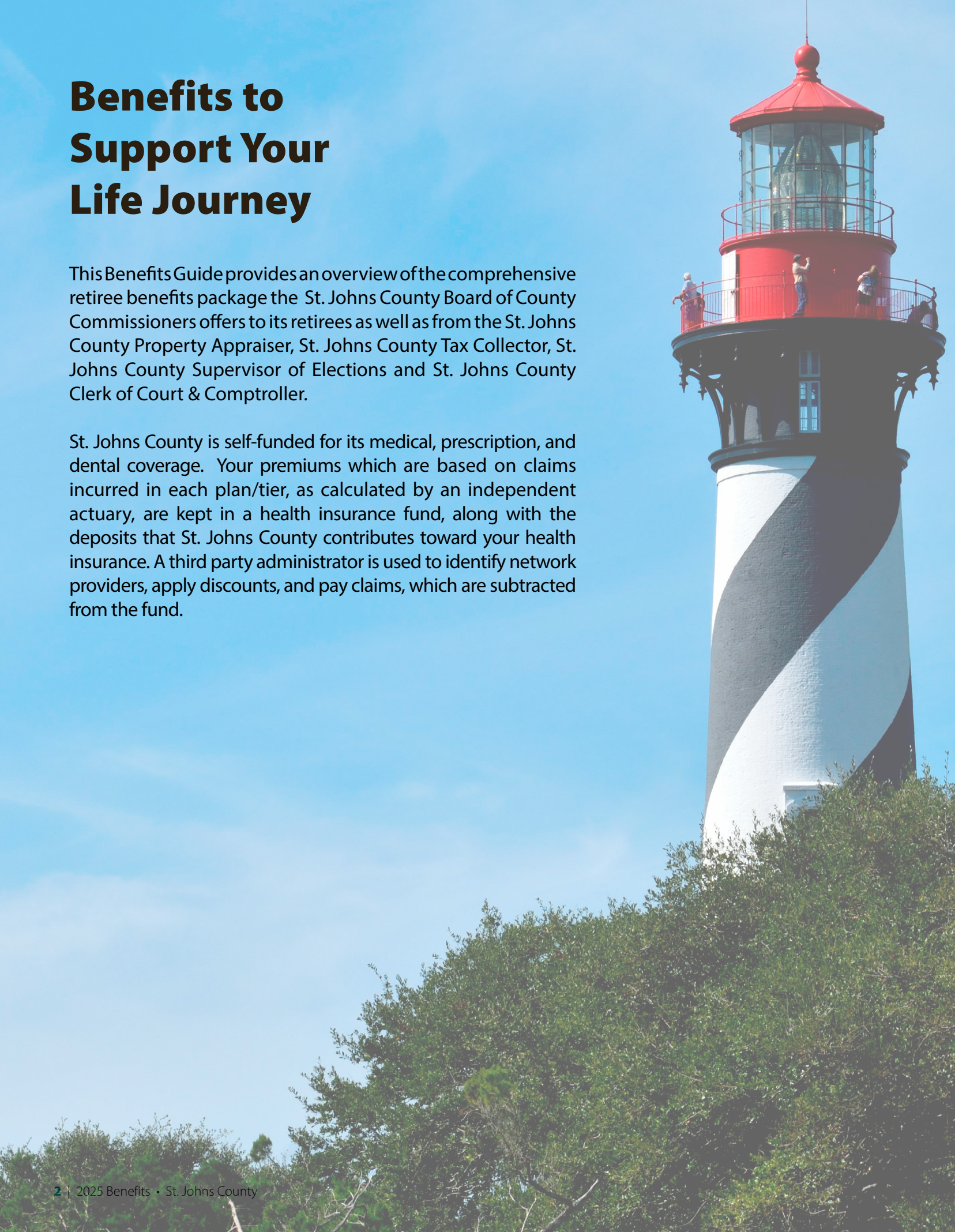
St. Johns County Supervisor of Elections

Benefits to Support Your Life Journey

This Benefits Guide provides an overview of the comprehensive retiree benefits package the St. Johns County Board of County Commissioners offers to its retirees as well as from the St. Johns County Property Appraiser, St. Johns County Tax Collector, St. Johns County Supervisor of Elections and St. Johns County Clerk of Court & Comptroller.

St. Johns County is self-funded for its medical, prescription, and dental coverage. Your premiums which are based on claims incurred in each plan/tier, as calculated by an independent actuary, are kept in a health insurance fund, along with the deposits that St. Johns County contributes toward your health insurance. A third party administrator is used to identify network providers, apply discounts, and pay claims, which are subtracted from the fund.



What's Inside

Note: We intend for this benefits guide to help you choose benefits offered by St. Johns County. This benefits guide is not representative of all plan provisions or rules. Please refer to each plan document for a full explanation of benefits. Each plan document is available on Plan Source under Document Library. Plan documents and rules prevail if there are any discrepancies with this benefits guide.

An electronic version of this benefits guide can also be found at **https://sjcbenefits.mbaileygroup.com/**.

Carry Your Benefits Wherever You Go

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

Assist America

Travel Assistance

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

Download on the App Store
GET IT ON Google Play

CVS Caremark

Prescription

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

Download on the App Store
Download on App Sto

CVS Health Optimizer

Health Coverage

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

Download on the App Store
GET IT ON Google Play

Florida Blue

Health Coverage

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

GET IT ON Google Play
GET IT ON Google Play

MyQuest

Labwork

View your appointments and lab results securely and quickly

Download on the App Store
GET IT ON Google Play

MyHumana

Dental & Vision

Access ID cards, view claims, and find a provider

GET IT ON Google Play
GET IT ON Google Play

Medcom

Reimbursement Accounts

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

GET IT ON Google Play
GET IT ON Google Play

Teladoc

Telemedicine

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

GET IT ON Google Play
GET IT ON Google Play

Spring Health

Mental Health

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

Download on the App Store
GET IT ON Google Play

PlanSource

Enrollment

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

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

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2025 Open Enrollment

RETIREE RATES

Effective January 1, 2025, the following rate changes will take effect:

Grandfathered Rates

- PPO Plan rates will increase by 5% for 1-24 years of service and 3% for 25+ years of service.

Non-Grandfathered Under 65 and Over 65 Rates

- PPO Plan rates will increase 5%.
- PPO with HRA Plan rates will increase 5%.

OPEN ENROLLMENT

Your annual Open enrollment period is October 1 – 15, 2024. Enrollment is only required if you would like to make the following changes to your coverage:

- Make a change to health coverage (i.e. switch medical plans)
- Add/remove dependents (i.e. spouse and/or child(ren)
- Update your beneficiaries.

If you do not make any changes to your coverage, your existing 2024 coverage will automatically roll over to 2025 effective January 1. No changes have been made to the benefit plans. You have the opportunity to make your benefit changes online – visit Plan Source at (page 8 of Benefits Guide). Election and premium changes will go into effect January 1, 2025.

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 or 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.

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.

Benefits Enrollment Checklist

BEFORE ENROLLING

- Please note that if you or your spouse are Medicare-eligible, the St. Johns County Self-Funded Medical Plan requires you to enroll in Medicare Parts A and B. It is your responsibility to advise your benefits department of any change in your Medicare status for yourself and/or your spouse.
- PlanSource is the retiree self-service, online portal for retirees 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 "Get Started" 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.

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 2025 plan year.

How to Enroll

All benefit elections must be submitted through PlanSource - the retiree self-service, online portal for retirees to enroll in all benefit plans. Once logged in, you will be able to see benefits offered to you and compare cost.

To start your enrollment

- Visit **benefits.plansource.com/?sjc**
- Your user ID is your first initial + up to the first six letters of your last name + last 4 of SSN (i.e. jsmith0000)
- Your initial password is your birth date in the YYYYMMDD format (i.e. 05/01/1967 = 19670501)
- If you're having trouble remembering your password, click the *Forgot your password* link just below the login form

Step 1: Review Profile

- The * indicates a required field. Verify your Personal Information; if there are changes, you will need to contact Human Resources to make the necessary updates.
- If you need to add a family member to your coverage, select *Next: Review My Family* and add family member. You can add eligible family members during this step, even if you are not enrolling them for coverage. Please double check spelling of names and verify dates of birth and social security numbers.

Step 2: Shop Benefits

Shop each benefit offering, choosing your desired election under the appropriate plan, or declining the benefit entirely. In order to proceed through each enrollment page, use the *Shop Plans* button next to the first benefit type. If you elect coverage with family members, select family members to add to coverage, then click *Update Cart*.

Step 3: Review Beneficiaries

View, add, or edit beneficiaries for your coverage.

Step 4: Checkout

Once you have completed each benefit election, click *Confirm and Checkout* at the bottom of the page. Review for accuracy and choose *Checkout*. Your benefit election will not be complete until you hit the *Checkout* button.

Step 5: Documents

If you added any new family members to your coverage, upload the required documents listed under *Your To-Do-List*.

Enrollment Basics

WHO YOU CAN COVER

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

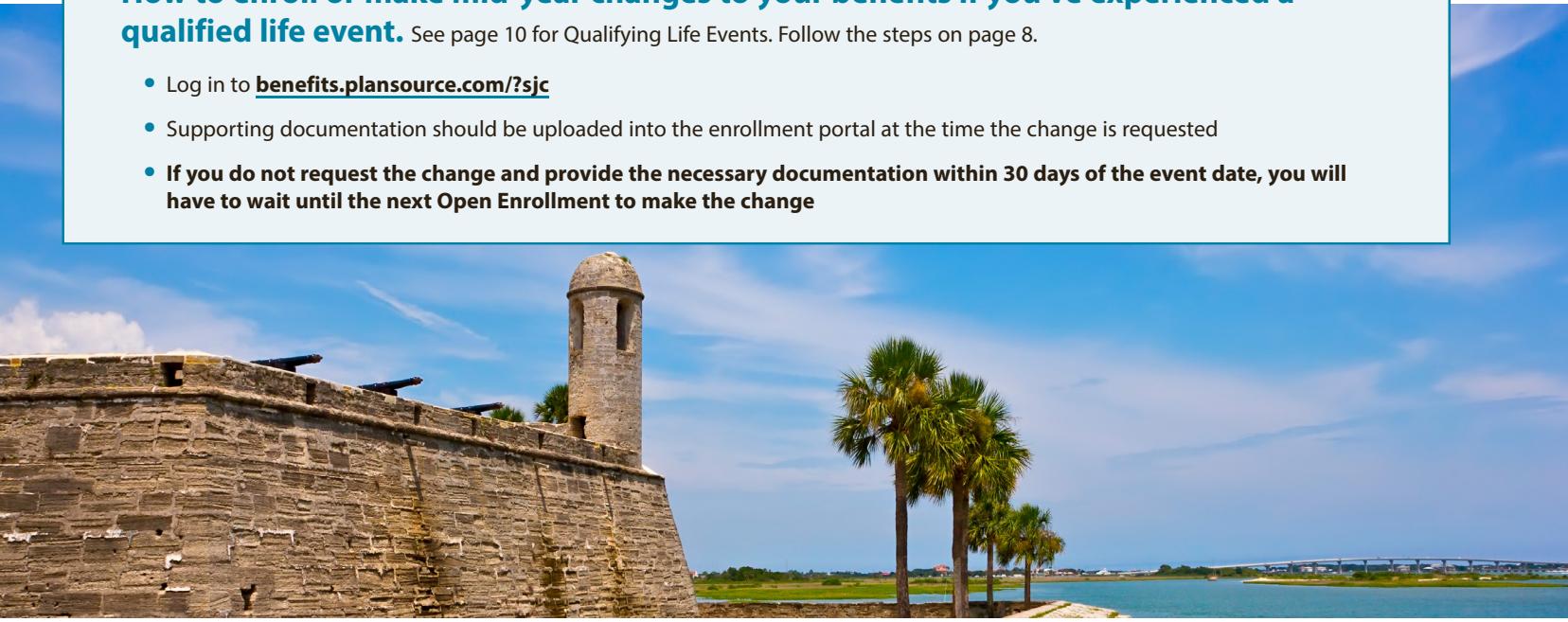
ELIGIBLE DEPENDENTS	REQUIRED DOCUMENTATION
Spouse: The retiree's spouse under a legally valid existing marriage.	Marriage certificate
Dependent Child(ren): The retiree's natural, newborn, adopted, foster, or step child(ren) (or a child for whom the Retiree has been court-appointed as legal guardian or 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.	Birth Certificate, hospital footprint record, or hospital record, naming the retiree as the child's parent OR appropriate court order/ adoption decree naming the retiree or retiree's spouse as the child's legal guardian. For stepchild(ren): Birth Certificate naming spouse as the child's parent **AND** above documentation required for a spouse.
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 retiree'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.

See page 10 for Qualifying Life Events. Follow the steps on page 8.

- 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.
- CVS has a partnership 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.
- 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 USPS 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.

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, preventative health screenings and more.

Individual coaching on:

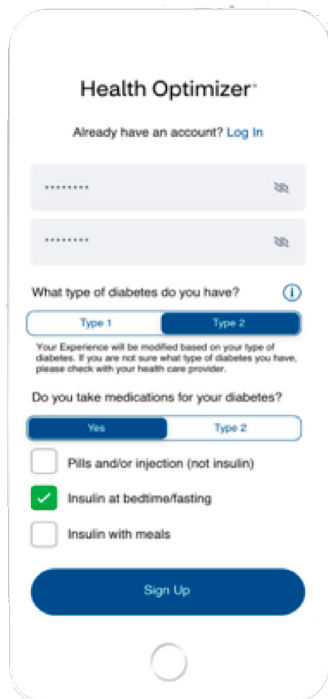
- Developing a nutrition plan
- Meal planning
- Testing your blood glucose
- Managing your medications

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.**

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** or call 866.350.2280.
- To access virtual Mental Health Care, visit **Teladoc.com.**
- To access virtual or in-person mental health support and coaching through Spring Health visit **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** to access these great deals.

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.

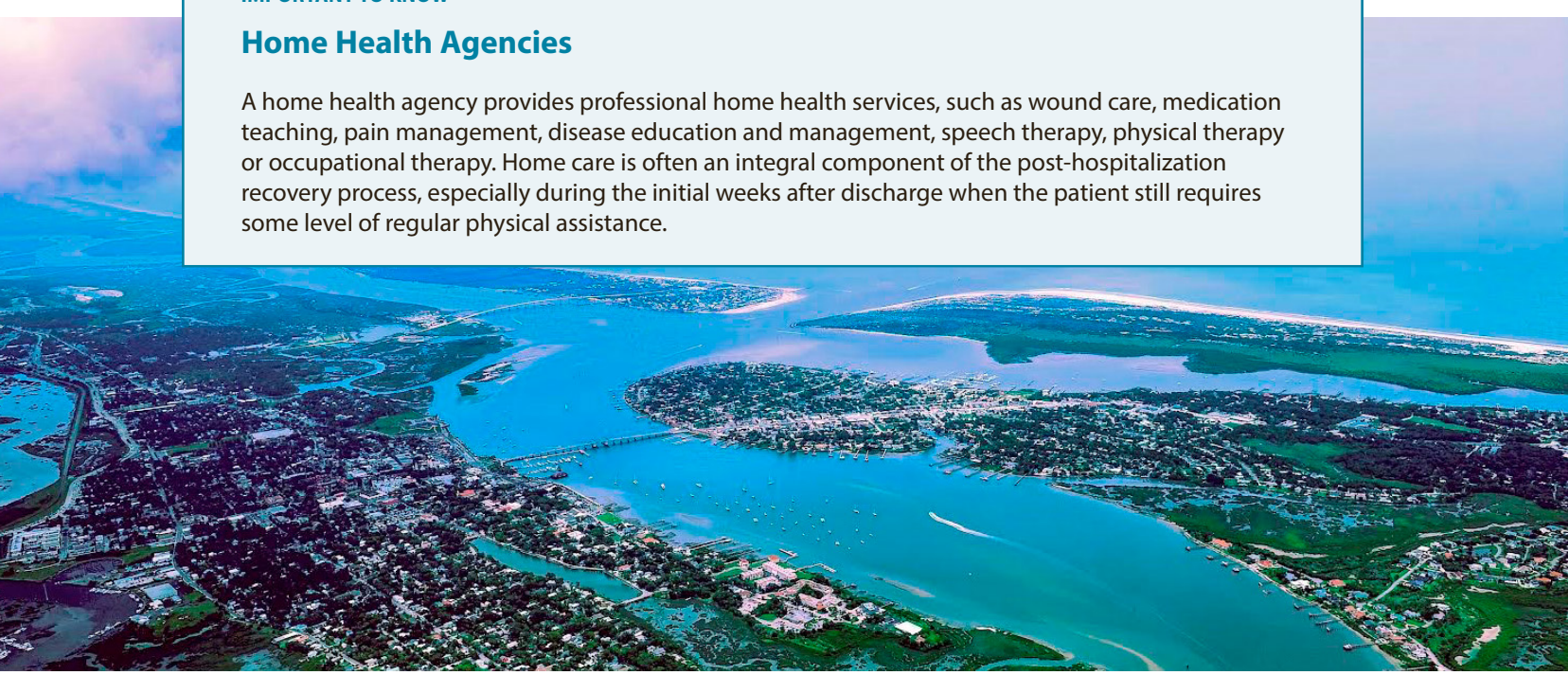
Examples of DME include, but not limited to:

- 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.



HOW TO FIND A PROVIDER

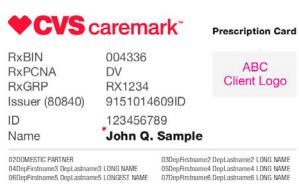
Florida Blue, CVS/Caremark and Humana offer quick and easy tools to help you find an in-network doctor, specialist or pharmacy in your area. Never rely on your medical or dental provider to tell you whether they are in or out-of-network. You can call the Customer Service number or go online and look up providers.

Medical - Florida Blue

- 800.664.5295
- **floridablue.com**

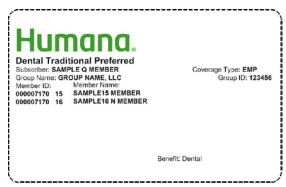
Prescription - CVS Caremark

- 844.278.5590
- **caremark.com**



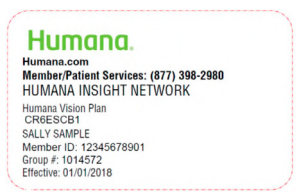
Dental - Humana

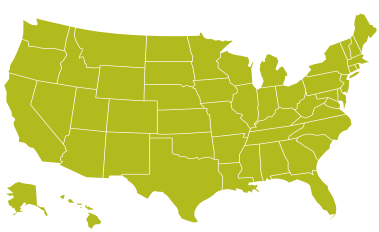
- 800.233.4013
- **humana.com**



Vision - Humana

- 877-398-2980
- **eyedoclocator.humanavis.com**





Blue Card Program

To locate in-network contracted medical providers outside the state of Florida including nationwide and internationally, visit **provider.bcbs.com** or call 1-800-810-Blue (2583). You will need your plan prefix or the first three letters of your member ID.

Blue Cross Blue Shield Global Core Program

Verify your international benefits by calling the customer service number on your member ID card before leaving the United States. Coverage may be different outside the country. Visit **bcbsglobalcore.com** or call 1-800-810-Blue (2583).

MEDICAL, PRESCRIPTION, DENTAL, VISION AND LIFE INSURANCE

Health Benefits are bundled and not available for standalone enrollment. Your retiree costs for this plan year are based on your choice of plan, coverage tier, and years of service with St. Johns County. Listed below are monthly (12) costs for you and your dependents effective January 1, 2025:

Grandfathered Rates (Retired Prior to 1/1/2009)

	PPO (03559)	
UNDER AND OVER 65	1-24 YEARS	25+ YEARS
Retiree Only	$400	$357
Retiree + Spouse	$635	$566
Retiree + Child(ren)	$567	$505
Retiree + Family	$732	$652

Non-Grandfathered Rates (Retired On or After 1/1/2009)

	PPO (03559)				PPO WITH HRA (05360)			
OVER 65	1-19 YEARS	20-24 YEARS	25-29 YEARS	30+ YEARS	1-19 YEARS	20-24 YEARS	25-29 YEARS	30+ YEARS
Retiree Only	$752	$752	$712	$594	$618	$476	$408	$340
Retiree + Spouse	$1884	$1876	$1608	$1340	$1150	$805	$690	$575
Retiree + Child(ren)	$1359	$1359	$1271	$1059	$1025	$718	$615	$512
Retiree + Family	$2462	$2153	$1846	$1539	$1320	$924	$792	$659

	PPO (03559)				PPO WITH HRA (05360)			
UNDER 65	1-19 YEARS	20-24 YEARS	25-29 YEARS	30+ YEARS	1-19 YEARS	20-24 YEARS	25-29 YEARS	30+ YEARS
Retiree Only	$752	$752	$752	$726	$618	$586	$503	$418
Retiree + Spouse	$1884	$1884	$1884	$1639	$1414	$990	$849	$707
Retiree + Child(ren)	$1359	$1359	$1359	$1295	$1148	$883	$756	$630
Retiree + Family	$2462	$2462	$2257	$1882	$1624	$1137	$974	$812

Spousal Surcharge

Spouses of St. Johns County retirees 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.

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**.

	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[1] 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 Limit	No Limit
Substance Dependency Care Treatment Inpatient/Outpatient	No Limit	No Limit
Home Health Care Visits	20	20
Inpatient Rehabilitation Days	30	30
Skilled Nursing Facility Days	60	60

[1]Includes CYD, coinsurance, medical, and prescription copays.

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**

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
- Flu
- Cough
- Sore Throat
- Allergies
- Upset stomach
- Nausea
- 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
- Psoriasis
- Eczema
- Rosacea
- Rash
- Poison Ivy
- Skin Infections
- 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.

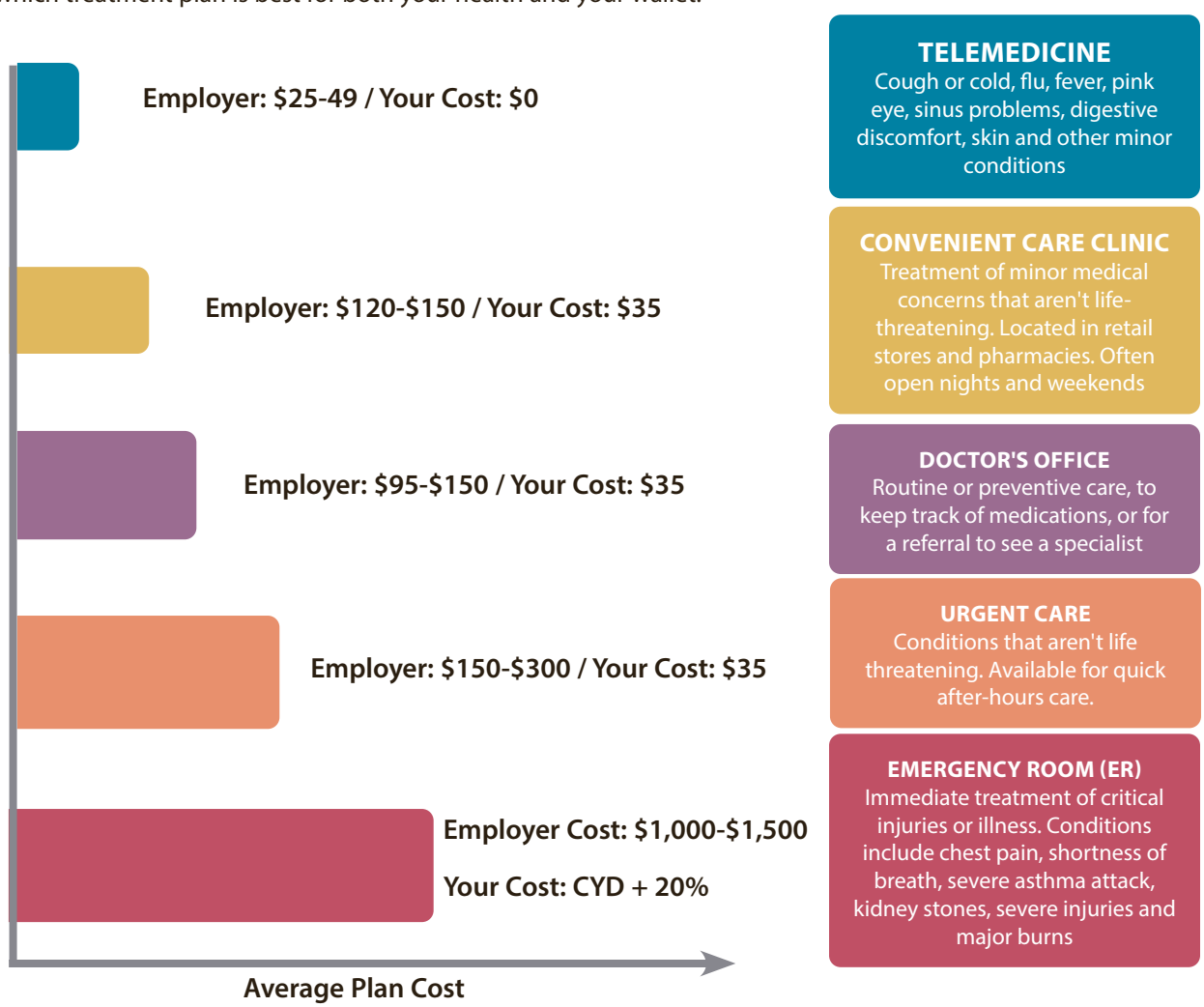
Nobody knows you better than your physician

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.



Health Reimbursement Account

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 retirees 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
- 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 retiree 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

	HEALTH REIMBURSEMENT ACCOUNT (HRA)[1]
How it Works	For Retirees enrolled in the PPO with HRA the County deposits money into your account with Medcom to help pay for eligible medical, dental, vision, and prescription drug expenses
Who is Eligible to Use Funds	Retirees enrolled in the PPO with HRA and ONLY their dependents enrolled on the health plan
Employer Contribution Annual contribution; prorated for new enrollments and life events	Yes $ 600 – Retiree Only $1,000 – Retiree + Spouse $1,000 – Retiree + Children $1,500 – Retiree + Family
Retiree Contribution	None
When is Money Available	The total amount of your account is available January 1, or date of eligibility for new enrollments or individuals who have a qualifying life event
Deadline to Use Funds	December 31
Can Unused Funds Roll Over to Next Year	No

[1]Substantiation may be required for some expenses.

IMPORTANT TO KNOW

Auto-Substantiation for HRA

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 initally register with Humana. Enter that code into the Medcom portal.

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 retirees who enroll 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**.

HOW TO FIND A PROVIDER

- Visit **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

- Preventive services such as routine exam, cleaning, and x-ray 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**.

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**.

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 *Benefits may be redeemed every 12 months*	 $10 copay Up to $55
Frames *Benefits may be redeemed every 24 months*	$130 retail allowance 20% off remainder
Lens Single Vision Bifocal Trifocal Lenticular *Benefits may be redeemed every 12 months*	 $15 Copay $15 Copay $15 Copay $15 Copay
Contacts Conventional/ Disposable Contacts Medically Necessary Contacts *Benefits may be redeemed every 12 months*	 $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 retail 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

[1]Same frequency redemption as in-network

Basic Life

St. Johns County provides all retirees enrolled in one of the St. Johns County Medical Plans with Retiree Basic Life coverage through **The Standard**.

	BASIC LIFE INSURANCE COVERAGE AMOUNTS
All Eligible Retirees	$10,000

Note: This benefit does not include spouse life insurance.

IMPORTANT TO KNOW

NAME AND CHANGE YOUR BENEFICIARIES

It is important to designate the person that you want to receive your life insurance money. 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 beneficiaries by logging onto **PlanSource**.

Life Services Toolkit

The Standard has partnered with Health Advocate to offer 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.

Beneficiary Services

- Life insurance beneficiaries can access services for 12 months after the date of death, or 12 months after the date of payment for recipients of an Accelerated Benefit. Supportive services can help your beneficiary cope after a loss.
- Grief support (up to six face-to-face sessions with a professional counselor and unlimited phone support).
- Legal services (schedule an initial 30-minute office and a telephone consultation with a network attorney, and receive a 25% rate reduction for retaining the same attorney).
- Financial assistance (unlimited phone access to financial counselors for your beneficiaries).

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 retiree'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**

Spring Health

Life is easier with the right support.

You don't need to wait for a crisis to prioritize your mental health. St Johns County partners 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:

Free therapy

Get convenient, confidential support from a therapist of your choice. Each member (age 6+) gets 6 sessions per year.

Free coaching

Build new skills, create healthy habits, and reach personal goals. Each member (18+) gets 6 free 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

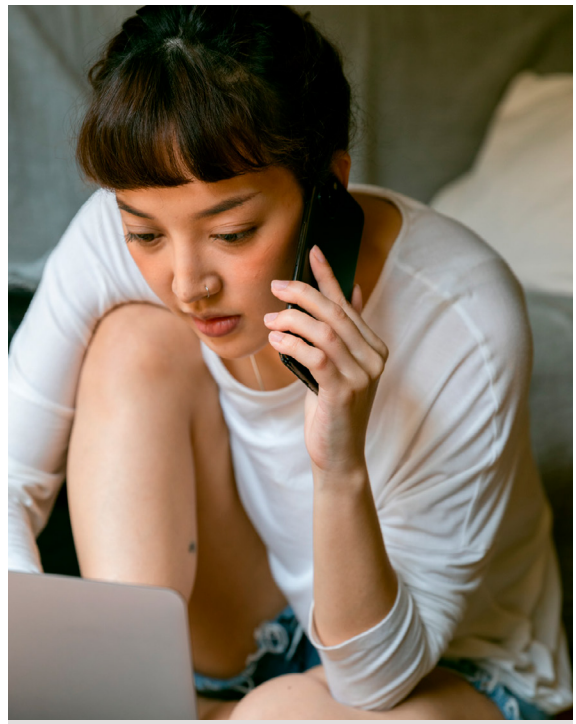
Find fast relief for stress, anxiety, burnout, poor sleep, or other challenges with Moments digital wellness exercises.

Personalized care

Take a short online assessment to get care and provider options that support your unique needs, goals, and preferences.

Diverse providers

Choose a therapist you can relate to. Browse recommendations or search by specialty, gender, ethnicity, or language.



Contact Spring Health:
springhealth.com/support
1-855-629-0554
General support: M-F, 8am-11pm ET
Crisis support: 24/7 (press 2)

Learn more and get started:
sjc.springhealth.com
Spring Health mobile app
Work-life code: sjc

Spring Health is available at no cost to all St Johns County employees and their household members.

Your care with Spring Health is private and confidential.

IMPORTANT NOTICE FROM ST. JOHNS COUNTY ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

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

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. The Plan Administrator has determined that the prescription drug coverage offered by your employer's group medical plan is, on average for all participants, expected to pay out as much as the standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When can you join a Medicare drug plan?

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

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

What happens to your current coverage if you decide to join a Medicare drug plan?

If you decide to join a Medicare drug plan and drop your current coverage under the employer group medical plan, be aware that you and your dependents will not be able to get this coverage back. See pages 7- 9 of the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance (available at **http://www.cms.hhs.gov/CreditableCoverage/**), which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D.

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 your employer and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For more information about this notice or your current prescription drug coverage…

Contact your HR Department 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 your employer group

medical plan changes. You also may request a copy of this notice at any time.

For more information about your options under Medicare prescription drug coverage…

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit **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 **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).

ST. JOHNS COUNTY NOTICE OF PRIVACY PRACTICES

UNDERSTANDING YOUR HEALTH RECORD/INFORMATION

Each time you visit a hospital, physician, dentist, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information often referred to as your health or medical record, serves as a basis for planning your care and treatment and serves as a means of communication among the many health professionals who contribute to your care. 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:

- Receive a copy of this Notice of Privacy Practices from us upon enrollment or upon request.
- 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.
- Request to receive communications of protected health information in confidence.
- 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.
- 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.
- 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 prior to the date of compliance with privacy standards (April 14, 2003 or April 14, 2004 for small health plans); incidental 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 plan participant or covered person or their personal representatives; for which a written authorization form from the plan participant or covered person has been received

- 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.
- Receive notification if affected by a breach of unsecured PHI

HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED

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

Treatment: We may use or disclose your health information without your permission for health care providers to provide you with treatment.

Payment: We may use or disclose your 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 benefits 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 by 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: There may be some services provided in our organization through contracts with Business Associates. 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 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 for 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 that oversee our activities.

Law Enforcement: We may disclose protected health information as required by law or in response to a valid judge ordered subpoena. For example in cases of victims of abuse or domestic violence; to identify or locate a suspect, fugitive, material witness, or missing person; related to judicial or administrative proceedings; or related to other law enforcement purposes.

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 a patient 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 health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

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 genetic 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 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 our information practices change, a revised notice will be mailed to the address you have supplied upon request. If we maintain a Web site that provides information about our services or benefits, the new notice will be posted on that Web site. 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 health information for marketing purposes, including subsidized treatment communications; (ii) disclosures that constitute a sale of your health information; and (iii) other uses and disclosures not described in the 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 retirees 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, 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

organization's Web site (if applicable Web site exists) for 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.

WOMEN'S HEALTH & CANCER RIGHTS ACT OF 1998 (WHCRA) NOTICE

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 has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prostheses and physical complications of mastectomy, including lymphedemas, in a manner determined in consultation with the attending physician and the patient.

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 HR Department.

CHIPRA - 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, 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).

FLORIDA – Medicaid

Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html

Phone: 1-877-357-3268

Notes

Key Contacts

CONTACT	PHONE	WEBSITE
Human Resources Board of County Commissioners Tax Collector Clerk of Courts Supervisor of Elections Property Appraiser	 904.209.0635 (Benefits option 4) 904.209.2286 904.819.3605 904.823.2238 904.827.5522	 **bccbenefits@sjcfl.us** **jderring@sjctax.us** **jyawn@stjohnsclerk.com** **mlundquist@votesjc.gov** **cheryl@sjcpa.gov**
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**
HRA Medcom	**800.523.7542, Option 1**	**medcom.wealthcareportal.com** Employee ID: Social Security Number (no dashes) Registration ID: Select "Card Number" Enter Debit Card #
Life 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**
Mental Health Spring Health (Group #47808)	**855-629-0554**	**sjc.springhealth.com**
Benefit Administration The Bailey Group St. Johns County Web Resources	**904.461.1800**	Debbie Weiner **dweiner@mbaileygroup.com** Kaylah Cox **kcox@mbaileygroup.com** Jasmine Castillo **jcastillo@mbaileygroup.com** Retiree Benefits **sjcbenefits.mbaileygroup.com**

St. Johns County
2025 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 to deduct contributions from your pension payment or bank account, 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 reserves the right to change, amend or cease these benefits at any time.

This guide was last updated on 9/13/2024.