

Employee Benefits Guide

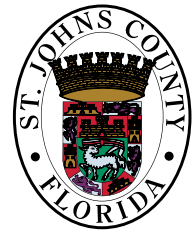
January 1 - December 31, 2022

Produced By:



An  NFP Company

Guide Contents



What's New for 2022?	3
PlanSource Employee Contact Center	4
How to Enroll	5
Eligibility for Coverage	6
Employee Connection	7

Health Benefits

Rates for 2022	8
Medical Plan Comparison	9
Understanding Your Medical Plan	10
Teladoc	11
Where to Go When You Need Medical Care	12
Florida Blue Wellness Tools	13
Durable Medical Equipment (DME), Home Health	14
Prescription Plan	15
Dental Plan	16
Vision Plan	17

Income Protection

Reimbursement Accounts (HRA/FSA/DCA)	18
Auto-Substantiation (HRA/FSA)	20
Basic Life and Beneficiaries	21
Life Toolkit and Beneficiary Services	22
Emergency Travel Assistance	23
Florida Retirement System (FRS)	24
Deferred Compensation	25
Voluntary/Supplemental Benefits	26
Comprehensive Cancer Support	29

Self

Employee Assistance Program (EAP)	30
Benefit Mobile Apps	31
Contact Information	32

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 <http://ec.sjcf.us/home/Benefits>

What's New for 2022?

Employee Rates

Effective January 1, 2022, premium rates on the PPO Plan will increase by 3.1% for all tiers. Premium rates will increase by 3.1% for Employee + Spouse, Employee + Children, and Family tiers on the PPO with HRA Plan. Premium rates on the PPO with HRA Plan, Employee Only tier will not increase for 2022.

Medical Plan Design Updates

The medical plans remain the same with the following enhancements:

- Acupuncture will be covered under the PPO and PPO with HRA plans at the applicable Specialist cost share.

PrudentRx For Specialty Meds

We all know that the cost of prescription medications is rising. This is especially true of specialty medications. As part of your prescription plan, the PrudentRx Copay Program allows you to get select specialty medications at no cost to you. That means \$0 out-of-pocket (OOP) for any medications on your plan's exclusive Specialty Drug List when you fill by CVS Specialty®. Reference page 15 for additional details.

Dental Plan Design Update

The dental plan remains the same with the following enhancements:

- The lifetime orthodontia maximum will increase from \$1,000 to \$2,000.
- Preventive services will not be applied to the \$1,000 annual plan maximum, therefore providing you with a \$1,000 maximum to use for basic and major dental services. Reference page 16 for a list of example preventive services.

Teladoc TELADOC.

Effective January 1, 2022, mental health visits and dermatology visits will be covered under Teladoc, in addition to continued coverage for general medicine.

Teladoc lets you talk with board-certified, state licensed doctors by phone or video anytime, anywhere with a \$0 copay for general medicine and dermatology. Speak to a board certified psychologist or psychiatrist for a \$35 copay. Pre-register your account so when you need care, a Teladoc doctor is just a call or click away. Reference page 11 for additional details.

The Standard Life and Disability

Effective January 1, 2022, Voluntary Life rates will increase by 5% and Voluntary Short Term Disability rates will increase by 15%.

Cancer Guardian

Cancer Guardian will continue to be offered in 2022. First available in 2021, this is a transformative benefit program that may help in the prevention and management of cancer by combining the power of DNA testing with the personalized support of expert cancer care resources. Benefits available for you and your spouse (children up to age 26 automatically covered under your policy). Fee-based service rates will apply for any enrollee dealing with a cancer diagnosis prior to the effective date. Reference page 29 for additional details.



PLANSOURCE®

EMPLOYEE CONTACT CENTER

Call: 855-436-3849

Login and Enrollment Assistance - Representatives available to assist you with your enrollment

Hours: 8 AM to 11 PM EST | Monday - Friday
English and Spanish Speaking Representatives Available

Open Enrollment is the one time of the year when all eligible employees have the opportunity to sign up for or change their health, life, dental, vision or other insurance coverage.

This is your opportunity to:

- Check to see if there are any changes in your plan
- Review | Enroll | Change your plan elections
- Sign up for or review your Flexible Spending Account (FSA)
- Sign up for or review your Dependent Care Account (DCA)
- Check your Beneficiary Information

Enrolling for Benefits

Regular employees regularly scheduled to work 30 or more hours 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.

Log on to <https://benefits.plansource.com/?sjc>. Username is the first initial of your first name, first six letters of your last name, and last four of social. (Ex. jsmith0000). For existing employees, select "Current Benefits"; new hires, select "New Enrollment"; life events, select "Update My Benefits".

PlanSource Mobile App offers the same enrollment experience without needing to log on every time you access it.

Event/ Enrollment Period	Action	Requirements
Open Enrollment October 1-31*	Eligible to enroll, add or remove qualified dependent(s), no qualifying life event necessary	If adding dependent(s), refer to page 6 for required documentation, verifying dependents eligibility for coverage. * Coverage elected during Annual Open Enrollment becomes effective on January 1.
New Hire Enrollment Period (NHEP)**	Eligible to enroll for coverage	If enrolling dependents, refer to page 6 for required documentation verifying dependent(s) eligibility for coverage. ** Coverage elected during NHEP becomes effective 1st of the month following 60 days.
Life Event (Adding) Within 30 days of event date	Adoption	Adoptions 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 on page 6.
	Lose Eligibility Medicare/Medicaid	Letter from Center for Medicare and Medicaid Services (CMS) showing date coverage ended, AND required documents listed on page 6.
	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
	Over Age Dependent	End of the month in which dependent turns 26.
	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.

Covering Spouses or Other Dependents

If you are eligible for medical coverage, you can also enroll your spouse and/or eligible dependent children for medical, prescription, dental, vision, and spouse and/or child life insurance. You must provide documentation proving that your dependents meet eligibility requirements if you are enrolling in coverage for the first time.

Eligible dependents	Required documentation
Spouse: The employee's spouse under a legally valid existing marriage.	Marriage Certificate AND current document establishing current relationship status (i.e. joint bill, insurance policy, lease agreement, etc). Document MUST be dated within the last ninety (90) days.
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 in the case of a foster child, is no longer eligible under the Foster Child Program.	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.
Stepchild(ren): The biological offspring or adopted child of an employee's eligible spouse. Can be covered on the plan up to the end of the month in which they turn 26.	Birth Certificate naming spouse as the child's parent AND above documentation required for a spouse.
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.
Handicapped Children: Children of any age who become totally and permanently disabled before age 26.	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.

You must submit required documentation for your eligible dependents within 30 days of enrolling. If documentation is not provided, coverage for the dependent(s) will be denied.

NOTICE: As prohibited by the rules of the plan, the following acts will be treated as fraud or misrepresentation of material fact:

- 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
- failing to remove dependents from coverage within 30 days of when they lose eligibility

Such acts will require you to reimburse the plan for any claims incurred. Legal and disciplinary action may be taken.



ST. JOHNS COUNTY
EMPLOYEE CONNECTION

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

Personnel ▾ **Benefits ▾** Wellness ▾ SafetyNet ▾ Training ▾ Popular ▾

<https://ec.sjcfl.us>



2022 Benefits Guide
January 1 - December 31, 2022

Benefit Guidebooks
Medical Plan Cost Estimator
Understanding your EOB

PlanSource | Call Center
Life Events
Employee Benefits Guide
Enrollment Period

SJC Compassionate Leave
Family Medical Leave Act (FMLA)
Military Leave (USERRA)
SJC Sick Leave Pool

Florida Statute 112.1816
Firefighter Cancer | Claims

Deferred Comp Program
Florida Retirement Services

Flexible Spending (FSA) | Health
Reimbursement Account (HRA)

- Benefits Home
- New Hires & Life Events
- Leave Programs ▸
- Beneficiary Information
- Benefits at a Glance
- Benefits Mobile Apps
- Emergency Travel Assistance
- Employee Assistance Program (EAP)
- Firefighter Benefit
- Life Services Toolkit
- Retirement Programs ▸
- Spending Accounts ▸

2022 Monthly/Per Pay rates include:

Medical, Prescription, Dental and Vision

Health Benefits are bundled and not available for standalone enrollment

PPO

	Standard		With WPI 1		With WPI 2	
	Monthly	Per Pay	Monthly	Per Pay	Monthly	Per Pay
Employee Only	\$113.32	\$ 56.66	\$ 63.32	\$ 31.66	N/A	N/A
Employee + Spouse	\$431.35	\$215.68	\$381.35	\$190.68	\$331.35	\$165.68
Employee + Child(ren)	\$297.46	\$148.73	\$247.46	\$123.73	N/A	N/A
Employee + Family	\$632.65	\$316.33	\$582.65	\$291.33	\$532.65	\$266.33

PPO with HRA

	Standard		With WPI 1		With WPI 2	
	Monthly	Per Pay	Monthly	Per Pay	Monthly	Per Pay
Employee Only	\$ 50.00	\$ 25.00	\$ 0.00	\$ 0.00	N/A	N/A
Employee + Spouse	\$219.40	\$109.70	\$169.40	\$ 84.70	\$119.40	\$ 59.70
Employee + Child(ren)	\$164.55	\$ 82.28	\$114.55	\$ 57.28	N/A	N/A
Employee + Family	\$307.16	\$153.58	\$257.16	\$128.58	\$207.16	\$103.58

WPI 1: If EITHER Employee or Spouse complete the WPI **WPI 2:** If BOTH Employee and Spouse complete the WPI.

Wellness Premium Incentive (WPI)

Wellness Premium Incentives for 2022 were earned through participation in the Wellness Premium Incentive Program (WPIP) from October 1, 2020 through September 30, 2021. Children are not eligible to participate in the WPI. *Due to the impact of COVID affecting the ability of members to attend wellness exams, the County will be extending the WPI for medical premiums from 2021 to 2022 for any members who participated in the previous window.*

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.

St. Johns County Contribution¹

	Health		OPEB ²		HRA	
	Monthly	Per Pay	Monthly	Per Pay	Annual	Per Pay
Employee Only	\$925.60	\$462.80	\$0	\$0	\$ 600.00	\$ 25.00
Employee + Spouse	\$925.60	\$462.80	\$0	\$0	\$1,000.00	\$ 41.67
Employee + Child(ren)	\$925.60	\$462.80	\$0	\$0	\$1,000.00	\$ 41.67
Employee + Family	\$925.60	\$462.80	\$0	\$0	\$1,500.00	\$ 62.50

¹Employer contributions subject to change.

²Other post-employment benefits (OPEB) are the benefits that an employee will begin to receive at the start of retirement.

Note: Annual HRA prorated for New Hires and Life Events

2022 Blue Options Medical Plan Comparison

Calendar Year Plan Benefits	PPO (03559)			PPO with HRA (05360)		
	In-Network	Out-of-Network		In-Network	Out-of-Network	
Calendar Year Deductible (CYD) Per Individual/Family Aggregate	\$500/\$1,500	\$500/\$1,500		\$1,500/\$3,000	\$3,000/\$6,000	
Total Out-of-Pocket Maximum¹ Per Individual/Family Aggregate	\$3,000/\$9,000	\$6,000/\$18,000		\$4,500/\$9,000	\$9,000/\$18,000	
Coinsurance	20%	40%		20%	40%	
Adult and Child Wellness Services (Preventive Care)	Covered 100%	Covered 100%		Covered 100%	Covered 100%	
Mammograms / Routine Colonoscopy (Preventive Care)	Covered 100%	Covered 100%		Covered 100%	Covered 100%	
Office Visits Primary Care Physician (PCP)	\$ 35 copay	40% after CYD		\$35 copay	40% after CYD	
Office Visits Specialist	20% after CYD	40% after CYD		20% after CYD	40% after CYD	
Convenient Care Centers	\$ 35 copay	40% after CYD		\$35 copay	40% after CYD	
Urgent Care Visits (x-rays, allergy tests and some lab tests)	\$ 35 copay	\$ 35 copay		\$35 copay	\$35 copay	
Emergency Room (facility charge)	20% after CYD	20% after CYD		20% after CYD	20% after CYD	
Ambulance Services	20% after CYD	20% after CYD		20% after CYD	20% after CYD	
Inpatient Hospital (facility charge) Level 1/Level 2	\$600 copay/ \$900 copay	40% after CYD		20% after CYD/ 25% after CYD	\$500 PAD + 40% after CYD	
Outpatient Hospital (facility charge) Level 1/Level 2	\$ 150 copay/ \$ 250 copay	40% after CYD		20% after CYD/ 25% after CYD	40% after CYD	
Ambulatory Surgical Center (facility charge)	\$ 100 copay	40% after CYD		20% after CYD	40% after CYD	
Provider Services at Hospital and ER	20% after CYD	20% after CYD		20% after CYD	20% after CYD	
Provider Services at Ambulatory Surgical Center	20% after CYD	40% after CYD		20% after CYD	40% after CYD	
Radiologists, Anesthesiologists, and Pathologists at Ambulatory Surgical Center	20% after CYD	20% after CYD		20% after CYD	20% after CYD	
Outpatient Diagnostic Services Labs/Blood Work (Quest Diagnostics only) X-Rays and Advanced Imaging Services (MRI, CT, PET, etc.)	\$ 0 \$ 100 copay	40% after CYD 40% after CYD		\$ 0 20% after CYD	40% after CYD 40% after CYD	
Durable Medical Equipment, Prosthetics, and Orthotics (DME)	20% after CYD	40% after CYD		20% after CYD	40% after CYD	
Benefit Maximums Per Calendar Year						
Acupuncture Visits	30			30		
Home Health Care Visits	20			20		
Inpatient Rehabilitation Days	30			30		
Mental Health Services - Inpatient Days / Outpatient Visits	25 / 35			25 / 35		
Outpatient Therapies and Spinal Manipulations Visits (combined)	35 ²			35 ²		
Skilled Nursing Facility Days	60			60		
Substance Dependency Care and Treatment (Combined days and/or visits)	25 days / visits			25 days / visits		
Health Reimbursement Account (HRA) Funded by St. Johns County (Annual contribution; prorated for new hires and life events)	N/A			\$600 Employee Only \$1,000 Employee + Spouse \$1,000 Employee + Children \$1,500 - Employee + Family		
Per Pay Rates (24 pays) (Includes Medical, Rx, Dental, & Vision)						
Employee Only	Standard	WPI 1	WPI 2	Standard	WPI 1	WPI 2
Employee + Spouse	\$ 56.66	\$ 31.66	N/A	\$ 25.00	\$ 0.00	N/A
Employee + Child(ren)	\$215.68	\$190.68	\$165.68	\$109.70	\$ 84.70	\$ 59.70
Employee + Family	\$148.73	\$123.73	N/A	\$ 82.28	\$ 57.28	N/A
St. Johns County Contribution	\$316.33	\$291.33	\$266.33	\$153.58	\$128.58	\$103.58
	\$462.80			\$462.80		

¹Includes CYD, coinsurance, medical and prescription copays

²Chiropractic services are required to be authorized by the provider through Florida Blue if a member has more than 5 chiropractic visits.

Understanding Your Medical Plan

800-664-5295 • www.floridablue.com



St Johns County wants eligible employees and their eligible dependents to choose the medical plan most appropriate for their needs. Our goal is for every employee to become a good health care consumer, getting the best care available when its needed. The selection of a medical plan is increasingly important as health care cost continues to climb.

Deductible

Each plan year you pay the entire cost of medical expenses until you hit your deductible.

Copays are excluded.

Co-Insurance

After you have paid and met the deductible you pay part of the cost of medical expenses and continue to pay any copays.

Out of Pocket (OOP) Maximum

After you have paid and met the OOP maximum you pay nothing; St. Johns County pays the entire cost of medical and Rx expenses the rest of the plan year.



Learn More

An Explanation of Benefits (EOB) is a statement from Florida Blue describing what costs it will cover for medical care or products you've received. The insurance company sends you EOBs to help make clear:

- The cost of the care you received
- How much money you saved by visiting in-network providers
- What out-of-pocket expenses you are responsible for to compare with bills you receive

Your Health Statement

An easier way to manage your health care.

THIS IS NOT A BILL

Be in the know and get the most out of your coverage.

You'll get this statement for each month that medical services are processed for your policy.

Here's what you'll find:

- A year-to-date total of your savings from using in-network providers
- The deductible amount you've paid and how much is remaining
- How claims were processed the previous month and amounts you may owe
- FREE resources to help you live healthier and save money

Your Health Plan Savings¹

	Amount Billed	Your Cost	Your Savings
Medical Claims	\$13,188.88	\$1,118.53	\$12,070.34
TOTALS	\$13,188.88	\$1,118.53	\$12,070.34

Your Deductible and Out-of-Pocket Status

A summary of the dollar amounts applied to the deductible and out-of-pocket maximums for your current benefit period, including any corrected claims activity.

In-network deductible met	\$3,000.00
In-network deductible met	\$1,727.36
In-network out-of-pocket met	\$2,673.01
Out-of-network deductible met	\$0.00
Out-of-network out-of-pocket met	\$0.00

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



Teladoc General Medicine and Dermatology \$0 copay per visit

Teladoc General Medicine

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. Teladoc doctors can help with many non-emergency illnesses, including:

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

Teladoc Dermatology

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

How General Medicine/Dermatology Works

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

- 1 Register**
 3 easy ways: download the [mobile app](#), visit the Teladoc website, or call the number below.

- 2 Provide Medical History**
 Your medical history provides Teladoc doctors with the information they need to make an accurate diagnosis.

- 3 Request a Visit**
 That's it! The next time you need immediate care for a non-emergency illness, you have another option.

Call today 1-800-Teladoc (835-2362)
or visit Teladoc.com

Teladoc Mental Health Care \$35 copay for each Teladoc 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

- Anxiety
- Depression
- PTSD
- Stress
- Substance Abuse
- Trauma resolution
- Panic Disorder
- Family/marriage issues
- 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 Medical Care

Need medical attention but aren't sure where to go?

Not every situation calls for a trip to the emergency room. If you have time to stop and think about your issue, perhaps you can skip the ER and consider a more cost-effective alternative. Check out the differences:

	Teladoc	Convenient Care	Urgent Care	Emergency Room
Your Cost	\$0	PCP Copay	Urgent Care Copay	Deductible + Coinsurance
Treatment For	<ul style="list-style-type: none"> • Flu and Cold • Sore Throat • Earaches and Fever • Allergies • Rash 	<ul style="list-style-type: none"> • Flu and Cold • Sore Throat • Earaches and Fever • Allergies • Rash • Vomiting and stomach pain • Minor Cuts 	<ul style="list-style-type: none"> • Flu and Cold • Sore Throat • High Fever • Cuts and Severe Scrapes • Dehydration • Minor sprains or broken bones • Minor injuries or burns 	<ul style="list-style-type: none"> • Severe Allergic reactions • Severe broken bones • Chest Pain • Constant vomiting or continuous bleeding • Shortness of breath • Deep wounds • Head Injuries • Weakness or pain in arm or leg

Save Money on Healthcare Expenses



Don't pay more than you need to for lab work!

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. That means more money in your pocket! If you are outside of Florida, you can visit any participating independent lab in your area.



Home Delivery Pharmacy and Generics

Home delivery pharmacy allows you to have your 90-day supply of prescriptions conveniently mailed to your home and refills can be requested via phone, mail, or online. Even better, you only pay 2X the cost for a 3 month supply! Additionally, utilize generics whenever possible for the highest cost savings.

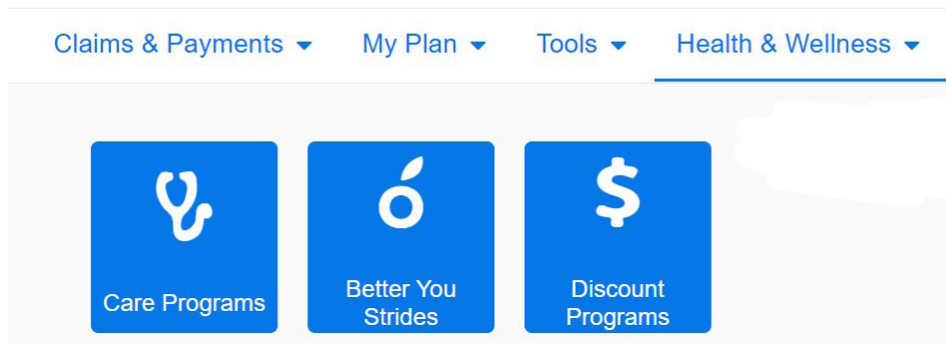


Don't be afraid to ask about costs and benefits of different treatment options.

Asking your doctor questions can help you decide what treatment plan is best for both your health and your wallet. Why is this treatment necessary? Can I be treated another way that is equally effective but less costly? For example, if your doctor recommends surgery or hospitalization, ask if there are other treatment options that don't require surgery or if the procedure can be done in an outpatient setting. If not, at least make sure surgeons are in-network!

Care Management and Wellness Tools

Florida Blue offers many programs for all enrolled plan members. For more information regarding the programs listed below, or to access the Health and Wellness Center, log on to www.floridablue.com. Register if you have not already done so, select the Health and Wellness tab and choose from one of the menu options.



<p>Florida Blue Website www.floridablue.com</p>	<ul style="list-style-type: none"> •View benefit details, including deductible and out-of-pocket-maximum •Print an ID card •Find local providers •Access the Blue 365 Discount Program to find deals for Fitness, Hearing & Vision, Nutrition and more
<p>Diabetic Resources 877-789-2583 888-476-2227 www.floridablue.com</p>	<ul style="list-style-type: none"> •Get personalized help, free of charge, 24 hours a day •Insulin is covered through the pharmacy program while diabetic supplies are covered through Care Centrix •To assist with healthy eating and exercise, log on to the Florida Blue website and look for “Care Programs” under Health and Wellness
<p>Care Consultants 888-476-2227</p>	<ul style="list-style-type: none"> •Get assistance in comparing your choices for medical services and prescriptions
<p>Mental Health and Substance Abuse Services 866-350-2280</p>	<ul style="list-style-type: none"> •Get assistance in locating mental health and substance abuse services by contacting New Directions
<p>Care Management Programs 800-955-5692 www.floridablue.com</p>	<ul style="list-style-type: none"> •Programs for diabetes, congestive heart failure, chronic obstructive pulmonary disease, asthma and cardiac conditions
<p>Healthy Addition Prenatal Program 800-955-7635, Opt. 6 healthyaddition@bcbsfl.com</p>	<ul style="list-style-type: none"> •Expectant mothers will receive free information and support to take care of yourself during pregnancy and understand your baby’s development
<p>Health Coaches 877-789-2583</p>	<ul style="list-style-type: none"> •Licensed nurses available 24/7 to provide support with significant medical decision and symptom management

Home Health and DME Providers

CareCentrix: 877-561-9910



CareCentrix, Florida Blue's Durable Medical Equipment (DME) supplier, has an established network of providers who are accessible throughout Florida.

Services

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 Care Centrix.

Examples of DME includes, but is not limited to:

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



Home Health Agencies provide 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 Participating Provider

To find participating, in-network providers for DME and Home Health Care services, go to www.floridablue.com and 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.

Prescription Plan

844-278-5590 • www.caremark.com

Mail-Order: 866-284-9226

Specialty: 800-237-2767 • www.cvsspecialty.com

Specialty Care Team: 800-869-0479

PrudentRx: 800-578-4403



All employees who enroll in one of the St. Johns County Medical Plans will be automatically enrolled in the Prescription Plan through CVS/Caremark. This plan has four tiers: Generic, Preferred Brand Name, Non-Preferred Brand Name, and Specialty.

Prescription Drug Benefits	Retail (30-day supply)	Retail 90/Mail-Order (90-day supply) ¹
Generic	\$ 10 copay	\$ 20 copay
Preferred Brand	\$ 50 copay	\$ 100 copay
Non-Preferred Brand	\$ 75 copay	\$ 150 copay
Specialty	30% coinsurance	Not available

¹ Rx 90-day can be filled by CVS Pharmacy or by mail-order through CVS/Caremark.

Note: Prescription copays apply to medical out-of-pocket maximum on both plans. A complete list of drugs not covered is available on the CVS/Caremark website.

Prescription Specialty Program



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.

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.

If you are currently utilizing a specialty medication, you will be receiving a letter and phone call from PrudentRx. If you start a new specialty medication you can reach out to PrudentRx or they will proactively contact you once prior authorization for your medication is obtained.

Dental Plan

800-233-4013 • www.humana.com



Dental health is the gateway to your overall well-being and is one of the most sought after health benefits. Dental disease is largely preventable through effective preventive care. Preventive care helps keep your teeth and gums healthy, as well as helping reduce future costly procedures. All employees who enroll in one of the St. Johns County Medical Plans will be automatically enrolled in the Dental Plan through Humana Dental.



Calendar Year Plan Benefits	Examples of Service	In- and Out-of-Network
Calendar Year Deductible (CYD) Per Individual Family Aggregate	Applies to basic and major services	\$50 \$100
Preventive Services (In addition to annual allowance)	Routine exams, cleanings, bitewing x-rays; fluoride treatment and space maintainers for children	100%
Basic Services (Plan covers)	Fillings, extractions, endodontics, periodontics, oral surgery, and general anesthesia	80%
Major Services (Plan covers)	Crowns, dentures, bridges, and implants	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 Maximum Per Individual	Wisdom teeth extractions	\$1,000
Orthodontic Benefit Per Individual (\$2,000 lifetime maximum) regardless of age	Exams, x-rays, extraction and appliances for orthodontic services	100%

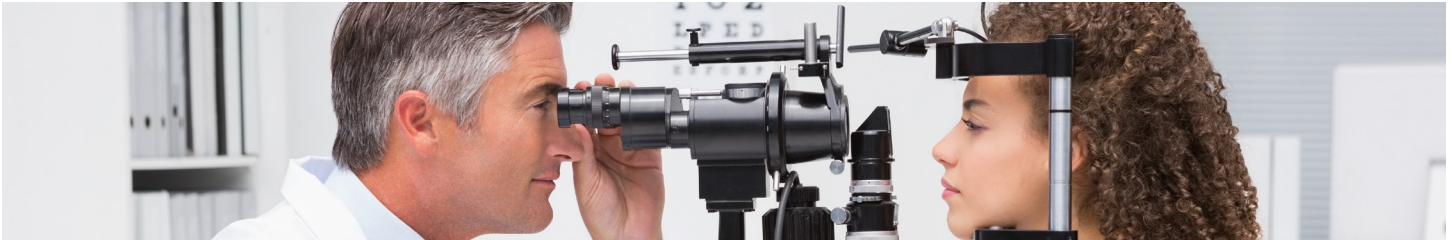
Note: If you choose to receive your dental care from an out-of-network dentist, you may be balance billed the difference between their charge and what your Humana dental plan allows. For example, let's say an out-of-network dentist charges \$100 but your plan will only allow for \$70. The dentist may bill you for the remaining \$30 in addition to what you may owe for your deductible or coinsurance.

Vision Plan

877-398-2980 • www.humana.com

Humana®

All employees who enroll in one of the St. Johns County Medical Plans will be automatically enrolled in the Vision Refresh Plan through Humana, utilizing the Humana Insight Network. The Vision Refresh Plan provides comprehensive routine vision coverage and does not include medical or surgical treatment of the eyes.



Benefit	In-Network	Out-of-Network	Frequency
Routine Eye Exam	\$10 Copay	Up to \$30	Once per year
Prescription Lenses			Once per year
Single Lenses	\$15 Copay	Up to \$25	
Lined Bifocal Lenses	\$15 Copay	Up to \$40	
Lined Trifocal Lenses	\$15 Copay	Up to \$60	
Lenticular Lenses	\$15 Copay	Up to \$100	
Eye Glass Frames			Once every other year
Frames	Allowance	Reimbursement	
Max Benefit/Allowance	\$130 Retail	\$65 Retail	
Discount over Allowance	20%	N/A	
Contact Lenses			Once per year
Standard Fit and Follow-up	Up to \$55	Not Covered	
Conventional/Disposable Contacts	\$130 Allowance	Up to \$104	
Medically Necessary Contacts	Paid in Full	Up to \$200	
Diabetic Eye Care			
Exam	\$0	Up to \$77	
Retinal imaging	\$0	Up to \$50	
Scanning laser	\$0	Up to \$33	
Laser Correction Discount	15% off retail prices	N/A	
Provider Network (Humana Insight)	Optometrist and Retail	N/A	

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

You can only get contacts OR glasses in the same calendar year, not both.

What is a Benefit Allowance?

A benefit allowance gives you a certain dollar amount toward contacts and glasses (lenses and frames). As long as 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.

Reimbursement Accounts

800-523-7542 • medcom.wealthcareportal.com



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 Reimbursement Account (HRA) Tiers	
Employee Only \$600	Employee + Spouse \$1,000
Employee + Children \$1,000	Employee + Family \$1,500

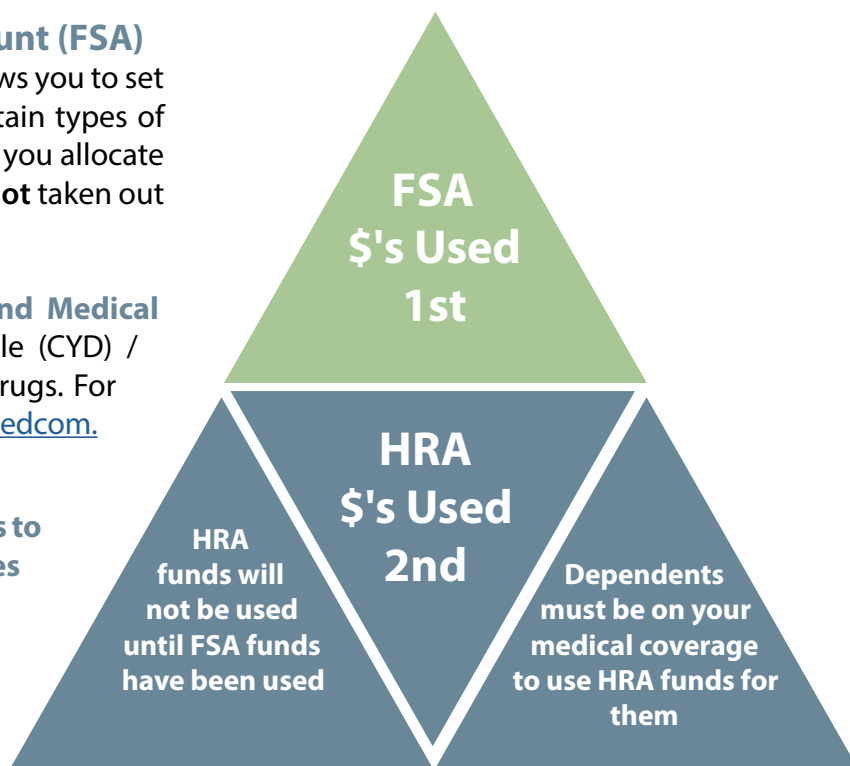
Note: Annual contribution; prorated for new hires and life events

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 Medical 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, and menstrual products. For a complete list of eligible expenses, visit medcom.wealthcareportal.com.



Dependent Care Reimbursement Account (DCA)

A DCA, which must be elected annually, reimburses you for eligible expenses, such as daycare, that you pay for the care of a qualified dependent. A DCA can be used to pay for the daily care of an eligible child or adult dependent, but not for health care expenses.

You can use a DCA for: Daycare for children under the age of 13 / Before and after school programs / Babysitting in your home by someone who is not your dependent / Care for a dependent adult (eldercare) / Nanny, nursery school, or pre-school expenses / Summer day camp. For a complete list of eligible expenses visit medcom.wealthcareportal.com.

Reimbursement Spending Accounts Comparison

800-523-7542 • medcom.wealthcareportal.com

	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	Benefits-eligible employees and any of their dependents
Employer Contribution	Yes \$600 – Employee Only \$1,000 – Employee + Spouse \$1,000 – Employee + Children \$1,500 – Employee + Family	None	None
Employee Contribution	None	\$75 Minimum \$ 2,850 Annual Maximum If your spouse also works for St. Johns County, you may both contribute to your own FSA, up to the \$2,850 annual limit.	\$5,000 for a married person, filing separately \$2,500 for a single person OR for a married couple, filing jointly
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 \$570 Maximum Funds less than \$75 or in excess of \$570 will be forfeited	No

¹Substantiation may be required for some expenses.

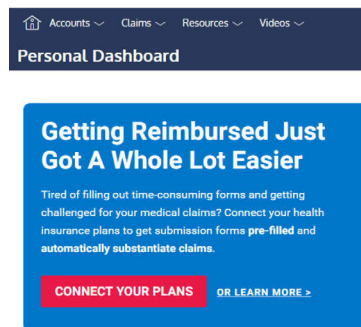
Tired of ALL of the paperwork involved in manually submitting Explanation of Benefits (EOB) or receipts for healthcare expenses?

Those days are gone! Medcom can eliminate extra paperwork for verification of debit card payments and reimbursements.

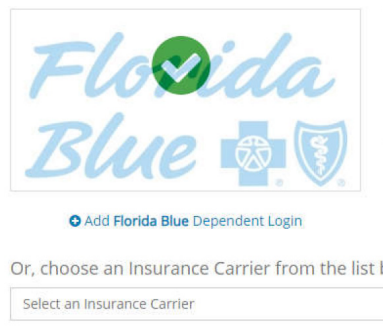
Auto-Substantiation for FSA and HRA

Step 1: Have your Florida Blue member portal sign-in credentials (user ID, password) for you and any dependents with credentials. You may have to register for a Florida Blue account first by going to www.floridablue.com.

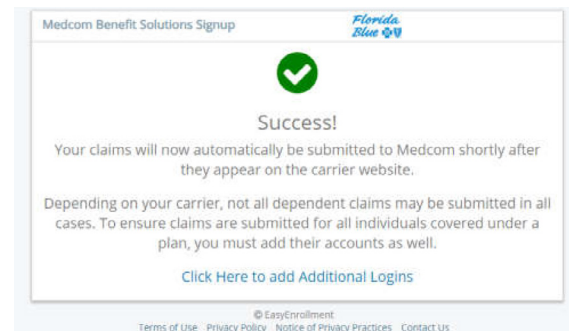
Step 2: Login to the Medcom participant portal at <https://medcom.wealthcareportal.com>. Click "Connect Your Plans" on the Dashboard.



Step 3: Choose your carrier, Florida Blue, in the drop-down menu.



Step 4: Enter the Florida Blue login credentials for you and your dependents with separate logins. **Please note: The connection will not be validated if your Florida Blue login credentials are not valid.**



Medcom will take care of the rest - every time a carrier issues an EOB, Medcom will retrieve this information automatically, match it to your debit card swipes, and automatically substantiate your claims.

Learn More: <http://ec.sjcf.us/home/Benefits> | **Enroll Online:** <https://benefits.plansource.com/?sjc>

Basic Life and Accidental Death and Dismemberment

Group# 164622 • 888-937-4783 • www.standard.com

St. Johns County provides all benefits eligible employees with Basic Life and Accidental Death and Dismemberment (AD&D) Insurance at no cost to the employee. Basic Life and AD&D coverage is provided through The Standard.

Basic Life Insurance	Coverage
All Eligible Employees	\$50,000
Elected Officials and Senior Management	\$75,000
Eligible Spouse <i>if dependent on health policy</i>	\$5,000
Eligible Child(ren) <i>if dependent on health policy</i>	\$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.



Learn More

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.

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%. You can name or change your beneficiaries at any time by logging onto [Plan Source](#).

- Basic life
- Voluntary life
- Critical illness
- Hospital Indemnity

To update beneficiaries for the below benefits, visit the Beneficiary Page on [Employee Connection](#).

- FRS
- Deferred Comp
- AIG/ Chartis (Firefighters only)
- Hartford (Firefighters only)

Life Services Toolkit

800-378-5742 • www.standard.com/mytoolkit • User Name: assurance

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.



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

800-872-1414 • www.standard.com/travel • Reference #01-AA-STD-5201

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.¹

You and your spouse are covered with Travel Assistance — and so are kids through age 25 — with your group insurance from Standard Insurance Company (The Standard).²

Security That Travels with You

Travel Assistance is available when you travel more than 100 miles from home or internationally for up to 180 days for business or pleasure. It offers aid before and during your trip, including:



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 remains³



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

Contact Travel Assistance

800.872.1414

United States, Canada, Puerto Rico,
U.S. Virgin Islands and Bermuda

Everywhere else
+1.609.986.1234

Text:
+1.609.334.0807

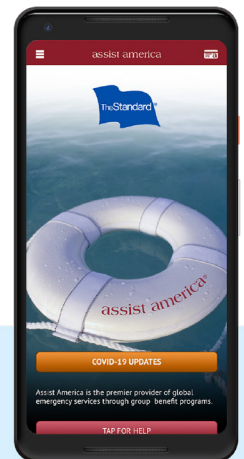
Email:
medservices@assistamerica.com

Get the App

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

Click one of the links below or scan the QR code to download the app. Enter your reference number and name to set up your account. From there, you can use valuable travel resources including:

- One-touch access to Assist America's Emergency Operations Center
- Worldwide travel alerts
- Mobile ID card
- Embassy locator



Reference Number:
01-AA-STD-5201



Planning for Retirement

FRS Financial Planners: 866-446-9377 • www.myfrs.com



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

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



MyFRS Financial Guidance Line

1-866-446-9377 (TRS 711), toll-free

8:00 a.m. to 6:00 p.m. ET, Monday through Friday, except holidays
(Division of Retirement available 8:00 a.m. to 5:00 p.m. ET)

Option 1: Speak with experienced EY financial planners about making an initial or 2nd Election, or get assistance with your MyFRS.com PIN or with other information available on MyFRS.com.

Option 2: Speak with experienced EY financial planners about any issue you think is important to your financial future. These planners work for **you**.

Option 3: Speak with the Division of Retirement about your Pension Plan account.

Option 4: Speak with the Investment Plan Administrator about your Investment Plan account.



MyFRS.com

This is your gateway to tools and information about your FRS retirement plan. Log in with your MyFRS.com PIN to access valuable personal tools and services.



Workshop Webcasts

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. For dates and times, visit www.MyFRS.com/Workshop.htm.



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. Reemployed retirees enrolled July 1, 2017 or after are not eligible to use a 2nd Election. To access the service, log in to MyFRS.com or call the MyFRS Financial Guidance Line.

Deferred Compensation 457(b)

800-234-3500 • www.lincolnfinancial.com/retirement



In addition to the FRS retirement program, St. Johns County offers a Deferred Compensation Plan, provided through Lincoln Financial Group.

Deferred Compensation-457 (b) Plan

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.

Five reasons to participate:

- 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 easy. You'll contribute each pay period through automatic deductions. There are no checks to write and no bills to pay.
- It's flexible. You may suspend payments and restart them at a later date. You're never locked into a fixed contribution schedule.
- It's tax-deferred. You'll reduce your current federal and state income taxes with each contribution.
- It's yours. Any money you put into the plan is yours to keep- even if you change jobs. You may consolidate retirement accounts from previous employers and roll Individual Retirement Account (IRA) funds to your current employer's plan.



(Please check with your previous retirement plan provider to see if any fees apply.)

For Lincoln Financial forms and account manager contact information, visit ec.sjcf.us/home/DeferredComp

Federal tax law limits the amount of contributions that can be contributed annually to all 457(b) plans on your behalf, including salary deferrals.



Voluntary Life Insurance

Group# 164622 • 888-937-4783 • www.standard.com

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 Plan Source.**

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

Yes. 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).

Voluntary Life	Amount
Employee	Up to \$500,000 (\$10,000 increments)
Spouse¹	Up to \$150,000 (\$5,000 increments)
Dependent Child²	Up to \$10,000 (\$2,000 increments)

¹ Spouse coverage amount may not exceed employee coverage amount

² Dependent Child(ren) covered to end of month turning 26.

Note: Your amount of basic and voluntary life insurance for you and your spouse will reduce to 65% when you reach age 65, 50% when you reach age 70, and 35% when you reach age 75.

Evidence for Insurability (EOI) for Voluntary Life and Short-term Disability may be required, you will be directed to go to [The Standard website](http://TheStandard.com) to complete the EOI questions online.

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

Short Term Disability

Group# 164622 • 888-937-4783 • www.standard.com

St. Johns County offers all benefit eligible employees short term disability through The Standard.

Short term disability allows you to continue to receive pay at a fixed weekly amount for a temporary amount of time if you cannot work due to a non-work related disabling injury or illness.

STD Benefit period(s): Must be absent for 15 consecutive calendar days. Benefit continues until disability ends or for maximum of 24 weeks, whichever comes first.

- 60% of your weekly pay, up to \$1,000 per week
- Pregnancy coverage last for up to 6 weeks, or up to 8 weeks for a C-section

Long Term Disability

Group# 164622 • 888-937-4783 • www.standard.com

St. Johns County provides long term disability (LTD) at no cost to all benefits eligible employees. LTD will replace 60% of your income in the event of disabling injuries or sickness, whether it occurs on or off the job. LTD plan benefits begin after a 180 day elimination period and will assist you in maintaining your normal lifestyle.

Voluntary Critical Illness

Group#606612 • 866-679-3054 • www.unum.com



The supplemental benefit options highlighted below are offered through Unum for employees to enroll on a post-tax basis, with Critical Illness and Accident being portable. These voluntary benefits help employees with copays, deductibles and lost wages when sick. Unum pays you a cash benefit when you need it most, regardless of what your medical insurance covers. The cost of this plan will be shown as a pay period deduction when you enroll online through [PlanSource](#). Rates are based on attained age, benefit amount, and tobacco use.

Benefit Details	
Benefit Amount	\$10,000, \$20,000, or \$30,000 ¹
Recurrence Benefit	100% if treatment free for 12 months
Vascular Conditions	100% - Heart Attack 100% - Stroke 50% - Coronary Artery Bypass Surgery
Organ Conditions	100% - Major Organ Transplant 100% - End Stage Renal Failure
Cancer	100% - Invasive Cancer 25% - Non-invasive Cancer
Be Well Benefit	\$50

¹Covered spouses receive 50% of your benefit. Dependents are automatically covered from live birth to age 26 at no extra cost. Their coverage amount is 50% of your benefit.

What is a pre-existing condition?

A pre-existing condition is one for which you received treatment, a diagnosis, service or prescription drugs during the 12 months before your coverage began. If you become sick in your first year of coverage as a result of this condition, no benefits will be payable for that illness.

What is the Recurrence Benefit?

You will receive a benefit payment upon your initial diagnosis/treatment. If you are treatment free for 12 months and have a condition within the same category as your initial diagnosis recur, you would receive a second benefit payment. At that time, the benefits for that category would be exhausted.

Voluntary Hospital Indemnity

Group#R0793869 • 866-679-3054 • www.unum.com



Have you been to the hospital lately? It's expensive and often completely unexpected! This Plan helps supplement your medical insurance by paying you a lump sum if you go to the hospital.

How is this plan different from the Voluntary Personal Accident Plan? You will see similar benefits with each. However, the Hospital Indemnity Plan covers you for hospital stays due to **both** accidents and illness.

Covered Benefits	Hospital Indemnity Plan
Hospital Coverage	(Per Accident/Illness)
Admission (once per year)	\$1,500 / \$3,000 (ICU)
Confinement (31 day limit)	\$100/day or \$200/day for ICU
Emergency Room (once per year)	\$150
Ambulance	\$100 for ground / \$500 for air

Voluntary Personal Accident (Off job)



Group#606611 • 866-679-3054 • www.unum.com

Accidents can happen at any time and when you least expect them. The Accident Plan pays you benefits when an **off the job** accident occurs. Payment will be in addition to any other insurance you may have. **This plan provides a lump-sum payment for over 150 different covered events.**

Covered Benefits	Accident Plan
Accidental Death Benefit	
Employee	\$100,000
Spouse	\$50,000
Child	\$25,000
Dismemberment Loss & Paralysis	
<i>Per Injury</i>	\$25,000 - \$100,000
Injuries - 10 Types	
<i>Per Injury</i>	Ranging from \$90 - \$8,000
Medical Services & Treatment - 8 Types	
<i>Per Issue</i>	Ranging from \$50 - \$2,500
Hospital Coverage (per accident)	
Admission	\$1,500 / \$2,500 (ICU)
Confinement	\$400/day / \$600/day (ICU)
Inpatient Rehab (30 day limit per year)	\$100/day
Be Well Benefit	\$50
Lodging Benefit (30 day limit per year)	\$150/day

Be Well Benefit: Each family member who has Unum coverage can receive \$50.00 per Unum policy for getting a covered screening test, such as annual exams by a physician (including sports physicals) for adults, well-child visits, health screenings and imaging studies including chest x-ray and mammography, and screenings for cholesterol and diabetes.

Legal Assistance by Legal Shield



800-654-7757 • www.legalshield.com/info/standardplan

Unexpected legal questions arise every day and if you elect this voluntary benefit, you'll have access to top-quality legal advice 24/7, for covered situations. LegalShield gives you the ability to talk on the phone or face-to-face with an attorney on any matter without worrying about high hourly costs.

What family members are covered under my plan?

Your Spouse, dependent children under 18, never-married dependent children under 21 and living at home, or to 23 if full-time students, and any dependent child, regardless of age, who is incapable of sustaining employment because of mental or physical disability and who is chiefly dependent on you or your spouse for support.

What situations can Legal Shield assist with?

Legal Advice, letters and phone calls on your behalf, legal document review, speeding tickets, motor vehicle services, IRS audit legal services, and trial defense hours. Additionally, LegalShield can assist with standard will preparation and annual will reviews, living wills or healthcare directives, healthcare power of attorney, and advice on consultation on the types of trusts available.

Learn More: <http://ec.sjcf.us/home/Benefits> | Enroll Online: <https://benefits.plansource.com/?sjc>

Comprehensive Cancer Support

Company Code STJC-CGx-2021-0718 • 844-694-3666 • www.CancerGuardian.com

Because Cancer is Too
BIG
To Risk Going it Alone...

To learn more about this potentially life-saving benefit:

CancerGuardian.com

or call **855-926-2374**.



Cancer Guardian is a transformative benefit program that can help in the prevention and management of cancer by combining the power of DNA testing with the personalized support of expert cancer care resources. These specialized services not typically made available or covered by health insurance.

Day 1 Benefits:

- **Cancer Information Line** – speak with oncology experts about concerns, strategies, or care-giving
- **Hereditary Risk Screening Test** – understand your genetic risk for cancers and heart conditions
- **Medical Records Platform** – securely store medical records and share with your medical team at any time

If Diagnosed with Cancer:

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

Employee Assistance Program (EAP)

877-851-1631 • healthadvocate.com/standard6



HealthAdvocateSM

A helping hand when you need it.

Rely on the support, guidance and resources of your Employee Assistance Program.



Your program includes up to six counseling sessions per issue. Sessions can be done in person, on the phone, by video or text.

EAP services can help with:

-  Depression, grief, loss and emotional well-being
-  Family, marital and other relationship issues
-  Life improvement and goal-setting
-  Addictions such as alcohol and drug abuse
-  Stress or anxiety with work or family
-  Financial and legal concerns
-  Identity theft and fraud resolution
-  Online will preparation and other legal documents

Individual EAP counseling sessions are available to eligible participants 16 years and older; family sessions are available for eligible members 12 years and older, and their parent or guardian.

With EAP, personal assistance is immediate, confidential and available when you need it.

Carry Your Benefits With You Wherever You Go



Travel Assistance

Assist America

- Pre-trip information, such as country-specific visa requirements, immunization regulations, security advisories and more



Prescription

CVS Caremark

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



Health Coverage

Florida Blue

- Find in-network doctors
- Get ID cards
- Check benefits and claims
- Compare medical costs



Vision & Dental

MyHumana

- Access your dental and vision information on the go
- Access your ID cards, claims, and provider finder



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, claims filing deadlines, and more



Enrollment

PlanSource

- Enroll in benefits
- Upload important documents
- View detailed plan details



Telemedicine

Teladoc

- Create an account
- Talk with a Doctor
- Search for nearby pharmacies



Health Protection

Unum

- Report a new claim and upload documents
- Check the status of your existing claim



**24-hour access in the
palm of your hand!**

Contacts

Medical	800-664-5295	Pages & Apps
Florida Blue / Blue Options Network Group #13902	www.floridablue.com <i>Member Login > Tools > Find a Doctor and More</i>	Pg. 9
BlueCard Program <i>National and Worldwide Coverage</i>	800-810-BLUE (2583) http://provider.bcbs.com	
Care Consultants <i>Know Before You Go</i> CareCentrix Durable Medical Equipment	888-476-2227 / www.floridablue.com <i>Member Login > Tools > Compare Medical Costs or Compare Drug Prices</i> 877-561-9910	
24/7 Nurseline	877-789-2583	
Teladoc	800-835-2362 / www.teladoc.com	Pg. 11
Prescription	844-278-5590	
CVS/Caremark CVS National Pharmacy Network Group #RX2787 Bin #004336, PCN - ADV Retail 90- CVS Retail Pharmacies	Mail-Order: 866-284-9226 Specialty: 800-237-2767 PrudentRx: 800-578-4403 www.caremark.com/ www.cvsspecialty.com	Pg. 15
Dental	800-233-4013	
Humana / PPO Network / Group #677885	www.humana.com / <i>Top Menu > Find a Doctor > Select "Dental"</i>	Pg. 16 & Pg. 17
Vision	877-398-2980	
Humana / Insight Network / Group #014572	www.humana.com / <i>Top Menu > Find a Doctor > Select "Vision"</i>	
FSA's and HRA	800-523-7542, Option 1	
Medcom Employer Code: MCOJOHBCC	https://medcom.wealthcareportal.com <i>Employee ID: Social Security Number (no dashes)</i> <i>Registration ID: Select "Card Number"; Enter Debit Card Number</i>	Pg. 18
Life and AD&D	888-937-4783	
The Standard / Group # 164622	www.standard.com Online EOI: http://www.standard.com/mybenefits/mhs_ho.html	Pg. 21 & Pg. 26
Value-Added Services (at no additional cost)	Life Services Toolkit: 800-378-5742 Emergency Travel Assistance: 800-872-1414, Policy #: 164622	Pg. 22 & Pg. 23
Retirement	866-446-9377	
Florida Retirement System (FRS)	www.myFRS.com	Pg. 24
LFG Deferred Compensation 457 (b)	800-234-3500/ www.LFG.com	Pg. 25
Short & Long Term Disability	888-937-4783	
The Standard / Group # 164622	www.standard.com Online EOI: http://www.standard.com/mybenefits/mhs_ho.html	Pg. 26
Supplemental Benefits	866-679-3054	
UNUM Critical Illness Group #606612 Hospital Indemnity Group #R0793869 Accident Group #606611	www.unum.com Claims: www.unum.com/claims	Pg. 27 Pg. 28
Cancer Guardian Company Code STJC-CGx-2021-0718	844-694-3666 www.CancerGuardian.com	Pg. 29
EAP	877-851-1631	
Health Advocate	www.workhealthlife.com - Search 'St Johns County Government (FL)'	Pg. 30
PlanSource Call Center	855-436-3849	
Employee Call Center	https://benefits.plansource.com/?sjc	Pg. 4
Human Resources	904-209-0635 (Benefits option 4)	
Board of County Commissioners	bccbenefits@sjcfl.us / http://ec.sjcfl.us/home/Benefits	Pg. 7
Benefit Administration	904-461-1800	
The Bailey Group St. Johns County Web Resources Wellness Email	Rachael Friedman: rfriedman@mbaileygroup.com / Kaylah Cox: kcox@mbaileygroup.com / Debbie Weiner: dweiner@mbaileygroup.com Employee Benefits: sjcbenefits.mbaileygroup.com stjohnswell@mbaileygroup.com	