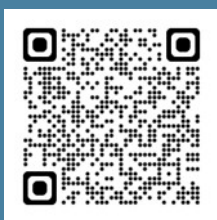




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Benefits-at-a-Glance



Medical	PPO (03559)	PPO WITH HRA (05360)
In-Network		
Annual Deductible <i>Individual / Family</i>	\$500 / \$1,500	\$1,500 / \$3,000
Coinsurance (You Pay)	20%	20%
Out-of-Pocket Max <i>Individual / Family</i>	\$3,000 / \$9,000	\$4,500 / \$9,000
Primary Care Visit	\$35	\$35
Specialist Visit	CYD + 20%	CYD + 20%
Preventive Care	\$0	\$0
Virtual Care	\$0	\$0
Outpatient X-ray & Labs	\$100	CYD + 20%
Outpatient Quest Diagnostics	\$0	\$0
Emergency Room Visit	CYD + 20%	CYD + 20%
Urgent Care Visit	\$35	\$35
Inpatient Hospitalization	CYD + 20%	CYD +20%
Outpatient Surgery	CYD + 20%	CYD +20%

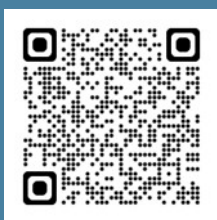
For complete details, exclusions and limitations see the Summary Plan Description on the Digital Benefit Guide site, QR Code above or visit: <https://dbg.nfp.com/sjc-bocc/>



Prescription Benefits		
Retail Pharmacy		
<i>Generic</i>	\$10	\$10
<i>Preferred Brand</i>	\$50	\$50
<i>Non-Preferred Brand</i>	\$75	\$75
<i>Specialty</i>	30%	30%
Retail 90/ Mail Order (90-day supply)		
<i>Generic</i>	\$20	\$20
<i>Preferred Brand</i>	\$100	\$100
<i>Non-Preferred Brand</i>	150	\$150



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Benefits-at-a-Glance

Listed below are per-pay-period (24) costs for you and your dependents effective January 1, 2027. The rates are bundled and include Medical, Rx, Dental and Vision.

PPO (03559)

	Cost Per Pay	WPI 1 Per Pay	WPI 2 Per Pay	Annual St. Johns County Contribution Monthly
Employee Only	\$62.47	\$37.47	N/A	\$1,357.68
Employee + Spouse	\$237.79	\$212.79	\$187.79	\$1,357.68
Employee + Child(ren)	\$163.98	\$138.98	N/A	\$1,357.68
Employee +Family	\$348.76	\$323.76	\$298.76	\$1,357.68

PPO with HRA (05360)

	Cost Per Pay	WPI 1 Per Pay	WPI 2 Per Pay	Annual St. Johns County Contribution Monthly
Employee Only	\$25.00	\$0	N/A	\$1,357.68
Employee + Spouse	\$120.95	\$95.95	\$70.95	\$1,357.68
Employee + Child(ren)	\$90.72	\$65.72	N/A	\$1,357.68
Employee +Family	\$169.32	\$144.32	\$119.32	\$1,357.68

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.

Wellness Premium Incentive (WPI): Wellness Premium Incentives for 2027 were earned through participation in the Wellness Premium Incentive (WPI) from October 1, 2025, through September 30, 2026. Children are not eligible to participate in the WPI.

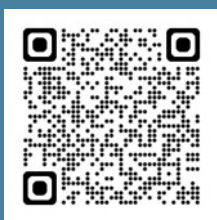
WPI 1: If EITHER Employee or Spouse complete the WPI.

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 \$100.00 monthly toward the cost of medical in addition to the rates listed above. It is your responsibility to provide proof of change in insurance within 30 days for spousal surcharge.



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Benefits-at-a-Glance



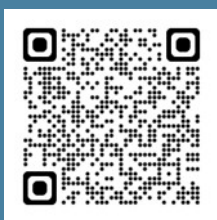
Benefits Description		Dental Plan
		In-and Out-of-Network
Annual Deductible <i>Individual / Family</i>		\$50 / \$100
Annual Maximum <i>Wisdom Teeth / Orthodontic Benefit</i>		\$1,000 / \$2,000
Preventive Services		Covered 100%
Basic Services <i>Fillings, extraction, endodontic, periodontic, oral surgery, and general anesthesia</i>		80%
Major Services <i>Crown, denture, bridge, and implant</i>		50%
Regular Annual Allowance (RAA) Per Individual		\$1,000
Wisdom Teeth Extraction Annual Maximum Per Individual		\$1,000
Orthodontic Benefit Lifetime Maximum Per Individual		\$2,000



Benefits Description		Vision Plan	
In-Network		In-Network	Out-of-Network
Exam (Once Every 12 Months)		\$10 copay	Up to \$30
Frames (Once Every 12 Months)		\$130 allowance	\$65 allowance
Lenses (Once Every 12 Months)			
Single		\$15 copay	Up to \$25
Bifocal		\$15 copay	Up to \$40
Trifocal		\$15 copay	Up to \$60
Lenticular		\$15 copay	Up to \$100
Contact Lenses (Once Every 12 Months) Medically Necessary		Paid in Full	Up to \$200
Electives		\$130 allowance	Up to \$104



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Benefits-at-a-Glance

Spending
Accounts



Benefits Description

Spending Accounts

Flexible Spending Account

Minimum annual contribution of \$75 and a maximum annual contribution of \$3,300

Dependent Care Account (DCA)

Annual Maximum contribution of \$7,500 for single and joint filers, and \$3,750 for married individuals filing separately

Life and
AD&D



Benefits Description

Basic Life and AD&D Benefits

All Eligible Employees

1x annual salary with a minimum of \$75,000 up to a maximum of \$350,000

Eligible Spouse

If dependent on health policy

\$5,000

Eligible Child(ren)

If dependent on health policy

\$2,000

Voluntary Life

Employee

Up to \$500,000 / Increments of \$10,000

Spouse

Up to \$150,000 / Increments of \$5,000

Dependent

Up to \$10,000 / Increments of \$2,000

Disability



Benefits Description

Long-Term Disability

Benefit Amount

\$5,000 monthly benefit less any other income benefit

Elimination Period

180 days

Benefits Payable Duration

2 years (Own Occupation) or to Social Security Normal Retirement Age

Benefits Description

Voluntary Short-Term Disability

Benefit Amount

Up to \$1,000 per week

Waiting Period

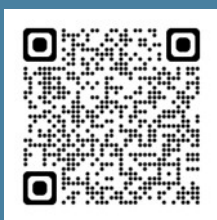
14 days, benefits begin on the 15th day

Max Benefits Duration

24 weeks



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Benefits-at-a-Glance

Voluntary
Benefits



Benefit Amount		Voluntary Critical Illness	
Employee		\$10,000 to \$30,000	
Spouse		\$5,000 to \$15,000	
Voluntary Accident Plan (Off Job)			
Employee		\$200,000	
Spouse		\$100,000	
Child		\$50,000	
Line of Duty Benefit		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)		\$2,500 / \$5,000 (ICU)	
Admission		\$700/ day	
Confinement		\$1,400 / day (ICU)	
Physician Follow Up		\$450	
Physical Therapy (up to 6 visits)		\$450	
Ambulance		\$600 for ground \$1,500 for air	
Lodging Benefit (30-day limit per year)		\$200/ day	
Hospital Coverage		Voluntary Hospital Indemnity	
Admission (once per year)		\$1,500	
Confinement (60-day limit)		\$200/day	
ICU Confinement Pays in addition to Hospital Confinement benefit		\$350/day for ICU	

Prepared by



This benefit brochure is only intended as a brief summary of your benefits. Please note that all Benefits are subject to the contractual terms, limitations and exclusions as set forth in the master contracts of the carriers. If this summary conflicts in any way with the carrier Certificate of Coverage (COC), Riders and/or Amendments, those documents shall prevail. It is highly recommended that you review the carrier COC for an exact description of the services and supplies that are covered, those which are excluded or limited, and other terms and conditions of coverage.

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